

Non UCC \_\_\_\_\_

**Mechanical** \_\_\_\_\_ **Plumbing** \_\_\_\_\_ **Electrical** \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_

Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Describe Proposed Work in Detail: \_\_\_\_\_

**MECHANICAL / PLUMBING PERMIT**

			Technical Site Data			
Contractor _____ (if owner put same as above)	No.	Size	Fixture / Equip.	No.	Size	Fixture / Equip.
Address _____	_____	_____	Water Closet	_____	_____	Boiler / Furnace
City _____ State _____ Zip _____	_____	_____	Urinal / Bidet	_____	_____	Sewer Lat/Conn
Phone _____ Cell _____	_____	_____	Bathtub	_____	_____	Backflow Prev.
Federal Employee # _____ [Certification of Insurance for Workers Compensation needed or sign exemption form]	_____	_____	Lavatory	_____	_____	HVAC
State Classification:	_____	_____	Shower	_____	_____	Kitchen Hood & Exhaust System
New Residential _____ Other Residential _____	_____	_____	Sink	_____	_____	Refrig. Units
New Commercial _____ Other Commercial _____	_____	_____	Dishwasher	_____	_____	Heat Pumps
Estimate Total Costs For All Work _____	_____	_____	Washing Mach.	_____	_____	Fire Dampers
	_____	_____	Hose Bib	_____	_____	Water Connect.
	_____	_____	Water Heater	_____	_____	
	_____	_____	Others: _____	_____	_____	

**ELECTRICAL PERMIT**

			Technical Site Data			
Contractor _____ (if owner put same as above)	No.	Size	Fixture / Equip.	No.	Size	Fixture / Equip.
Address _____	_____	_____	Lighting Fixture	_____	_____	Range
City _____ State _____ Zip _____	_____	_____	Receptacles	_____	_____	Dishwasher
Phone _____ Cell _____	_____	_____	Switches	_____	_____	Garbage Disp.
Federal Employee # _____ [Certification of Insurance for Workers Compensation needed or sign exemption form]	_____	_____	Detectors	_____	_____	HVAC
State Classification:	_____	_____	Motor-Fraction.	_____	_____	Emergency & Exit Lights
New Residential _____ Other Residential _____	_____	_____	Comm. Devices	_____	_____	Heater
New Commercial _____ Other Commercial _____	_____	_____	Alarm Dev./Sys.	_____	_____	Central AC Unit
Estimate Total Costs For All Work _____	_____	_____	Pool Bonding	_____	_____	Signs
	_____	_____	Service	_____	_____	Survey Fee
	_____	_____	Sub-Panels	_____	_____	
	_____	_____	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**

	Mechanical	Plumbing	Electrical
UCC Building Fee:	_____	_____	_____
Plan Review Fee:	_____	_____	_____
Admin Fee:	_____	_____	_____
State Fee:	_____	_____	_____
Total Cost:	_____	_____	_____

Plans Approved  
 Plans Approved with Comments

Code Official: \_\_\_\_\_  
State Cert. #: \_\_\_\_\_  
Date: \_\_\_\_\_

Non UCC \_\_\_\_\_

**Building Permit** \_\_\_\_\_ **Fire Protection Permit** \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_

Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Describe Proposed Work in Detail: \_\_\_\_\_

**BUILDING PERMIT**

Contractor \_\_\_\_\_

(if owner put same as above)

Address \_\_\_\_\_ # of Stories \_\_\_\_\_ Height of Structure \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Total SQ FT \_\_\_\_\_ Use Group \_\_\_\_\_ Type Const. \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Description of Work: \_\_\_\_\_

Federal Employee # \_\_\_\_\_

[Certification of Insurance for Workers Compensation needed or sign exemption form]

State Classification: \_\_\_\_\_ Other: \_\_\_\_\_

New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ Estimate Total Costs For All Work \_\_\_\_\_

**FIRE PROTECTION PERMIT**

Contractor \_\_\_\_\_

(if owner put same as above)

Address \_\_\_\_\_ Sprinkler System: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Alarm System: \_\_\_\_\_

Federal Employee # \_\_\_\_\_

[Certification of Insurance for Workers Compensation needed or sign exemption form]

State Classification: \_\_\_\_\_ Commercial Cooking Equip.: \_\_\_\_\_

New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ Estimate Total Costs For All Work \_\_\_\_\_

**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: \_\_\_\_\_

Code Official: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Admin Fee: \_\_\_\_\_

State Cert. #: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Date: \_\_\_\_\_