

MECHANICAL PERMIT

PLUMBING PERMIT

Municipality _____ County _____ Tax Parcel _____
 Construction Site Location _____ Date Received _____
 Owner _____ Tenant _____
 Address _____ Address _____
 State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____
 Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

MECHANICAL PERMIT		PLUMBING PERMIT	
Contractor _____ <small>(if owner, put same name above)</small>		Contractor _____ <small>(if owner, put same name above)</small>	
Address _____		Address _____	
City _____	State _____	City _____	State _____
Phone _____	Zip _____	Phone _____	Zip _____
Fed Employee No. _____ <small>(Certificate of Insurance for Workers Compensation needed or signed exemption form)</small>		Fed Employee No. _____ <small>(Certificate of Insurance for Workers Compensation needed or signed exemption form)</small>	
Estimate of total costs for all work _____		Estimate of total costs for all work _____	
Technical Site	Fixture/Equipment	Technical Site	Technical Site
Data No.		Data No.	Items
_____	Water Heater	_____	Water Closet
_____	Fuel Oil Piping	_____	Urinal/Bidet
_____	Gas Piping	_____	Bath tub
_____	Steam Boiler	_____	Lavatory
_____	Hot Water Boiler	_____	Shower
_____	Hot Air Furnace	_____	Floor drain
_____	Oil Tank	_____	Sink
_____	LPG Tank	_____	Dishwasher
_____	Fireplace	_____	Drinking fountain
_____	Hydronic Piping	_____	Washing Machine
_____	Appliances	_____	Hose Bibb
_____	Solar	_____	Water Heater
_____	Heat Pump	_____	Fuel Oil Piping
_____	Fire Dampers	_____	Gas Piping
_____	Exhaust Hood Sys.	_____	Steam Boiler
_____	HVAC	_____	Hot Water Boiler
Others: _____		_____	Water Service Connection
Signature: _____		Signature: _____	
Owner () Contractor () Owner Representative ()		Owner () Contractor () Owner Representative ()	

<p>MECHANICAL CODE OFFICIAL USE ONLY</p> <p>Plans Approved _____ Plans Approved with Comments _____</p> <p>UCC Mechanical Fee: _____</p> <p>Plan Review Fee: _____</p> <p>Admin. Fee: _____</p> <p>State Fee: _____</p> <p>Total Cost: _____</p> <p>Code Official: _____ State Cert.# _____</p> <p>Date Issued: _____</p>	<p>PLUMBING BUILDING CODE OFFICIAL USE ONLY</p> <p>Plans Approved _____ Plans Approved with Comments _____</p> <p>UCC Plumbing Fee: _____</p> <p>Plan Review Fee: _____</p> <p>Admin. Fee: _____</p> <p>State Fee: _____</p> <p>Total Cost: _____</p> <p>Code Official: _____ State Cert.# _____</p> <p>Date Issued: _____</p>
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