

PERMIT APPLICATION

**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' Comp needed or signed exemption form)  
 Estimate of total costs for all work \_\_\_\_\_  
 Total sq feet: \_\_\_\_\_ Use Group: \_\_\_\_\_ Type Constr: \_\_\_\_\_  
 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 \_\_\_

**ELECTRICAL PERMIT**

Contractor \_\_\_\_\_  
 (if owner, put same name above)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Fed Employee No. \_\_\_\_\_  
 (Certificate of Insurance for Workers' Comp 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 _____
_____	Heater _____	Central A/C Units _____
_____		Signs _____
_____		Survey Fee _____
Others: _____		

Signature: \_\_\_\_\_  
 Owner \_\_\_ Contractor \_\_\_ Owner Representative \_\_\_

**BUILDING CODE OFFICIAL USE ONLY**

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

**ELECTRICAL CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_  
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