PERMIT APPLICATION

MECHANICAL PERMIT _____ **PLUMBING PERMIT** _____

Municapality _____ County _____ Lot# _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Describe proposed work in detail: _____

_____

_____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

MECHANICAL PERMIT

Contractor _____

(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____

(Certificate of Insurance for Workers Compensation needed or sign exemption form)

Estimate of total costs for all work _____

Technical Site Data No.	Fixture/Equipment
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Hydronic Piping
_____	Appliances
_____	Solar
_____	Heat Pump
_____	Fire Dampers
_____	Exhaust Hood Sys.
_____	HVAC

Others: _____

_____

Signature: _____

Owner ( ) Contractor ( ) Owner Reresentative ( )

PLUMBING PERMIT

Contractor _____

(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____

(Certificate of Insurance for Workers Compensation needed or sign exemption form)

Estimate of total costs for all work _____

Technical Site Data No.	Items	Technical Site Data No.	Items
_____	Water Closet		
_____	Urinal/Bidet	_____	Interceptor/Separator
_____	Bath tub	_____	Backflow preventer
_____	Lavatory	_____	Grease trap
_____	Shower	_____	Sewer Connection
_____	Floor drain	_____	Sewer Pump
_____	Sink	_____	Stacks
_____	Dishwasher	_____	Solar
_____	Drinking fountain		
_____	Washing Machine		
_____	Hose Bibb		
_____	Water Heater		
_____	Fuel Oil Piping		
_____	Gas Piping		
_____	Steam Boiler		
_____	Hot Water Boiler		
_____	Water Service Connection		

Others: _____

_____

Signature: _____

Owner ( ) Contractor ( ) Owner Reresentative ( )

MECHANICAL CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Mechanical Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

PLUMBING BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Plumbing Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: _____
2. Name of Owner in Fee: _____ Tel. (____) _____
   Address _____
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date: _____
   Federal Employee No. _____ FAX (____) _____
5. Architect or Engineer: _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work: _____
   Tel. (____) _____ FAX (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Mechanical			
6. Subtotal	$		
7. Plan Review			
8. Administrative Fee	$		
9. L & I Training Fee			
10. Subtotal	$		
11. Certificate of Occupancy			
12. Zoning			
13. TOTAL	$		

VI. BUILDING / SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area – Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
    no _____
11. Max Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only)							
		Plans Received By	Date Received	Rejection Date	Approval Date	Reviewer	Resubmission Dates: Approval	Rejection	Reviewer
1. ❑ Minor Work									
2. ❑ New Building									
3. ❑ Addition									
4. ❑ Alteration									
5. ❑ Fire Protection									
6. ❑ Plumbing									
7. ❑ Electrical									
8. ❑ Elevator Devices									
9. ❑ Asbestos Abatement									
10. ❑ Lead Hazard Abatement									
11. ❑ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ❑ Partial Releases
2. ❑ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ❑ Elevators / Escalators / Lifts Dumbwaiters / Moving Walks
2. ❑ High Pressure Boilers
3. ❑ Pressure Vessels
4. ❑ Refrigeration Systems
5. ❑ Cross-Connections / Backflow Preventers
6. ❑ Hazardous Uses / Places of Assembly
7. ❑ Sprinklers
8. ❑ Smoke Control Systems in Open Wells
9. ❑ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ❑ Hotels (R-1)
2. ❑ Multi-Family (R-2)
3. ❑ 1-2 Family (R-3)
4. ❑ Residential Care <17 (R-4)
5. ❑
6. ❑

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former: