

**PERMIT APPLICATION**

**MECHANICAL PERMIT** \_\_\_\_\_ **PLUMBING PERMIT** \_\_\_\_\_ **ELECTRICAL PERMIT** \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_ Lot # \_\_\_\_\_ Block \_\_\_\_\_ Tax Parcel \_\_\_\_\_

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

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

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

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

Described proposed work in detail: \_\_\_\_\_

**MECHANICAL PERMIT** \_\_\_\_\_  
**PLUMBING PERMIT** \_\_\_\_\_

Contractor \_\_\_\_\_  
(if owner put same as above)

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_

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

**Type of work:**

New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_

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

Estimate total costs for all work \_\_\_\_\_

**Technical Site Data**

No.	Size	Fixture / Equipment
_____		Water Closet
_____		Urinal / Bidet
_____		Bathtub
_____		Lavatory
_____		Shower
_____		Sink
_____		Dishwasher
_____		Washing Machine
_____		Hose Bib
_____		Water Heater
_____		Any Fuel Piping [oil, gas, etc.]
_____		Water Boiler / Furnace
_____		Sewer Lateral / Sewer Connection
_____		Backflow Preventer
_____		HVAC
_____		Kitchen Hood & Exhaust Systems
_____		Refrigeration Units
_____		Heat Pumps
_____		Fire Dampers

Others: \_\_\_\_\_

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**BUILDING CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_  
 UCC Mechanical Fee \_\_\_\_\_ UCC Plumbing Fee \_\_\_\_\_  
 Plan Review Fee \_\_\_\_\_ Plan Review Fee \_\_\_\_\_  
 Admin. Fee \_\_\_\_\_ Admin. Fee \_\_\_\_\_  
 State Fee \_\_\_\_\_ State Fee \_\_\_\_\_  
 Total Cost \_\_\_\_\_ Total Cost \_\_\_\_\_  
 Code Official: \_\_\_\_\_ State Cert. # \_\_\_\_\_  
 Date Issued \_\_\_\_\_ Date Issued \_\_\_\_\_

**ELECTRICAL PERMIT** \_\_\_\_\_

Contractor \_\_\_\_\_  
(if owner put same as above)

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_

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

**Type of work:**

New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_

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

Estimate total costs of all work \_\_\_\_\_

**Technical Site Data**

No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communications Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____
_____	Heater _____	Central A/C Units
_____		Signs
_____		Survey Fee

Others: \_\_\_\_\_

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**BUILDING CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_  
 UCC Electrical Fee \_\_\_\_\_  
 Plan Review Fee \_\_\_\_\_  
 Admin. Fee \_\_\_\_\_  
 State Fee \_\_\_\_\_  
 Total Cost \_\_\_\_\_  
 Code Official: \_\_\_\_\_ State Cert. # \_\_\_\_\_  
 Date Issued \_\_\_\_\_