

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

**Mechanical** \_\_\_\_\_ **Plumbing** \_\_\_\_\_ **Electrical** \_\_\_\_\_

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

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

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

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

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

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

**MECHANICAL / PLUMBING PERMIT**

Contractor _____ (if owner put same as above)		Technical Site Data					
Address _____	No. _____	Size _____	Fixture / Equip. _____	No. _____	Size _____	Fixture / Equip. _____	
City _____ State _____ Zip _____	_____	_____	Water Closet	_____	_____	Boiler / Furnace	
Phone _____ Cell _____	_____	_____	Urinal / Bidet	_____	_____	Sewer Lat/Conn	
Federal Employee # _____ [Certification of Insurance for Workers Compensation needed or sign exemption form]	_____	_____	Bathtub	_____	_____	Backflow Prev.	
State Classification:	_____	_____	Lavatory	_____	_____	HVAC	
New Residential _____ Other Residential _____	_____	_____	Shower	_____	_____	Kitchen Hood &	
New Commercial _____ Other Commercial _____	_____	_____	Sink	_____	_____	Exhaust System	
Estimate Total Costs For All Work _____	_____	_____	Dishwasher	_____	_____	Refrig. Units	
Others: _____	_____	_____	Washing Mach.	_____	_____	Heat Pumps	
	_____	_____	Hose Bib	_____	_____	Fire Dampers	
	_____	_____	Water Heater	_____	_____	Water Connect.	

**ELECTRICAL PERMIT**

Contractor _____ (if owner put same as above)		Utility #: _____				
		Technical Site Data				
Address _____	No. _____	Size _____	Fixture / Equip. _____	No. _____	Size _____	Fixture / Equip. _____
City _____ State _____ Zip _____	_____	_____	Lighting Fixture	_____	_____	Range
Phone _____ Cell _____	_____	_____	Receptacles	_____	_____	Dishwasher
Federal Employee # _____ [Certification of Insurance for Workers Compensation needed or sign exemption form]	_____	_____	Switches	_____	_____	Garbage Disp.
State Classification:	_____	_____	Detectors	_____	_____	HVAC
New Residential _____ Other Residential _____	_____	_____	Motor-Fraction.	_____	_____	Emergency &
New Commercial _____ Other Commercial _____	_____	_____	Comm. Devices	_____	_____	Exit Lights
Estimate Total Costs For All Work _____	_____	_____	Alarm Dev./Sys.	_____	_____	Heater
Others: _____	_____	_____	Pool Bonding	_____	_____	Central AC Unit
	_____	_____	Service	_____	_____	Signs
	_____	_____	Sub-Panels	_____	_____	Survey Fee

**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**

	<u>Mechanical</u>	<u>Plumbing</u>	<u>Electrical</u>
UCC Fee	_____	_____	_____
Plan Review Fee:	_____	_____	_____
Admin Fee:	_____	_____	_____
State Fee:	_____	_____	_____
Total Cost:	_____	_____	_____
Non UCC Fee:	_____	_____	_____

Plans Approved  
 Plans Approved with Comments

Code Official: \_\_\_\_\_  
State Cert. #: \_\_\_\_\_  
Date: \_\_\_\_\_