

PERMIT APPLICATION

BUILDING PERMIT _____ FIRE PROTECTION PERMIT _____
Municipality _____ County _____ Lot # _____ Block _____ Tax Parcel _____
Construction Site Location _____ Date Received _____
Owner _____ Tenant _____
Address _____ Address _____
State _____ Zip _____ Phone # _____ State _____ Zip _____ Phone # _____
Front Yard _____ FT. [Center of road or right of way to building] Described proposed work in detail: _____
Rear Yard _____ FT. [Rear of building to property line] _____
Side Yard _____ FT. Side Yard _____ FT. _____

BUILDING 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]
State Classification:
New Commercial _____ Other Commercial _____
New Residential _____ Other Residential _____
Total square feet: _____ Use group _____ Type Construction _____
No. of Stories: _____ height of Structure: _____
Estimate total costs for all work _____
Description of work: _____
Type of work
Alterations /Additions of: _____ Square Ft. _____
() Roofing - Total square feet _____
() Fencing, supply height if it exceeds 6 foot _____
() Sign - Total square feet _____
() Pool - Total square feet _____
() Decks - Total square feet _____
() Demolition - Total square feet _____
Other: _____
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 ()

FIRE PROTECTION 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]
State Classification:
New Commercial _____ Other Commercial _____
New Residential _____ Other Residential _____
Estimate total costs for all work _____
Technical Site Data
Water Supply Source _____
Method of Alarm/Supr. Sys Supervised _____
Storage Tanks:
Type - () Flammable Liquid () Combustible Liquid
() LPG () LNG Capacity _____ Fuel _____
Alarm Systems () I 10 V Interconnected
() System
No. ITEM
_____ Alarm devices (smoke, heat, pulls, waterflow)
_____ Supervisory devices (tamper, low / high air)
_____ Signaling devices (horns /strobes, bells)
_____ Fire pump _____ GPM Type _____
_____ Dry pipe/Alarm valves
_____ Sprinkler heads (dry & wet)
_____ Standpipes
_____ Wet chemical or Dry chemical
Circle one: CO2 suppression-Foam suppression-Halon suppression
Others: _____
Estimate total costs for all work: _____
Signature: _____
Owner () Contractor () Owner Representative ()

CODE OFFICIAL USE ONLY
Plans Approved _____ Plans Approved with Comments _____
UCC Building Fee: _____
Plan Review Fee: _____
Admin. Fee: _____
State Fee: _____
Total Cost: _____
Code Official: _____ State Cert. # _____
Date: _____

CODE OFFICIAL USE ONLY
Plans Approved _____ Plans Approved with Comments _____
UCC Fire Protection Fee: _____
Plan Review Fee: _____
Admin. Fee: _____
State Fee: _____
Total Cost: _____
Code Official: _____ State Cert. # _____
Date: _____
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