

PERMIT APPLICATION

MECHANICAL PERMIT \_\_\_\_\_ PLUMBING PERMIT \_\_\_\_\_ ELECTRICAL PERMIT \_\_\_\_\_  
 Municipality \_\_\_\_\_ County \_\_\_\_\_ Lot # \_\_\_\_\_ Block \_\_\_\_\_ Tax Parcel \_\_\_\_\_  
 Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_  
 Owner \_\_\_\_\_ Tenant \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Described proposed work in detail: \_\_\_\_\_

**MECHANICAL PERMIT** \_\_\_\_\_  
**PLUMBING PERMIT** \_\_\_\_\_

Contractor \_\_\_\_\_ (if owner put same as above)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Fed Employee No. \_\_\_\_\_  
 [Certificate of Insurance for Workers Compensation needed or sign exemption form]  
 Type of work:  
 New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_  
 New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_  
 Estimate total costs for all work \_\_\_\_\_

Technical Site Data No.	Size	Fixture / Equipment
_____	_____	Water Closet
_____	_____	Urinal / Bidet
_____	_____	Bath tub
_____	_____	Lavatory
_____	_____	Shower
_____	_____	Sink
_____	_____	Dishwasher
_____	_____	Washing Machine
_____	_____	Hose Bib
_____	_____	Water Heater
_____	_____	Any Fuel Piping (oil, gas, etc.)
_____	_____	Water Boiler / Furnace
_____	_____	Sewer Lateral / Sewer Connection
_____	_____	Backflow Preventer
_____	_____	HVAC
_____	_____	Kitchen Hood & Exhaust Systems
_____	_____	Refrigeration Units
_____	_____	Heat Pumps
_____	_____	Fire Dampers
_____	_____	Others: _____

Signature: \_\_\_\_\_ Contractor ( ) Owner Representative ( )  
 Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_  
 UCC Mechanical Fee \_\_\_\_\_ UCC Plumbing Fee \_\_\_\_\_  
 Plan Review Fee \_\_\_\_\_ Plan Review Fee \_\_\_\_\_  
 Admin. Fee \_\_\_\_\_ Admin. Fee \_\_\_\_\_  
 State Fee \_\_\_\_\_ State Fee \_\_\_\_\_  
 Total Cost \_\_\_\_\_ Total Cost \_\_\_\_\_  
 Code Official: \_\_\_\_\_ State Cert. # \_\_\_\_\_  
 Date Issued \_\_\_\_\_ Date Issued \_\_\_\_\_

**ELECTRICAL PERMIT** \_\_\_\_\_

Contractor \_\_\_\_\_ (if owner put same as above)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Fed Employee No. \_\_\_\_\_  
 [Certificate of Insurance for Workers Compensation needed or sign exemption form]  
 Type of work:  
 New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_  
 New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_  
 Estimate total costs of all work \_\_\_\_\_

Technical Site Data No.	Size	Items
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	Motor-Fractional
_____	_____	Communications Devices
_____	_____	Alarm Devices/Systems
_____	_____	Emergency & Exit Lights
_____	_____	Pool Bonding
_____	_____	Service
_____	_____	Sub-Panels
_____	_____	Feeders
_____	_____	Baseboard Heater
_____	_____	Dryer Receptacle
_____	_____	Range _____ Dishwasher _____ Garbage Disposal
_____	_____	Heater _____ Central A/C Units
_____	_____	Signs
_____	_____	Survey Fee
_____	_____	Others: _____

Signature: \_\_\_\_\_ Owner ( ) Contractor ( ) Owner Representative ( )  
 Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_  
 UCC Electrical Fee \_\_\_\_\_  
 Plan Review Fee \_\_\_\_\_  
 Admin. Fee \_\_\_\_\_  
 State Fee \_\_\_\_\_  
 Total Cost \_\_\_\_\_  
 Code Official: \_\_\_\_\_ State Cert. # \_\_\_\_\_  
 Date Issued \_\_\_\_\_ Date Issued \_\_\_\_\_