

Non UCC _____

Mechanical _____ **Plumbing** _____ **Electrical** _____

Municipality _____ County _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

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

Describe Proposed Work in Detail: _____

MECHANICAL / PLUMBING PERMIT

Contractor _____ (if owner put same as above)			Technical Site Data		
No.	Size	Fixture / Equip.	No.	Size	Fixture / Equip.
_____	_____	Water Closet	_____	_____	Boiler / Furnace
_____	_____	Urinal / Bidet	_____	_____	Sewer Lat/Conn
_____	_____	Bathtub	_____	_____	Backflow Prev.
_____	_____	Lavatory	_____	_____	HVAC
_____	_____	Shower	_____	_____	Kitchen Hood &
_____	_____	Sink	_____	_____	Exhaust System
_____	_____	Dishwasher	_____	_____	Refrig. Units
_____	_____	Washing Mach.	_____	_____	Heat Pumps
_____	_____	Hose Bib	_____	_____	Fire Dampers
_____	_____	Water Heater	_____	_____	Water Connect.

Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____
Federal Employee # _____
[Certification of Insurance for Workers Compensation needed or sign exemption form]
State Classification:
New Residential _____ Other Residential _____
New Commercial _____ Other Commercial _____
Estimate Total Costs For All Work _____ Others: _____

ELECTRICAL PERMIT

Utility #: _____

Contractor _____ (if owner put same as above)			Technical Site Data		
No.	Size	Fixture / Equip.	No.	Size	Fixture / Equip.
_____	_____	Lighting Fixture	_____	_____	Range
_____	_____	Receptacles	_____	_____	Dishwasher
_____	_____	Switches	_____	_____	Garbage Disp.
_____	_____	Detectors	_____	_____	HVAC
_____	_____	Motor-Fraction.	_____	_____	Emergency &
_____	_____	Comm. Devices	_____	_____	Exit Lights
_____	_____	Alarm Dev./Sys.	_____	_____	Heater
_____	_____	Pool Bonding	_____	_____	Central AC Unit
_____	_____	Service	_____	_____	Signs
_____	_____	Sub-Panels	_____	_____	Survey Fee

Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____
Federal Employee # _____
[Certification of Insurance for Workers Compensation needed or sign exemption form]
State Classification:
New Residential _____ Other Residential _____
New Commercial _____ Other Commercial _____
Estimate Total Costs For All Work _____ Others: _____

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 ()

CODE OFFICIAL USE ONLY

	Mechanical	Plumbing	Electrical
UCC Fee	_____	_____	_____
Plan Review Fee:	_____	_____	_____
Admin Fee:	_____	_____	_____
State Fee:	_____	_____	_____
Total Cost:	_____	_____	_____
Non UCC Fee:	_____	_____	_____

- Plans Approved
 Plans Approved with Comments

Code Official: _____
State Cert. #: _____
Date: _____