

Applicant Email: _____ 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 |
| _____ | | Bathub |
| _____ | | 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 Revue 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 _____