

**MECHANICAL PERMIT** \_\_\_\_\_ **PLUMBING PERMIT** \_\_\_\_\_  
 Municipality \_\_\_\_\_ County \_\_\_\_\_ Tax Parcel \_\_\_\_\_  
 Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_  
 Owner \_\_\_\_\_ Tenant \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_  
 Describe proposed work in detail: \_\_\_\_\_

**State Classification:** New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

**MECHANICAL 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.	Fixture/Equipment
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Hydronic Piping
_____	Appliances
_____	Solar
_____	Heat Pump
_____	Fire Dampers
_____	Exhaust Hood Sys.
_____	HVAC

Others: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Owner ( ) Contractor ( ) Owner Representative ( )

**PLUMBING 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.	Items	Technical Site Data No.	Items
_____	Water Closet	_____	Interceptor/Separator
_____	Urinal/Bidet	_____	Backflow preventer
_____	Bath tub	_____	Grease trap
_____	Lavatory	_____	Sewer Connection
_____	Shower	_____	Sewer Pump
_____	Floor drain	_____	Stacks
_____	Sink	_____	Solar
_____	Dishwasher		
_____	Drinking fountain		
_____	Washing Machine		
_____	Hose Bibb		
_____	Water Heater		
_____	Fuel Oil Piping		
_____	Gas Piping		
_____	Steam Boiler		
_____	Hot Water Boiler		
_____	Water Service Connection		

Others: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Owner ( ) Contractor ( ) Owner Representative ( )

**MECHANICAL CODE OFFICIAL USE ONLY**  
 Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_  
 UCC Mechanical Fee: \_\_\_\_\_  
 Plan Review Fee: \_\_\_\_\_  
 Admin. Fee: \_\_\_\_\_  
 State Fee: \_\_\_\_\_  
 Total Cost: \_\_\_\_\_  
 Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_  
 Date Issued: \_\_\_\_\_

**PLUMBING BUILDING CODE OFFICIAL USE ONLY**  
 Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_  
 UCC Plumbing Fee: \_\_\_\_\_  
 Plan Review Fee: \_\_\_\_\_  
 Admin. Fee: \_\_\_\_\_  
 State Fee: \_\_\_\_\_  
 Total Cost: \_\_\_\_\_  
 Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_  
 Date Issued: \_\_\_\_\_