

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) _____

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: _____ 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)

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

1. Number of Stories _____

2. Height of Structure _____

3. Area - Largest Floor _____

4. New Building Area _____

5. Volume of New Structure _____

6. Construction Classification _____

7. Total Land Area Disturbed _____

8. Flood Hazard Zone _____

9. Base Flood Elevation _____

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	Resubmission Dates	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										

III. DO YOU WANT: (optional)

1. Partial Releases

2. Prototype Processing

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

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

VII.

A. _____

B. _____

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 ()

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 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 ()

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: _____