

City of Abilene
Building Inspection Division

555 Walnut P.O. Box 60 Abilene, TX 79601 (325) 676-6232 Fax (325) 676-6288

Permit/Voucher Program Agreement

Company Name _____

Bond/Insurance Provider: _____

Name of Licensee: _____ License No. _____

Address _____

City _____ State _____ Zip _____

Work Telephone No. _____ Home Telephone No. _____

Cell Phone No. _____ Pager No. _____

I _____, a licensed contractor with the City of Abilene, Texas agree to abide by all terms specified herein and in full accordance with all applicable state and local laws.

I acknowledge that I have received, read and fully understand the Permit Voucher Program procedures, applicable code books and local amendments.

I agree and fully understand that my privileges in this program can be revoked at any time by the Inspector and/or Building Official if determined that a violation was found or any breach of this program is determined, and fully understand that it is my responsibility to notify the City of Abilene Building Inspections Division of any changes from information stated herein.

I agree to release the City of Abilene, Texas and it's agents from any and all liability and hereby agree to indemnify the City of Abilene, Texas and it's agents and to hold harmless from any and all such liability for damages to persons and/or property which may occur.

I hereby certify that I am the owner/authorized agent of said company legally operating for and under full authority to act on it's behalf knowing of all consequences and legal ramifications to me personally and/or to the company of which I represent that the information herein is correct to the best of my knowledge, and further agree to the conditions set forth.

Signed _____ Witness _____

Authorized Purchasers _____

Received by _____ Date _____

Approved _____ Denied _____ Reason: _____