## PERMIT APPLICATION

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MECHANICAL PERMIT		PLUMBING PERMIT				
Municipality	County	Tax Parcel				
Construction Site Location		Date Received Tenant				
Owner		Tenant				
Address		Address				
State S	ZipPhone#	State	Zin	Ph	one#	
Describe proposed	work in detail:	State	<i>Z</i> ıp	111		
Describe proposed	work in detail:					
State Classificatio	n: New Commercial Other Com	nmercialNe	w Residential	Other	Residential	
MECHANICAL		PLUMBING	PERMIT			
Contractor		Contractor				
Contractor (if owner, put same name above)		(if owner, put same name above)				
Address	StateZip Cell	Address			Zip	
City	State Zip	City		State	Zip	
Phone	Cell	Phone		Cell		
Fed Employee No.	ice for Workers Compensation needed or	Fed Employee N	O.	- Componenti	an noodad ar	
	signed exemption form)	(Certificate of Insurance for Workers Compensation needed or signed exemption form)				
	for all work	Estimate of total				
Technical Site		Technical Site		Technical	Site	
Data No.	Fixture/Equipment	Data No.	Items	Data No.	Items	
	Water Heater		Water Closet		T	
	Fuel Oil Piping		Urinal/Bidet		Interceptor/Separator	
	Gas Piping		Bath tub		Backflow preventer	
	Steam Boiler		Lavatory		Grease trap	
	Hot Water Boiler		Shower		Sewer Connection	
	Hot Air Furnace		Floor drain	<del></del>	Sewer Pump	
	Oil Tank		Sink		Stacks	
	LPG Tank		Dishwasher	***************************************	Solar	
	Fireplace	<u></u>	Drinking fountai	n		
	Hydronic Piping		Washing Machin	ie		
	Appliances		Hose Bibb			
	Solar		Water Heater			
	Heat Pump		Fuel Oil Piping			
	Fire Dampers		Gas Piping			
	Exhaust Ĥood Sys.		Steam Boiler			
	HVAC		Hot Water Boiler	r		
Others:		Water Service Connection				
		Others:				
Si-matana.		Signatura				
Owner ( )	Contractor ( ) Owner Representative ( )	Signature,	Signature: Owner ( ) Contractor ( ) Owner Representative ( )			
	· · · · · · · · · · · · · · · · · · ·	OWIN	- Contractor (	( ) Owner re		
MECHANICAL CODE OFFICIAL USE ONLY		PLUMBING R	PLUMBING BUILDING CODE OFFICIAL USE ONLY			
1						
Plans Approved Plans Approved with Comments UCC Mechanical Fee:		UCC Plumbing	Fee	approvou mit	>0.111111111111111111111111111111111	
Plan Review Fee:		Plan Review Fee	2:			
Admin Fee:		Admin Fac	·			
Admin. Fee:		State Fee:				
State Fee:		Total Costs				
Total Cost:	State Cert.#	Code Official:		State Cart	#	
Code Official:		Code Official: _		state Cert.		
Date Issued:		Date Issueu:			COPYRIGHTED	

## PERMIT APPLICATION

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BUILDING PERMIT	ELECTRICAL PERMIT			
MunicipalityCounty	Tax Parcel			
Construction Site Location	Date Received			
Owner_	Tenant			
Address	Address			
State Zin Phone#	Address State Zip Phone#			
Front Yard Ft. (Front of building to propert	y line) Describe proposed work in detail			
Rear Yard Ft. (Rear of building to property	line)			
Side Yard Ft. Side Yard FT.	inte)			
State Classification: New Commercial Other Comm	Now Posidertial Office Political			
Other Commercial Other Comm	New Residential Other Residential			
BUILDING PERMIT	ELECTRICAL PERMIT			
Contractor (if owner, put same name above)	Contractor (if owner, put same name above)			
(17 owner, put same name above)	(if owner, put same name above)			
Address State Zip	Address State Zip			
Phone Cell	Phone Cell			
Fed Employee No.	Fed Employee No.			
(Certificate of Insurance for Workers Compensation needed or	(Certificate of Insurance for Workers Compensation needed or			
signed exemption form)	signed exemption form)			
Estimate of total costs for all work Total square feet: Use Group Type Construction	Estimate of total costs for all work			
No. of Stories: Height of Structure	Technical Site			
Description of work:	Data No. Size Items			
	Lighting Fixtures			
	Receptacles			
Type of work:	Switches			
Alterations/Additions of: Square Ft				
( ) Roofing - Total square feet	Communication Desire			
( ) Fencing, supply height if it exceeds 6 foot	Alarm Devices/Systems			
( ) Sign - Total Square feet	Emergency & Exit Lights			
( ) Pool - Total Square feet	Pool Bonding			
( ) Decks - Total Square feet	Service			
( ) Demolition - Total Square feet	Sub-Panels			
( ) Accessibility	Feeders Baseboard Heater			
Other:	Dryer Receptacle			
	Range Dishwasher Garbage Disposal			
	Heater Central A/C Units			
I hereby acknowledge that I have read this application and state	the Signs			
above is correct to comply with all Municipal ordinances and sta				
laws regarding construction.	Others:			
Signature:	Signature:			
Owner ( ) Contractor ( ) Owner Representative ( )	Owner ( ) Contractor ( ) Owner Representative ( )			
BUILDING CODE OFFICIAL USE ONLY	ELECTRICAL CODE OFFICIAL YIGE ONLY			
Plans Approved Plans Approved with Comments	Plans Approved Plans Approved with Comments			
UCC Building Fee:	UCC Electrical Fee:			
Plan Review Fee:	Plan Review Fee:			
Admin. Fee:	Admin. Fee:			
State Fee:	State Fee:			
Total Cost:	Total Cost:			
Code Official: State Cert.#	Code Official: State Cert.#			
Date Issued:	Date Issued:			
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