

City of Montclair

Application for Plans Examination

Permit # 26 - _____

Job Location

Date _____	Street Address _____
Business/Project Name _____	

Description of Work

<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Tenant Improvement	
Scope of Work to be Completed (Please be specific) _____	

TOTAL CONTRACT price of improvements. \$ _____ Total Sq. Ft. _____	

Identification

Property Owner	_____		
	Name	Home Phone	Cell Phone
	Street Address	City	Zip Code
	Email Address		
Licensed Contractor	_____		
	Name	Office Phone	Cell Phone
	Street Address	City	Zip Code
	State License Number & Expiration Date	Email Address	
Architect or Engineer	_____		
	Name	Office Phone	Cell Phone
	Street Address	City	Zip Code
	State License Number & Expiration Date	Email Address	

Contact Person

Name _____	Office Number _____	Cell Number _____
Email Address _____	Fax Number _____	