

BUILDING PERMIT BUILDING INSPECTION UNDERWRITERS

PERMIT APPLICATION

Page 1 of _____

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 _____	

<p>BUILDING PERMIT</p> <p>Contractor _____ (if owner, put same name above)</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Cell _____</p> <p>Fed Employee No. _____ (Certificate of Insurance for Workers Compensation needed or signed exemption form)</p> <p>Estimate of total costs for all work _____</p> <p>Total square feet: _____ Use Group _____ Type Construction _____</p> <p>No. of Stories: _____ Height of Structure _____</p> <p>Description of work: _____</p> <p>Type of work:</p> <p>Alterations/Additions of: _____ Square Ft. _____</p> <p>() Roofing - Total square feet _____</p> <p>() Fencing, supply height if it exceeds 6 foot _____</p> <p>() Sign - Total Square feet _____</p> <p>() Pool - Total Square feet _____</p> <p>() Decks - Total Square feet _____</p> <p>() Demolition - Total Square feet _____</p> <p>() Accessibility _____</p> <p>Other: _____</p> <p>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.</p> <p>Signature: _____ Owner () Contractor () Owner Representative ()</p>
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<p>BUILDING CODE OFFICIAL USE ONLY</p> <p>Plans Approved _____ Plans Approved with Comments _____</p> <p>UCC Building Fee: _____</p> <p>Plan Review Fee: _____</p> <p>Scan 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>ELECTRICAL PERMIT</p> <p>Contractor _____ (if owner, put same name above)</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Cell _____</p> <p>Fed Employee No. _____ (Certificate of Insurance for Workers Compensation needed or signed exemption form)</p> <p>Estimate of total costs for all work _____</p> <p>Technical Site</p> <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Data No.</th> <th style="text-align: left;">Size</th> <th style="text-align: left;">Items</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>Lighting Fixtures</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Receptacles</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Switches</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Detectors</td> </tr> <tr> <td>_____</td> <td>HP _____</td> <td>Motor-Fractional</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Communication Devices</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Alarm Devices/Systems</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Emergency & Exit Lights</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Pool Bonding</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Service</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Sub-Panels</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Feeders</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Baseboard Heater</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Dryer Receptacle</td> </tr> <tr> <td>_____</td> <td>Range _____</td> <td>Dishwasher _____</td> </tr> <tr> <td>_____</td> <td>Heater _____</td> <td>Central A/C Units _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Signs _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Survey Fee _____</td> </tr> </table> <p>Others: _____</p> <p>Signature: _____ Owner () Contractor () Owner Representative ()</p>	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 _____
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<p>ELECTRICAL CODE OFFICIAL USE ONLY</p> <p>Plans Approved _____ Plans Approved with Comments _____</p> <p>UCC Electrical Fee: _____</p> <p>Plan Review Fee: _____</p> <p>Scan Fee: _____</p> <p>Admin. Fee: _____</p> <p>State Fee: _____</p> <p>Total Cost: _____</p> <p>Code Official: _____ State Cert.# _____</p> <p>Date Issued: _____</p>

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 _____

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 signed 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 Representative ()

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 signed 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 Representative ()

MECHANICAL CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Mechanical Fee: _____

Plan Review Fee: _____

Scan Fee: _____

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State Fee: _____

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Date Issued: _____

PLUMBING BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Plumbing Fee: _____

Plan Review Fee: _____

Scan Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____