



City of Argo Trade Permit Application

No Permit will be issued without proof of
License and Insurance

Type of Permit: Plumbing ___ Electrical ___ Mechanical ___ Gas ___ Septic ___

Address/Location of Work: _____

Total Value of Contract: \$ _____

Contractors Information:

Name: _____

Address: _____

Phone: _____ Email: _____

Classification Of Work:

New Construction ___ Addition ___ Alteration ___ Repair ___ Move ___ Remove ___

Written Work Description:

All Permits are null and void if work has not commenced within six months of the issued date, or if work has been abandoned for a period of six months after commencement.

Certification: I hereby certify that this application is true and correct. All provisions of laws, ordinances, and applicable codes governing this type of work will be adhered to fully.

Licensed Signature: _____ **Date:** _____

CITY OFFICE USE

Amount paid: _____

Date Paid: _____

Method: _____

Approving Official

Permit Number

Permit Issue Date