

PERMIT REQUEST FORM

Date Received: _____

[Office use Only] [Please Print]

Control Number: _____

Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone Numbers, Fed ID numbers etc.

COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block : _____ Lot : _____ Agent: _____

Work Site Location: _____ Address : _____

Owner In Fee : _____

Address : _____ Telephone : _____ Fax : _____

LicenseNo : _____ Fed Id Number: _____

Telephone : _____ Is this a rental property ? -Yes - No Number of Tenants: _____

BUILDING SECTION

Description Of Work:		
<input type="checkbox"/> New Building <input type="checkbox"/> Sign _____ Sq.Ft <input type="checkbox"/> Addition <input type="checkbox"/> Pool <input type="checkbox"/> Alteration <input type="checkbox"/> Asbestos Abatement <input type="checkbox"/> Roofing <input type="checkbox"/> Lead hazard Abatement <input type="checkbox"/> Siding <input type="checkbox"/> Demolition <input type="checkbox"/> Fence <input type="checkbox"/> Other Ht _____ (Exceeds 6')	Contractor _____ Address _____ Phone _____ Lic. No. _____ Fed. Emp. No. _____ <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Est Cost Of Bldg. Work: 1. New Bldg \$ _____ 3. Demolition \$ _____ 2. Alteration \$ _____ 4. Total(1+2+3) \$ _____ </div> I certify that I am the (agent of) owner of record and am authorised to make this application. X _____ <div style="text-align: right;">(Signature)</div>	<p style="text-align: center;">Office Use Only</p> Plan Review Date Initial <input type="checkbox"/> No Plans Reqd _____ <input type="checkbox"/> All _____ <input type="checkbox"/> Footing _____ <input type="checkbox"/> Foundation _____ <input type="checkbox"/> Frame _____ <input type="checkbox"/> Other _____ Joint Plan review Required: <input type="checkbox"/> Elec <input type="checkbox"/> Plumb <input type="checkbox"/> Fire Cubic Ft: _____ Square Ft: _____ % Land Distributed _____

PLUMBING SECTION

Description Of Work:																																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">No. Fixture/Equipmt</td><td style="border-bottom: 1px solid black;">No. Fixture/Equipmt</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Water Closet</td><td style="border-bottom: 1px solid black;">_____ LPGas Tank</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Urinal/Bidet</td><td style="border-bottom: 1px solid black;">_____ Steam Boiler</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Bath Tub</td><td style="border-bottom: 1px solid black;">_____ Hot water Boiler</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Lavatory</td><td style="border-bottom: 1px solid black;">_____ Sewer Pump</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Shower</td><td style="border-bottom: 1px solid black;">_____ Interceptor/Separator</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Floor Drain</td><td style="border-bottom: 1px solid black;">_____ Back flow Preventor</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Sink</td><td style="border-bottom: 1px solid black;">_____ Greasetrap</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Dishwasher</td><td style="border-bottom: 1px solid black;">_____ Residential A/C Unit</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Drinking Fountain</td><td style="border-bottom: 1px solid black;">_____ Sewer Connection</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Washing Machine</td><td style="border-bottom: 1px solid black;">_____ Water Service Connection</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Hose Bib</td><td style="border-bottom: 1px solid black;">_____ Stacks</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Water Heater</td><td style="border-bottom: 1px solid black;">_____ Other _____</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Fuel Oil Piping</td><td style="border-bottom: 1px solid black;">_____ Other _____</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Gas Piping</td><td style="border-bottom: 1px solid black;">_____ Other _____</td></tr> </table> </td> <td style="width: 50%;"> Contractor _____ Address _____ Phone _____ Lic. No. _____ Fed. Emp. No. _____ </td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">No. Fixture/Equipmt</td><td style="border-bottom: 1px solid black;">No. Fixture/Equipmt</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Water Closet</td><td style="border-bottom: 1px solid black;">_____ LPGas Tank</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Urinal/Bidet</td><td style="border-bottom: 1px solid black;">_____ Steam Boiler</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Bath Tub</td><td style="border-bottom: 1px solid black;">_____ Hot water Boiler</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Lavatory</td><td style="border-bottom: 1px solid black;">_____ Sewer Pump</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Shower</td><td style="border-bottom: 1px solid black;">_____ Interceptor/Separator</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Floor Drain</td><td style="border-bottom: 1px solid black;">_____ Back flow Preventor</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Sink</td><td style="border-bottom: 1px solid black;">_____ Greasetrap</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Dishwasher</td><td style="border-bottom: 1px solid black;">_____ Residential A/C Unit</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Drinking Fountain</td><td style="border-bottom: 1px solid black;">_____ Sewer Connection</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Washing Machine</td><td style="border-bottom: 1px solid black;">_____ Water Service Connection</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Hose Bib</td><td style="border-bottom: 1px solid black;">_____ Stacks</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Water Heater</td><td style="border-bottom: 1px solid black;">_____ Other _____</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Fuel Oil Piping</td><td style="border-bottom: 1px solid black;">_____ Other _____</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Gas Piping</td><td style="border-bottom: 1px solid black;">_____ Other _____</td></tr> </table>	No. Fixture/Equipmt	No. Fixture/Equipmt	_____ Water Closet	_____ LPGas Tank	_____ Urinal/Bidet	_____ Steam Boiler	_____ Bath Tub	_____ Hot water Boiler	_____ Lavatory	_____ Sewer Pump	_____ Shower	_____ Interceptor/Separator	_____ Floor Drain	_____ Back flow Preventor	_____ Sink	_____ Greasetrap	_____ Dishwasher	_____ Residential A/C Unit	_____ Drinking Fountain	_____ Sewer Connection	_____ Washing Machine	_____ Water Service Connection	_____ Hose Bib	_____ Stacks	_____ Water Heater	_____ Other _____	_____ Fuel Oil Piping	_____ Other _____	_____ Gas Piping	_____ Other _____	Contractor _____ Address _____ Phone _____ Lic. No. _____ Fed. Emp. No. _____	I certify that I am the (agent of) owner of record and am authorised to make this application. X _____ Applicant's Signature/Contractor's Seal and Signature
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">No. Fixture/Equipmt</td><td style="border-bottom: 1px solid black;">No. Fixture/Equipmt</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Water Closet</td><td style="border-bottom: 1px solid black;">_____ LPGas Tank</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Urinal/Bidet</td><td style="border-bottom: 1px solid black;">_____ Steam Boiler</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Bath Tub</td><td style="border-bottom: 1px solid black;">_____ Hot water Boiler</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Lavatory</td><td style="border-bottom: 1px solid black;">_____ Sewer Pump</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Shower</td><td style="border-bottom: 1px solid black;">_____ Interceptor/Separator</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Floor Drain</td><td style="border-bottom: 1px solid black;">_____ Back flow Preventor</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Sink</td><td style="border-bottom: 1px solid black;">_____ Greasetrap</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Dishwasher</td><td style="border-bottom: 1px solid black;">_____ Residential A/C Unit</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Drinking Fountain</td><td style="border-bottom: 1px solid black;">_____ Sewer Connection</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Washing Machine</td><td style="border-bottom: 1px solid black;">_____ Water Service Connection</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Hose Bib</td><td style="border-bottom: 1px solid black;">_____ Stacks</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Water Heater</td><td style="border-bottom: 1px solid black;">_____ Other _____</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Fuel Oil Piping</td><td style="border-bottom: 1px solid black;">_____ Other _____</td></tr> <tr><td style="border-bottom: 1px solid black;">_____ Gas Piping</td><td style="border-bottom: 1px solid black;">_____ Other _____</td></tr> </table>	No. Fixture/Equipmt	No. Fixture/Equipmt	_____ Water Closet	_____ LPGas Tank	_____ Urinal/Bidet	_____ Steam Boiler	_____ Bath Tub	_____ Hot water Boiler	_____ Lavatory	_____ Sewer Pump	_____ Shower	_____ Interceptor/Separator	_____ Floor Drain	_____ Back flow Preventor	_____ Sink	_____ Greasetrap	_____ Dishwasher	_____ Residential A/C Unit	_____ Drinking Fountain	_____ Sewer Connection	_____ Washing Machine	_____ Water Service Connection	_____ Hose Bib	_____ Stacks	_____ Water Heater	_____ Other _____	_____ Fuel Oil Piping	_____ Other _____	_____ Gas Piping	_____ Other _____	Contractor _____ Address _____ Phone _____ Lic. No. _____ Fed. Emp. No. _____		
No. Fixture/Equipmt	No. Fixture/Equipmt																																
_____ Water Closet	_____ LPGas Tank																																
_____ Urinal/Bidet	_____ Steam Boiler																																
_____ Bath Tub	_____ Hot water Boiler																																
_____ Lavatory	_____ Sewer Pump																																
_____ Shower	_____ Interceptor/Separator																																
_____ Floor Drain	_____ Back flow Preventor																																
_____ Sink	_____ Greasetrap																																
_____ Dishwasher	_____ Residential A/C Unit																																
_____ Drinking Fountain	_____ Sewer Connection																																
_____ Washing Machine	_____ Water Service Connection																																
_____ Hose Bib	_____ Stacks																																
_____ Water Heater	_____ Other _____																																
_____ Fuel Oil Piping	_____ Other _____																																
_____ Gas Piping	_____ Other _____																																
<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Estimated Cost of Plumbing Work: \$ _____ </div>	<p style="text-align: center;">Office Use Only</p> Joint Plan Review Required: <input type="checkbox"/> No Plans Required <input type="checkbox"/> Building <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing Plans Approved <input type="checkbox"/> Fire <input type="checkbox"/> Elevator Date: _____ Approved By: _____																																

FIRE PROTECTION SECTION

Description Of Work: _____

Storage Tanks :

Type: Flamm.Liquid Comb Liquid _____ Standpipes

LPG LNG **Pre-engineered Systems**

Alarm Systems 110v Interconnected System _____ Wet Chemical

_____ Alarm Devices (i.e. smoke, heat, pulls, waterflow) _____ Dry Chemical

_____ Supervisory Devices (i.e. tampers, low/high air) _____ CO2 Suppression

_____ Signalling Devices (i.e. horn, strobes, bells) _____ Foam Suppression

_____ Other Devices _____ _____ Halon Suppression

Suppressoin Systems Fire Pump GPM Type

_____ Dry Pipe/Alarm Valves

_____ Pre-action Valves

_____ Sprinkler Heads (Dry and Wet)

_____ Other _____

_____ Kitchen Hood Exh Sys

_____ Smoke Control System

_____ Gas or Oil Fired Appl.

Estimated Cost Of Fire Protection Work : \$ _____

Contractor _____

Address _____

Phone _____

Lic. No. _____ Fed. Emp. No. _____

Fire Protection Cert. No. _____

Security Alarm Cert. No. _____

I certify that I am the (agent of) owner of record and am authorized to make this application.

X _____
Applicant's Signature/Contractor's Seal and Signature

Office Use Only	<input type="checkbox"/> No Plans Required
Joint Plan Review Required:	<input type="checkbox"/> Fire Plans Approved
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing	Date: _____
<input type="checkbox"/> Electric <input type="checkbox"/> Fire	Approved By: _____

ELECTRICAL SECTION

Description Of Work: _____

QTY. SIZE ITEMS

QTY. SIZE ITEMS

_____ Lighting Fixtures

_____ KW Elec. Water Heater

_____ Receptacles

_____ KW Dryer/Receptacle

_____ Switches

_____ KW Dishwasher

_____ Detectors

_____ HP Garbage Disposal

_____ Light Poles

_____ KW Central A/c Unit

_____ Motors-Fract.HP

_____ HP/KW Space Htr/Air Handler

_____ Emergency & Exit Lights

_____ KW Base Board Heat

_____ Communication Points

_____ HP Motors 1/+ HP

_____ Alarm Devices F.A.C Panel

_____ KW Transformer/Generator

_____ Other _____

_____ AMP Service

_____ TOTAL NUMBERS

_____ AMP SubPanels

_____ Pool Permit/w Uw Lights

_____ AMP Motor Control Center

_____ Storable Pool/Spa/Hot Tub

_____ KW Elec Sign/Outline Light Unit

_____ KW Elec.Range /Receptacle

_____ Other _____

_____ KW Oven/Surface Unit

_____ Other _____

Contractor _____

Address _____

Phone _____

Lic. No. _____ Fed. Emp. No. _____

Irrigation Cert. No. _____

I certify that I am the (agent of) owner of record and am authorised to make this application.

X _____
Applicant's Signature/Contractor's Seal and Signature

Licensed Elec Contractor Exempt Applicant

Office Use Only	<input type="checkbox"/> No Plans Required
Joint Plan Review Required:	<input type="checkbox"/> Electric Plans Approved
<input type="checkbox"/> Building <input type="checkbox"/> Electric	
<input type="checkbox"/> Fire <input type="checkbox"/> Plumbing	
Date : _____	Approved By: _____

Estimated Cost Of Electric Work : \$ _____