

PERMIT APPLICATION

Non UCC _____

Page ___ of ___

Building Permit _____ Fire Protection Permit _____

Municipality _____ County _____

Construction Site Location (Full Address) _____

Tax Map Parcel ID# _____

Owner _____

Application Contact _____

Company Name _____

Application Company _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone # _____ Cell # _____

Phone # _____ Cell # _____

Email _____

Email _____

Describe Proposed Work in Detail: _____

BUILDING PERMIT

Contractor _____

(If owner put same as above)

Address _____

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 _____

Of Stories _____ Height of Structure _____

Total SQ FT _____

Use Group _____ Type Const. _____

Description of Work: _____

Other: _____

Estimate Total Costs For All Work: _____

(Reasonable Fair Market Value)

FIRE PROTECTION PERMIT

Contractor _____

(If owner put same as above)

Address _____

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 _____

Sprinkler System: _____

Alarm System: _____

Commercial Cooking Equip.: _____

Other: _____

Estimate Total Costs For All Work: _____

(Reasonable Fair Market Value)

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.

Print Name: _____ Signature: _____

Owner () Application Contact () Contractor () Owner Representative ()

CODE OFFICIAL USE ONLY

UCC Building Fee: _____

Plan Review Fee: _____

Admin Fee: _____

State Fee: _____

Total Cost: _____

FP Fee: _____

Total UCC: _____

Plans Approved

Plans Approved with Comments

Code Official: _____

State Cert. #: _____

Date: _____

PERMIT APPLICATION

Non UCC _____

Page ___ of ___

Mechanical Permit _____ Plumbing Permit _____ Electrical Permit _____

Municipality _____ County _____

Construction Site Location (Full Address) _____

Tax Map Parcel ID# _____

Owner _____

Application Contact _____

Company Name _____

Application Company _____

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 at/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	_____	_____	WaterConnect.

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: _____

(Reasonable Fair Market Value)

ELECTRICAL 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: _____

(Reasonable Fair Market Value)

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.

Print Name: _____ Signature: _____

Owner () Application Contact () Contractor () Owner Representative ()

CODE OFFICIAL USE ONLY

	<u>Mechanical</u>	<u>Plumbing</u>	<u>Electrical</u>
UCC Fee:	_____	_____	_____
Plan Review Fee:	_____	_____	_____
Admin Fee:	_____	_____	_____
State Fee:	_____	_____	_____
Total Cost:	_____	_____	_____
Non-UCC Fee:	_____	_____	_____

Plans Approved
 Plans Approved with Comments

Code Official: _____

State Cert. #: _____

Date: _____