

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: _____ Tel (_____) _____
 2. Name of Owner in Fee: _____ Tel (_____) _____
 Address _____ street _____ municipality _____ zip code _____

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

4. Principal Contractor: _____ Tel (_____) _____
 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	\$ _____
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

- Number of Stories _____
- Height of Structure _____
- Area - Largest Floor _____
- New Building Area _____
- Volume of New Structure _____
- Construction Classification _____
- Total Land Area Disturbed _____
- Flood Hazard Zone _____
- Base Flood Elevation _____
- Wetlands yes _____ no _____
- Max Live Load _____
- Max Occupancy Load _____

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only)				
		Plans Received By	Date Received	Rejection Date	Approval Date	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						

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

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

III. DO YOU WANT: (optional)

1. Partial Releases

2. Prototype Processing

VII.

A. I

B. I

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 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	_____	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 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: _____