

BUILDING PERMIT _____		ELECTRICAL PERMIT _____	
Municipality _____	County _____	Lot# _____	Block _____ 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 sign 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: _____

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 sign 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: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

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