

MECHANICAL PERMIT _____ **PLUMBING PERMIT** _____

Municipality _____ 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 Representative ()

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	_____	Interceptor/Separator
_____	Urinal/Bidet	_____	Backflow preventer
_____	Bath tub	_____	Grease trap
_____	Lavatory	_____	Sewer Connection
_____	Shower	_____	Sewer Pump
_____	Floor drain	_____	Stacks
_____	Sink	_____	Solar
_____	Dishwasher		
_____	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 Representative ()

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: _____

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 _____ Tel. (____) _____
 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: _____ FAX (____) _____
 Tel. (____) _____

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 _____
 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. <input type="checkbox"/> Mirror 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									

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

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: _____