

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 _____

BUILDING 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 _____
 Total square feet: _____ Use Group _____ Type Construction _____
 No. of Stories: _____ Height of Structure _____
 Description of work: _____

Type of work:

Alterations/Additions of: _____ Square Ft. _____
 () Roofing - Total square feet _____
 () Fencing, supply height if it exceeds 6 foot _____
 () Sign - Total Square feet _____
 () Pool - Total Square feet _____
 () Decks - Total Square feet _____
 () Demolition - Total Square feet _____
 () Accessibility _____
 Other: _____

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 ()

BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____
 UCC Building Fee: _____
 Plan Review Fee: _____
 Scan Fee: _____
 Admin. Fee: _____
 State Fee: _____
 Total Cost: _____
 Code Official: _____ State Cert.# _____
 Date Issued: _____

ELECTRICAL 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.	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 _____ Garbage Disposal _____
_____	Heater _____	Central A/C Units _____
_____		Signs _____
_____		Survey Fee _____
Others: _____		

Signature: _____
 Owner () Contractor () Owner Representative ()

ELECTRICAL CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____
 UCC Electrical Fee: _____
 Plan Review Fee: _____
 Scan Fee: _____
 Admin. Fee: _____
 State Fee: _____
 Total Cost: _____
 Code Official: _____ State Cert.# _____
 Date Issued: _____

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