

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

			Technical Site Data					
Contractor _____ (if owner put same as above)			No.	Size	Fixture / Equip.	No.	Size	Fixture / Equip.
Address _____					Water Closet			Boiler / Furnace
City _____ State _____ Zip _____					Urinal / Bidet			Sewer Lat/Conn
Phone _____ Cell _____					Bathtub			Backflow Prev.
Federal Employee # _____					Lavatory			HVAC
[Certification of Insurance for Workers Compensation needed or sign exemption form]					Shower			Kitchen Hood &
State Classification:					Sink			Exhaust System
New Residential _____ Other Residential _____					Dishwasher			Refrig. Units
New Commercial _____ Other Commercial _____					Washing Mach.			Heat Pumps
Estimate Total Costs For All Work _____					Hose Bib			Fire Dampers
					Water Heater			Water Connect.
			Others: _____					

ELECTRICAL PERMIT

Utility #:

			Technical Site Data					
Contractor _____ (if owner put same as above)			No.	Size	Fixture / Equip.	No.	Size	Fixture / Equip.
Address _____					Lighting Fixture			Range
City _____ State _____ Zip _____					Receptacles			Dishwasher
Phone _____ Cell _____					Switches			Garbage Disp.
Federal Employee # _____					Detectors			HVAC
[Certification of Insurance for Workers Compensation needed or sign exemption form]					Motor-Fraction.			Emergency &
State Classification:					Comm. Devices			Exit Lights
New Residential _____ Other Residential _____					Alarm Dev./Sys.			Heater
New Commercial _____ Other Commercial _____					Pool Bonding			Central AC Unit
Estimate Total Costs For All Work _____					Service			Signs
					Sub-Panels			Survey Fee
			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: _____