

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 ()

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 _____ |
| _____ | 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 _____
UCC Electrical Fee: _____
Plan Review Fee: _____
Admin. Fee: _____
State Fee: _____
Total Cost: _____
Code Official: _____ State Cert.# _____
Date Issued: _____