

MECHANICAL PERMIT _____ **PLUMBING PERMIT** _____

Municipality _____ County _____ Lot# _____ Block _____ 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	PLUMBING PERMIT
Contractor _____ <small>(if owner, put same name above)</small>	Contractor _____ <small>(if owner, put same name above)</small>
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Cell _____	Phone _____ Cell _____
Fed Employee No. _____ <small>(Certificate of Insurance for Workers Compensation needed or sign exemption form)</small>	Fed Employee No. _____ <small>(Certificate of Insurance for Workers Compensation needed or sign exemption form)</small>
Estimate of total costs for all work _____	Estimate of total costs for all work _____
Technical Site	Technical Site
Data No.	Data No.
	Items
	Water Closet
	Urinal/Bidet
	Bath tub
	Lavatory
	Shower
	Floor drain
	Sink
	Dishwasher
	Drinking fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
	Gas Piping
	Steam Boiler
	Hot Water Boiler
	Water Service Connection
	Interceptor/Separator
	Backflow preventer
	Grease trap
	Sewer Connection
	Sewer Pump
	Stacks
	Solar
Others: _____	Others: _____
Signature: _____ Owner () Contractor () Owner Reresentative ()	Signature: _____ Owner () Contractor () Owner Reresentative ()

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: _____