

**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: \_\_\_\_\_

Scan 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: \_\_\_\_\_

Scan Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

Date Issued: \_\_\_\_\_