



Inspections Department

Automated Request Line 972-721-3774 (Before 6 am for same day)

Email to irving-permits@cityofirving.org (Before 4pm for next business day)

Please have permit number, address and type of inspection included in email)

Onsite Project Manager/Supervisor Name, phone#, & Email address:

Name: _____

Phone#: _____

Email: _____

Job Address: _____

Building Permit #: _____

Please list your sub-contractors below:

Mechanical

Company Name: _____ Phone #: _____

Address: _____ City: _____

Office Use Only

* Permit Number: **M** _____

Electrical

Company Name: _____ Phone #: _____

Address: _____ City: _____

Office Use Only

*Permit Number: **E** _____

Plumbing

Company Name: _____ Phone #: _____

Address: _____ City: _____

Office Use Only

*Permit Number: **P** _____