

**MECHANICAL PERMIT**

**PLUMBING PERMIT**

Municipality \_\_\_\_\_ County \_\_\_\_\_ 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 \_\_\_\_\_

<b>MECHANICAL PERMIT</b>		<b>PLUMBING PERMIT</b>	
Contractor _____ <small>(if owner, put same name above)</small>		Contractor _____ <small>(if owner, put same name above)</small>	
Address _____		Address _____	
City _____	State _____	City _____	State _____
Phone _____	Zip _____	Phone _____	Zip _____
Fed Employee No. _____ <small>(Certificate of Insurance for Workers Compensation needed or signed exemption form)</small>		Fed Employee No. _____ <small>(Certificate of Insurance for Workers Compensation needed or signed exemption form)</small>	
Estimate of total costs for all work _____		Estimate of total costs for all work _____	
<b>Technical Site</b>	<b>Fixture/Equipment</b>	<b>Technical Site</b>	<b>Items</b>
<b>Data No.</b>		<b>Data No.</b>	<b>Items</b>
_____	Water Heater	_____	Water Closet
_____	Fuel Oil Piping	_____	Urinal/Bidet
_____	Gas Piping	_____	Bath tub
_____	Steam Boiler	_____	Lavatory
_____	Hot Water Boiler	_____	Shower
_____	Hot Air Furnace	_____	Floor drain
_____	Oil Tank	_____	Sink
_____	LPG Tank	_____	Dishwasher
_____	Fireplace	_____	Drinking fountain
_____	Hydronic Piping	_____	Washing Machine
_____	Appliances	_____	Hose Bibb
_____	Solar	_____	Water Heater
_____	Heat Pump	_____	Fuel Oil Piping
_____	Fire Dampers	_____	Gas Piping
_____	Exhaust Hood Sys.	_____	Steam Boiler
_____	HVAC	_____	Hot Water Boiler
Others: _____		_____	Water Service Connection
Signature: _____		Others: _____	
Owner ( ) Contractor ( ) Owner Representative ( )		Signature: _____	
		Owner ( ) Contractor ( ) Owner Representative ( )	

<p><b>MECHANICAL CODE OFFICIAL USE ONLY</b></p> <p>Plans Approved _____ Plans Approved with Comments _____</p> <p>UCC Mechanical Fee: _____</p> <p>Plan Review Fee: _____</p> <p>Admin. Fee: _____</p> <p>State Fee: _____</p> <p>Total Cost: _____</p> <p>Code Official: _____ State Cert.# _____</p> <p>Date Issued: _____</p>	<p><b>PLUMBING BUILDING CODE OFFICIAL USE ONLY</b></p> <p>Plans Approved _____ Plans Approved with Comments _____</p> <p>UCC Plumbing Fee: _____</p> <p>Plan Review Fee: _____</p> <p>Admin. Fee: _____</p> <p>State Fee: _____</p> <p>Total Cost: _____</p> <p>Code Official: _____ State Cert.# _____</p> <p>Date Issued: _____</p>
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**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 ( )

**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 ( )

**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 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: \_\_\_\_\_