	Permit	No.		
--	--------	-----	--	--



## 9-1-1 ELECTRIC PERMIT



## P.O. Box 808 Centerville, TX 75833 Office (903) 536-3158 Fax (903) 536-1021 Email: Permits@co.leon.tx.us

Name	e of Owner:	Phone:
Mailin	ing Address:City &	& Zip:
Name	e of Applicant:	Phone:
Relatio	tionship to Owner:	
Leon C	County 911 Physical/Service Address:	
This el	electrical connection will serve: (Please check all that ap	ply)
E	Existing ResidenceNew ConstructionO	ther (Please describe)
(Please	se check electric provider and enter Account or ESI Number)	
	Oncor # (ESI)	_
	Navasota Valley Electric Coop #	_
	Houston County Electric Coop #	_
	Entergy #	_
Name	ne on Electrical Billing Account:	
<b>PLEA</b>	CASE READ!	\$30.00 fee due at time of application.
	owner or applicant having authority to act on behalf of the stating that I will install an electrical service in compliance meet their inspection guidelines	
	Signa	ture of Owner or Applicant
*****	***** <b>For your permit to be processo</b> **Save and email the form to: <a href="mailto:permits@co.leon.tx.us">permits@co.leon.tx.us</a> Form will r	ed correctly ***** not be processed until payment is complete****
	Please provide payment IDand returning email	
	If paying on-line by credit or deb	oit card.
FOR OF	OFFICE USE ONLY:	
	DATE ISSUED: ISSUED BY:	
	CASH/CHECK/ONLINE: DATE	ΡΔΙΟ-