

PERMIT REQUEST FORM

Date Received: _____

[Please Print]

Control Number: _____

Enter all pertinent information. Be specific and descriptive. Do not omit important entries such as telephone number, Federal ID number, etc.

COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: _____ Lot: _____ Agent: _____

Work Site Location: _____ Address: _____

Owner In Fee: _____ Contractors Registration: _____

Address: _____ Telephone: _____ Fax: _____

License No: _____

Telephone: _____ Fed Id Number: _____

Is this a rental property? Yes No Number of Tenants: _____

Number of kitchens: _____

BUILDING SECTION

Description Of Work:

New Building Sign _____ Sq.Ft _____ Contractor _____ **Office Use Only**

Addition Pool _____ Address _____ **Plan Review Date Initial**

Alteration Asbestos Abatement Subchapter _____ Phone _____ No Plans Req'd

Roofing Lead hazard Abatement _____ Lic. No. _____ All

Siding Demolition _____ Fed. Emp. No. _____ Footing

Fence Other _____ Contractor Reg. No. _____ Foundation

Est Cost Of Bldg. Work: _____ Frame

1. New Bldg \$ _____ 3. Demolition \$ _____ No. of Stories _____

2. Alteration \$ _____ 4. Total(1+2+3) \$ _____ Area - Largest Floor _____

Height of Structure _____ Other _____ Cubic Ft _____

I certify that I am the (agent of) owner of record and am authorised to make this application. _____ % Land Distributed _____

X _____ (Signature)

Building Characteristics

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

PLUMBING SECTION

Description Of Work:

No. Fixture/Equipment	No. Fixture/Equipment	Contractor
Water Closet _____	Gas Piping _____	Address _____
Urinal/Bidet _____	Steam Boiler _____	Phone _____
Bath Tub _____	Hot water Boiler _____	Lic. No. _____
Lavatory _____	Sewer Pump _____	Fed. Emp. No. _____
Shower _____	Interceptor/Separator _____	Contractor Reg. No. _____
Floor Drain _____	Back flow Preventor _____	I certify that I am the (agent of) owner of record and am authorised to make this application.
Sink _____	Greasetrap _____	X _____
Dishwasher _____	Sewer Connection _____	Applicant's Signature/Contractor's Seal and Signature
Drinking Fountain _____	Water Service Connection _____	[] Licensed Plumbing Contractor [] Exempt Applicant
Washing Machine _____	Stacks _____	
Hose Bibb _____	Other _____	
Water Heater _____	Other _____	
Fuel Oil Piping _____	Other _____	

Plumbing Characteristics

Use Group Present _____ Proposed _____

Public Sewer _____ Public Water _____ Private Septic _____ Private Well _____

Office Use Only

Estimated Cost of Plumbing Work \$ _____

No Plans Required

Plumbing Plans Approv

Date: _____ Approved By: _____

FIRE PROTECTION SECTION

Description Of Work:

Storage Tanks :
Type: Flamm-Liquid Comb Liquid
 LPG LNG
Alarm Systems 110v Interconnected System
Alarm Devices (i.e, smoke, heat, pulls, waterflow)
Supervisory Devices (i.e, tampers, low/high air)
Signalling Devices (i.e, horn, strobes, bells)
Other Devices _____
Suppressoin Systems Fire Pump GPM Type
Dry Pipe/Alarm Valves _____
Pre-action Valves _____
Sprinkler Heads (Dry and Wet) _____

Standpipes _____ Contractor _____
Address _____
Phone _____
Lic. No. _____
Fed. Emp. No. _____
Contractor Reg. No. _____
I certify that I am the (agent of) owner of record and am authorized to
make this application
X _____
Kitchen Hood Exh Sys _____
Smoke Control System _____
Gas or Oil Fired Appl. Applicant's Signature/Contractor's Seal and Signature

Office Use Only
Estimated Cost Of Fire Protection No Plans Required
Work Fire Plans Approved
\$ _____ Date: _____ Approved By: _____

Fire Protection Characteristics
Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____

ELECTRICAL SECTION

Description Of Work:

QTY. SIZE ITEMS	QTY. SIZE ITEMS
Lighting Fixtures _____	KW Elec. Water Heater _____
Receptacles _____	KW Dryer/Receptacle _____
Switches _____	KW Dishwasher _____
Detectors _____	HP Garbage Disposal _____
Light Poles _____	KW Central A/c Unit _____
Motors-Fract.HP _____	HP/KW Space Htr/Air Handler _____
Emergency & Exit Lights _____	KW Base Board Heat _____
Communication Points _____	HP Motors 1/+ HP _____
Alarm Devices F.A.C Panel _____	KW Transformer/Generator _____
Other _____	AMP Service _____
TOTAL NUMBERS	AMP SubPanels _____
Pool Permit/w Uw Lights _____	AMP Motor Control Center _____
Storable Pool/Spa/Hot Tub _____	KW Elec Sign/Outline Light Unit _____
KW Elec.Range /Receptacle _____	Other _____
KW Oven/Surface Unit _____	Other _____

Estimated Cost Of Electric Work \$ _____

Electical Characteristics
Use Group Present _____ Proposed _____

Contractor _____
Address _____
Phone _____
Lic. No. _____
Fed. Emp. No. _____
Contractor Reg. No. _____
I certify that I am the (agent of) owner of record and am authorised to
make this application.
X _____
Applicant's Signature/Contractor's Seal and Signature
 Licensed Elec Contractor Exempt Applicant
Office Use Only
 No Plans Required
 Electric Plans Approv
Date: _____ Approved By: _____