

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: \_\_\_\_\_

**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
_____		_____ Dishwasher _____ Garbage Disposal
_____	Heater _____	Central A/C Units
_____		Signs
_____		Survey Fee

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

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

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

**BUILDING CODE OFFICIAL USE ONLY**

**BUILDING CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Mechanical Fee \_\_\_\_\_ UCC Plumbing Fee \_\_\_\_\_

Plan Review Fee \_\_\_\_\_ Plan Revue Fee \_\_\_\_\_

Admin. Fee \_\_\_\_\_ Admin. Fee \_\_\_\_\_

State Fee \_\_\_\_\_ State Fee \_\_\_\_\_

Total Cost \_\_\_\_\_ Total Cost \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert. # \_\_\_\_\_

Date Issued \_\_\_\_\_ Date Issued \_\_\_\_\_

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Electrical Fee \_\_\_\_\_

Plan Review Fee \_\_\_\_\_

Admin. Fee \_\_\_\_\_

State Fee \_\_\_\_\_

Total Cost \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert. # \_\_\_\_\_

Date Issued \_\_\_\_\_