

PERMIT APPLICATION

Non UCC _____

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Building Permit _____	Fire Protection Permit _____
Municipality _____	County _____
Construction Site Location _____	Date Received _____
Owner _____	Tenant _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone # _____ Cell # _____	Phone # _____ Cell # _____
Email _____	Email _____

Describe Proposed Work in Detail: _____

BUILDING PERMIT

Contractor _____ <small>(if owner put same as above)</small>	# of Stories _____ Height of Structure _____
Address _____	Total SQ FT _____
City _____ State _____ Zip _____	Use Group _____ Type Const. _____
Phone # _____ Cell # _____	Description of Work: _____
Email _____	_____
HIC # _____	_____
Federal Employee# _____ <small>(Certification of Insurance for Worker Compensation needed or sign exemption form)</small>	Other: _____
State Classification	_____
New Residential _____ Other Residential _____	Estimate Total Costs For All Work: _____
New Commercial _____ Other Commercial _____	_____

FIRE PROTECTION PERMIT

Contractor _____ <small>(if owner put same as above)</small>	Sprinkler System: _____
Address _____	Alarm System: _____
City _____ State _____ Zip _____	_____
Phone # _____ Cell # _____	_____
Email _____	_____
HIC # _____	_____
Federal Employee# _____ <small>(Certification of Insurance for Worker Compensation needed or sign exemption form)</small>	Commercial Cooking Equip.: _____
State Classification	Other: _____
New Residential _____ Other Residential _____	Estimate Total Costs For All Work: _____
New Commercial _____ Other Commercial _____	_____

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

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

CODE OFFICIAL USE ONLY

UCC Building Fee: _____	<input type="checkbox"/> Plans Approved
Plan Review Fee: _____ FP Fee: _____	<input type="checkbox"/> Plans Approved with Comments
Admin Fee: _____	Code Official: _____
State Fee: _____	State Cert. #: _____
Total Cost: _____	Date: _____