



Phone (817) 952-2140
Fax (817) 952-2211
Inspection request Line (817) 952-2155

Permit # _____
Office Use

PERMIT SIGNATURE FORM

Fax or Mail

Company Name: _____

In order for the City of Bedford to successfully process your permit by fax or mail, please acknowledge the information below, print name and provide signature and date.

Provided your permit application is approved, this signature form shall be authorization to obtain a permit(s) by the property owner, contractor or authorized agent. I understand that upon approval of the permit application, the permit(s) obtained pursuant to this signature form will be in my name and that I am acting as the property owner; contractor or authorized agent for this project.

This Permit Signature Form shall serve as acknowledgement and receipt of the permit and will be attached to the permit issued. I accept full responsibility for the work performed.

Name: _____
(Print)

Name: _____ Date: _____
(Signature)