

BUILDING PERMIT _____		ELECTRICAL PERMIT _____	
Municipality _____	County _____	Tax Parcel _____	
Construction Site Location _____		Date Received _____	
Owner _____	Tenant _____		
Address _____		Address _____	
State _____	Zip _____	Phone# _____	State _____ Zip _____ Phone# _____
Front Yard _____ Ft. (Front of building to property line)	Describe proposed work in detail _____		
Rear Yard _____ Ft. (Rear of building to property line)			
Side Yard _____ Ft. Side Yard _____ FT.			
State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____			

BUILDING 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 signed exemption form)

Estimate of total costs for all work _____
Total square feet: _____ Use Group _____ Type Construction _____
No. of Stories: _____ Height of Structure _____
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 _____
() Accessibility _____
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 ()

ELECTRICAL 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 signed exemption form)

Estimate of total costs for all work _____

Technical Site		
Data No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication 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 Building Fee: _____
Plan Review Fee: _____
Admin. Fee: _____
State Fee: _____
Total Cost: _____
Code Official: _____ State Cert.# _____
Date Issued: _____

ELECTRICAL 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: _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: _____
 Address: _____ street _____ municipality _____ zip code _____

2. Name of Owner in Fee: _____ Tel: (____) _____

3. Ownership in Fee: _____ Public _____ Private _____
 Address: _____ Tel: (____) _____

4. Principal Contractor: _____ Tel: (____) _____
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date: _____

5. Federal Employee No. _____ FAX (____) _____
 Architect or Engineer: _____ Tel: (____) _____

6. Responsible Person in Charge of Work: _____
 Address: _____ Tel: (____) _____ FAX (____) _____

V. FEE SUMMARY (for office use only)

1. Building	\$ _____	Update	Update
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

1. Number of Stories _____ (office use only)

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 _____ ft.

9. Base Flood Elevation _____ ft.

10. Wetlands: yes _____ no _____

11. Max Live Load _____

12. Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost	Plans Received By	Date Received	Rejection Date	Approval Date	Reviewer	Approval	Rejection	Reviewer
1. <input type="checkbox"/> Minor Work									
2. <input type="checkbox"/> New Building									
3. <input type="checkbox"/> Addition									
4. <input type="checkbox"/> Alteration									
5. <input type="checkbox"/> Fire Protection									
6. <input type="checkbox"/> Plumbing									
7. <input type="checkbox"/> Electrical									
8. <input type="checkbox"/> Elevator Devices									
9. <input type="checkbox"/> Asbestos Abatement									
10. <input type="checkbox"/> Lead Hazard Abatement									
11. <input type="checkbox"/> Demolition									
TOTAL COSTS									

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: _____

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

2. Dumbwaiters / Moving Walks

3. High Pressure Boilers

4. Pressure Vessels

5. Refrigeration Systems

6. Cross-Connections / Backflow Preventers

7. Hazardous Uses / Places of Assembly

8. Sprinklers

9. Smoke Control Systems in Open Wells

10. Underground Storage Tanks