

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	ELECTRICAL PERMIT
Contractor _____ <small>(if owner, put same name above)</small>	Contractor _____ <small>(if owner, put same name above)</small>
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Cell _____	Phone _____ Cell _____
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 _____
Total square feet: _____ Use Group _____ Type Construction _____	
No. of Stories: _____ Height of Structure _____	
Description of work: _____	
Type of work:	
Alterations/Additions of: _____ Square Ft. _____	
<input type="checkbox"/> Roofing - Total square feet _____	
<input type="checkbox"/> Fencing, supply height if it exceeds 6 foot _____	
<input type="checkbox"/> Sign - Total Square feet _____	
<input type="checkbox"/> Pool - Total Square feet _____	
<input type="checkbox"/> Decks - Total Square feet _____	
<input type="checkbox"/> Demolition - Total Square feet _____	
<input type="checkbox"/> 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 ()	Signature: _____ Owner () Contractor () Owner Representative ()

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: _____		

BUILDING CODE OFFICIAL USE ONLY	ELECTRICAL CODE OFFICIAL USE ONLY
Plans Approved _____ Plans Approved with Comments _____	Plans Approved _____ Plans Approved with Comments _____
UCC Building Fee: _____	UCC Electrical Fee: _____
Plan Review Fee: _____	Plan Review Fee: _____
Admin. Fee: _____	Admin. Fee: _____
State Fee: _____	State Fee: _____
Total Cost: _____	Total Cost: _____
Code Official: _____ State Cert.# _____	Code Official: _____ State Cert.# _____
Date Issued: _____	Date Issued: _____