

PERMIT APPLICATION

Non UCC _____

Page ____ of ____

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

FIRE PROTECTION PERMIT

Contractor _____ (if owner put same as above)
 Address _____ Sprinkler System: _____
 City _____ State _____ Zip _____ Alarm System: _____
 Phone # _____ Cell # _____
 Email _____
 HIC # _____
 Federal Employee# _____
 (Certification of Insurance for Worker Compensation needed or sign exemption form)
 State Classification _____ Other Residential _____ Commercial Cooking Equip.: _____
 New Residential _____ Other Commercial _____ Estimate Total Costs For All Work: _____
 New 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: _____ Plans Approved
 Plan Review Fee: _____ Plans Approved with Comments
 Admin Fee: _____ Code Official: _____
 State Fee: _____ State Cert. #: _____
 Total Cost: _____ Date: _____