



Builder Information

Superintendent Name: _____

Employer: _____

Immediate Supervisor: _____

Subdivision(s): _____

Job Trailer Phone #: _____

Cell #: _____

Fax #: _____

Email: _____

By signing this form, I hereby acknowledge receipt of the Building Inspection Guidelines of the City of Leander Inspections and Permits Department.

Signature: _____ **Date:** _____