

PERMIT APPLICATION

MECHANICAL PERMIT _____ PLUMBING PERMIT _____ ELECTRICAL PERMIT _____

Municipality _____ County _____ Lot # _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone # _____ State _____ Zip _____ Phone # _____

Described proposed work in detail: _____

MECHANICAL PERMIT _____
PLUMBING PERMIT _____

Contractor _____
 (if owner put same as above)

Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____

Fed Employee No. _____
 [Certificate of Insurance for Workers Compensation needed or sign exemption form]

Type of work:
 New Commercial _____ Other Commercial _____
 New Residential _____ Other Residential _____

Estimate total costs for all work _____

Technical Site Data

No.	Size	Fixture / Equipment
_____		Water Closet
_____		Urinal / Bidet
_____		Bathroom
_____		Lavatory
_____		Shower
_____		Sink
_____		Dishwasher
_____		Washing Machine
_____		Hose Bib
_____		Water Heater
_____		Any Fuel Piping [oil, gas, etc.]
_____		Water Boiler / Furnace
_____		Sewer Lateral / Sewer Connection
_____		Backflow Preventer
_____		HVAC
_____		Kitchen Hood & Exhaust Systems
_____		Refrigeration Units
_____		Heat Pumps
_____		Fire Dampers
_____		Others: _____

Signature: _____
 Owner () Contractor () Owner Representative ()

ELECTRICAL PERMIT _____

Contractor _____
 (if owner put same as above)

Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____

Fed Employee No. _____
 [Certificate of Insurance for Workers Compensation needed or sign exemption form]

Type of work:
 New Commercial _____ Other Commercial _____
 New Residential _____ Other Residential _____

Estimate total costs of all work _____

Technical Site Data

No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communications Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____
_____	Heater _____	Central A/C Units
_____		Signs
_____		Survey Fee
_____		Others: _____

Signature: _____
 Owner () Contractor () Owner Representative ()

BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Mechanical Fee _____ UCC Plumbing Fee _____

Plan Review Fee _____ Plan Review Fee _____

Admin. Fee _____ Admin. Fee _____

State Fee _____ State Fee _____

Total Cost _____ Total Cost _____

Code Official: _____ State Cert. # _____

Date Issued _____ Date Issued _____

BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Electrical Fee _____

Plan Review Fee _____

Admin. Fee _____

State Fee _____

Total Cost _____

Code Official: _____ State Cert. # _____

Date Issued _____