

Non UCC \_\_\_\_\_

**Building Permit** \_\_\_\_\_ **Fire Protection Permit** \_\_\_\_\_

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

Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Describe Proposed Work in Detail: \_\_\_\_\_

\_\_\_\_\_

**BUILDING PERMIT**

Contractor \_\_\_\_\_  
(if owner put same as above)

Address \_\_\_\_\_ # of Stories \_\_\_\_\_ Height of Structure \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Total SQ FT \_\_\_\_\_ Use Group \_\_\_\_\_ Type Const. \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Description of Work: \_\_\_\_\_

Federal Employee # \_\_\_\_\_  
[Certification of Insurance for Workers Compensation needed or sign exemption form]

State Classification: \_\_\_\_\_ Other: \_\_\_\_\_

New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ Estimate Total Costs For All Work \_\_\_\_\_

**FIRE PROTECTION PERMIT**

Contractor \_\_\_\_\_  
(if owner put same as above)

Address \_\_\_\_\_ Sprinkler System: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Alarm System: \_\_\_\_\_

Federal Employee # \_\_\_\_\_  
[Certification of Insurance for Workers Compensation needed or sign exemption form]

State Classification: \_\_\_\_\_ Commercial Cooking Equip.: \_\_\_\_\_

New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_ Other: \_\_\_\_\_

New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ Estimate Total Costs For All Work \_\_\_\_\_

**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**

UCC Building Fee: \_\_\_\_\_

Code Official: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

FP Fee: \_\_\_\_\_

Admin Fee: \_\_\_\_\_

State Cert. #: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Date: \_\_\_\_\_