



City of Kaufman

TEMPORARY UTILITIES

Address of Service: _____

Existing Services: Repair Remodel Clean 30 days 60 days 90 days No extension after 90 days

Name of Business: _____ Business Phone: _____

Mailing Address: _____ Fax Number: _____

City, State, Zip Code: _____ Email Address: _____

Owner/Contractor Name: _____ Home/Cell Phone: _____

Home Address: _____ City, State, Zip Code: _____

Driver's License # & State: _____ Email Address: _____

Do you want your "personal information" kept confidential? Yes No

I, _____, declare that I need temporary utilities for _____ days so I can remodel/repair or clean the above referenced structure. This contract expires on _____.

_____ By initialing, I understand the following work requires a permit: construct, enlarge, alter, repair, move, demolish or change the occupancy of a building or structure, or to erect, install, enlarge, alter, repair, remove, convert or replace electrical, gas, mechanical or plumbing system, the installation of which is regulated by the adopted codes, or to cause any such work to be performed, shall first make application to the Development Services for a permit.

_____ By initialing, I understand if a permit has not been obtained before any of the work listed above, then I will be charged double the permit fee and may be issued a citation for working without a permit.

_____ By initialing, I understand if an extension is granted, an inspection of the property must be completed. The maximum amount of time for temporary utilities is 90 days with no extensions.

_____ By initialing, I understand and acknowledge that failure to pay the water bill by the due date will incur a late fee. If the water bill is not paid within 15 days after the due date, services will be discontinued.

_____ By initialing, I understand these services are for temporary utilities only. I also understand that on or about the expiration date shown on this contract, the water and electric will be disconnected.

_____ By initialing, I understand the "address of services" can't be utilized or occupied for any reason. If it is discovered that the building is being utilized or occupied, all services will be disconnected immediately.

Signature: _____ Date: _____

Office Use Only

Received By: _____ Approved By: _____

Account #: _____ Passed Inspection: _____

Deposit Amount: _____ Receipt #: _____ Date Paid: _____

