

Master Permit Program Authorization



CITY OF SPRINGFIELD, OREGON

225 Fifth Street ♦ Springfield, OR 97477 ♦ PH(541)726-3753 ♦ FAX(541)726-3689

DEPARTMENT USE ONLY	
Date Received:	
Approved Date	
Contract Period	
By:	

NAME OF BUSINESS

Name:

INFORMATION AND LOCATION

Mailing Address:

City:

State:

ZIP:

Contact Person:

Phone Number:

FAX Number:

SITE ADDRESSES FOR INSPECTIONS:

BUSINESS STAFF (ATTACH SEPARATE SHEET IF NEEDED)

Electrician Name:	License Number:	License Type:
Electrician Name:	License Number:	License Type:
Electrician Name:	License Number:	License Type:
Electrician Name:	License Number:	License Type:
Electrician Name:	License Number:	License Type:
Electrician Name:	License Number:	License Type:
Electrician Name:	License Number:	License Type:
Electrician Name:	License Number:	License Type:
Electrician Name:	License Number:	License Type:

ELECTRICAL CONTRACTOR(S) PERFORMING MASTER PERMIT WORK (ATTACH SEPARATE SHEET IF NEEDED)

Contractor's Name:	Contractor's License Number:	License Type:
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Contractor's Name:	Contractor's License Number:	License Type:

BUSINESS SIGNATURES

Electrical Supervisor Signature:	License Number:	Date:
Print Name:		
Company Staff Signature:	Date:	
Print Name:		

Additional Comments: