

PERMIT APPLICATION

Non UCC _____

Page ____ of ____

Mechanical Permit _____ **Plumbing Permit** _____ **Electrical Permit** _____
 Municipality _____ County _____ Date Received _____
 Construction Site Location _____
 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** _____
Address _____ **Sewer:** Public _____ **On-lot** _____
City _____ **State** _____ **Zip** _____ **Technical Site Data**
Phone # _____ **Cell #** _____ **No.** _____ **Size** _____ **Fixture/Equip.** _____ **No.** _____ **Size** _____
Email _____ **Fixture/Equip.** _____ **No.** _____ **Size** _____
HIC # _____ **Water Closet** _____ **Boiler Furnace** _____
Federal Employee# _____ **Urinal/Bidet** _____ **Sewer Lat/Conn** _____
 (Certification of Insurance for Worker Compensation needed or sign exemption form) **Bath tub** _____ **Backflow Prev.** _____
State Classification _____ **Lavatory** _____ **HVAC** _____
New Residential _____ **Other Residential** _____ **Shower** _____ **Kitchen Hood &** _____
New Commercial _____ **Other Commercial** _____ **Sink** _____ **Exhaust System** _____
Estimate Total Costs For All Work: _____ **Others:** _____ **Dishwasher** _____ **Refrig. Units** _____
 _____ **Hose Bib** _____ **Heat Pumps** _____
 _____ **Water Heater** _____ **Fire Dampers** _____
 _____ **Water Heater** _____ **Water Connect.** _____

ELECTRIC PERMIT

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

Plans Approved
 Plans Approved with Comments
 UCC Building Fee: _____ **Mechanical** _____ **Plumbing** _____ **Electrical** _____
 Plan Review Fee: _____
 Admin Fee: _____
 State Fee: _____ Code Official: _____
 Total Cost: _____ State Cert. #: _____
 Non-UCC Fee: _____ Date: _____