

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					
No.	Size	Fixture / Equip.	No.	Size	Fixture / Equip.		
_____	_____	Water Closet	_____	_____	Boiler / Furnace	_____	
_____	_____	Urinal / Bidet	_____	_____	Sewer Lat/Conn	_____	
_____	_____	Bath tub	_____	_____	Backflow Prev.	_____	
_____	_____	Lavatory	_____	_____	HVAC	_____	
_____	_____	Shower	_____	_____	Kitchen Hood &	_____	
_____	_____	Sink	_____	_____	Exhaust System	_____	
_____	_____	Dishwasher	_____	_____	Refrig. Units	_____	
_____	_____	Washing Mach.	_____	_____	Heat Pumps	_____	
_____	_____	Hose Bib	_____	_____	Fire Dampers	_____	
_____	_____	Water Heater	_____	_____	Water Connect.	_____	

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

State Classification:  
 New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_  
 New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_

Estimate Total Costs For All Work \_\_\_\_\_ Others: \_\_\_\_\_

**ELECTRICAL PERMIT**

Contractor _____ (if owner put same as above)		Utility #: _____ Technical Site Data					
No.	Size	Fixture / Equip.	No.	Size	Fixture / Equip.		
_____	_____	Lighting Fixture	_____	_____	Range	_____	
_____	_____	Receptacles	_____	_____	Dishwasher	_____	
_____	_____	Switches	_____	_____	Garbage Disp.	_____	
_____	_____	Detectors	_____	_____	HVAC	_____	
_____	_____	Motor-Fraction.	_____	_____	Emergency &	_____	
_____	_____	Comm. Devices	_____	_____	Exit Lights	_____	
_____	_____	Alarm Dev./Sys.	_____	_____	Heater	_____	
_____	_____	Pool Bonding	_____	_____	Central AC Unit	_____	
_____	_____	Service	_____	_____	Signs	_____	
_____	_____	Sub-Panels	_____	_____	Survey Fee	_____	

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

State Classification:  
 New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_  
 New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_

Estimate Total Costs For All Work \_\_\_\_\_ Others: \_\_\_\_\_

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**

	Mechanical	Plumbing	Electrical
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: \_\_\_\_\_