PERMIT APPLICATION

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MECHANICAL PERMIT			PLUMBING PERMIT				
Municipality County		Tax Parcel					
Construction Site Location			Date Received				
Owner			Tenant				
Address			Address				
State	Zin	Phone#	State	Zip	Pho	one#	
Describe proposed	d work in detail:	Thones					
Describe proposed	a work in actair						
State Classificati	on: New Commercia	Other Cor	nmercial Ne	w Residential	Other	Residential	
State Classificati	On: New Commercia	other con		· residential			
MECHANICAL			PLUMBING	G PERMIT			
Contractor(if owner, put same name above)			Contractor				
(if owner, put same name above)			(if owner, put same name above)				
Address	State Zip		Address	Address			
Phone	Cell		Phone		Cell	Zip	
Fed Employee No.	Cen		Fed Employee N				
(Certificate of Insur	ance for Workers Compo	ensation needed or	(Certificate of	Insurance for Workers	Compensati	on needed or	
signed exemption form)			signed exemption form)				
Estimate of total cost			Estimate of tota	l costs for all work			
			m 1 1 1 Ct		T 1 1 1	614	
Technical Site	F1 .	(F) •	Technical Site	T4	Technical		
Data No.		/Equipment	Data No.	Items	Data No.	Items	
		Heater		Water Closet Urinal/Bidet		Interceptor/Separator	
		Oil Piping		Bath tub		Backflow preventer	
	Gas P	n Boiler				Grease trap	
		Vater Boiler		Lavatory Shower		Sewer Connection	
		ir Furnace		Floor drain		Sewer Pump	
				Sink		Stacks	
	Oil Ta			Dishwasher		Solar	
	LPG 7			Dishwasher Drinking fountain		Dolai	
	Firepl			_			
		onic Piping		Washing Machine			
	Appli			Hose Bibb			
	Solar			Water Heater			
	Heat l			Fuel Oil Piping			
		Dampers		Gas Piping			
		ust Hood Sys.		Steam Boiler			
HVAC		Hot Water Boiler Water Service Connection					
Others:			Others:				
			Otners:				
Signature: Owner() Contractor() Owner Representative()			Signature: Owner() Contractor() Owner Representative()				
Owner () Contractor () Own	er Representative ()	Own	ner () Contractor () Owner Re	epresentative ()	
1	ODE OFFICIAL US			BUILDING CODE			
Plans Approved Plans Approved with Comments			Plans Approved	Plans Approved Plans Approved with Comments			
UCC Mechanical Fee:			UCC Plumbing	Fee:			
Plan Review Fee:			Plan Review Fe	e:			
Admin. Fee:			Admin. Fee:				
State Fee:			State Fee:				
Total Cost:			Total Cost:				
Code Official:	State	Cert.#	Code Official:		State Cert.	#	
Date Issued:			Date Issued:			COPYRIGHTED	
						COLIMONIED	