

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 ()

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 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 _____ Garbage Disposal
_____	_____	Heater _____ Central A/C Units
_____	_____	Signs
_____	_____	Survey Fee

 Others: _____
 Signature: _____
 Owner () Contractor () Owner Representative ()

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: _____