

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 _____ Garbage Disposal
_____	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 _____

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