

PERMIT APPLICATION

Non UCC _____

Page ___ of ___

Mechanical Permit _____ **Plumbing Permit** _____ **Electrical 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: _____

MECHANICAL / PLUMBING PERMIT

Contractor _____
(if owner put same as above)
 Water: Public _____ On-lot _____
 Sewer: Public _____ On-lot _____

Address _____ **Technical Site Data**

City _____ State _____ Zip _____

No.	Size	Fixture/Equip.	No.	Size	Fixture/Equip.
_____	_____	Water Closet	_____	_____	Boiler Furnace
_____	_____	Urinal/Bidet	_____	_____	Sewer Lat/Conn
_____	_____	Bathtub	_____	_____	Backflow Prev.
_____	_____	Lavatory	_____	_____	HVAC
_____	_____	Shower	_____	_____	Kitchen Hood &
_____	_____	Sink	_____	_____	Exhaust System
_____	_____	Dishwasher	_____	_____	Refrig. Units
_____	_____	Washing Mach.	_____	_____	Heat Pumps
_____	_____	Hose Bib	_____	_____	Fire Dampers
_____	_____	Water Heater	_____	_____	Water Connect.

Phone # _____ Cell # _____

Email _____

HIC # _____

Federal Employee# _____

(Certification of Insurance for Worker Compensation needed or sign exemption form)

State Classification _____

New Residential _____ Other Residential _____

New Commercial _____ Other Commercial _____

Estimate Total Costs For All Work: _____ Others: _____

ELECTRIC PERMIT

Contractor _____
(if owner put same as above)
Technical Site Data

Address _____

No.	Size	Fixture/Equip.	No.	Size	Fixture/Equip.
_____	_____	Lighting Fixture	_____	_____	Range
_____	_____	Receptacles	_____	_____	Dishwasher
_____	_____	Switches	_____	_____	Garbage Disp.
_____	_____	Detectors	_____	_____	HVAC
_____	_____	Motor-Fraction.	_____	_____	Emergency &
_____	_____	Comm. Devices	_____	_____	Exit Lights
_____	_____	Alarm Dev./Sys.	_____	_____	Heater
_____	_____	Pool Bonding.	_____	_____	Central AC Unit
_____	_____	Service	_____	_____	Signs
_____	_____	Sub-Panels	_____	_____	Survey Fee.

City _____ State _____ Zip _____

Phone # _____ Cell # _____

Email _____

HIC # _____

Federal Employee# _____

(Certification of Insurance for Worker Compensation needed or sign exemption form)

State Classification _____

New Residential _____ Other Residential _____

New Commercial _____ Other Commercial _____

Estimate Total Costs For All Work: _____ Others: _____

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

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