

# 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 : \_\_\_\_\_

License No : \_\_\_\_\_ 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                   | Contractor _____                   |
| <input type="checkbox"/> Addition     | <input type="checkbox"/> Pool                               | Address _____                      |
| <input type="checkbox"/> Alteration   | <input type="checkbox"/> Asbestos Abatement<br>Subchapter 8 | Phone _____                        |
| <input type="checkbox"/> Roofing      | <input type="checkbox"/> Lead hazard Abatement              | Lic. No. _____ Fed. Emp. No. _____ |
| <input type="checkbox"/> Siding       | <input type="checkbox"/> Demolition                         |                                    |
| <input type="checkbox"/> Fence        | <input type="checkbox"/> Other                              |                                    |
- Ht \_\_\_\_\_ (Exceeds 6')

Est Cost Of Bldg. Work:

|                        |                          |
|------------------------|--------------------------|
| 1. New Bldg \$ _____   | 3. Demolition \$ _____   |
| 2. Alteration \$ _____ | 4. Total(1+2+3) \$ _____ |

**Office Use Only**

Plan Review Date Initial \_\_\_\_\_

No Plans Req'd \_\_\_\_\_

All \_\_\_\_\_

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Frame \_\_\_\_\_

Other \_\_\_\_\_

Joint Plan review Required:

Elec  Plumb  Fire

Cubic Ft: \_\_\_\_\_

Square Ft: \_\_\_\_\_

% Land Distributed \_\_\_\_\_

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

X \_\_\_\_\_  
(Signature)

## PLUMBING SECTION

Description Of Work:

- |  |   |  |
|--|---|--|
| <b>No. Fixture/Equipmt</b><br>_____ Water Closet<br>_____ Urinal/Bidet<br>_____ Bath Tub<br>_____ Lavatory<br>_____ Shower<br>_____ Floor Drain<br>_____ Sink<br>_____ Dishwasher<br>_____ Drinking Fountain<br>_____ Washing Machine<br>_____ Hose Bib<br>_____ Water Heater<br>_____ Fuel Oil Piping<br>_____ Gas Piping | <b>No. Fixture/Equipmt</b><br>_____ LPGas Tank<br>_____ Steam Boiler<br>_____ Hot water Boiler<br>_____ Sewer Pump<br>_____ Interceptor/Separator<br>_____ Back flow Preventor<br>_____ Greasetrap<br>_____ Residential A/C Unit<br>_____ Sewer Connection<br>_____ Water Service Connection<br>_____ Stacks<br>_____ Other _____<br>_____ Other _____<br>_____ Other _____ | Contractor _____<br>Address _____<br>Phone _____<br>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

Estimated Cost of Plumbing Work:

\$ \_\_\_\_\_

**Office Use Only**

Joint Plan Review Required:  No Plans Required

Building  Electric  Plumbing Plans Approved

Fire  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)      \_\_\_\_\_ C02 Suppression

\_\_\_\_\_ Signaling 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

No Plans Required

Joint Plan Review Required:

Fire Plans Approved

Building     Plumbing    Date: \_\_\_\_\_

Electric     Fire    Approved By: \_\_\_\_\_

## ELECTRICAL SECTION

Description Of Work:

### QTY. SIZE ITEMS

\_\_\_\_\_ Lighting Fixtures

\_\_\_\_\_ Receptacles

\_\_\_\_\_ Switches

\_\_\_\_\_ Detectors

\_\_\_\_\_ Light Poles

\_\_\_\_\_ Motors-Fract.HP

\_\_\_\_\_ Emergency & Exit Lights

\_\_\_\_\_ Communication Points

\_\_\_\_\_ Alarm Devices F.A.C Panel

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ TOTAL NUMBERS

\_\_\_\_\_ Pool Permit/w Uw Lights

\_\_\_\_\_ Storable Pool/Spa/Hot Tub

\_\_\_\_\_ KW Elec.Range /Receptacle

\_\_\_\_\_ KW Oven/Surface Unit

### QTY. SIZE ITEMS

\_\_\_\_\_ KW Elec. Water Heater

\_\_\_\_\_ KW Dryer/Receptacle

\_\_\_\_\_ KW Dishwasher

\_\_\_\_\_ HP Garbage Disposal

\_\_\_\_\_ KW Central A/c Unit

\_\_\_\_\_ HP/KW Space Htr/Air Handler

\_\_\_\_\_ KW Base Board Heat

\_\_\_\_\_ HP Motors 1/+ HP

\_\_\_\_\_ KW Transformer/Generator

\_\_\_\_\_ AMP Service

\_\_\_\_\_ AMP SubPanels

\_\_\_\_\_ AMP Motor Control Center

\_\_\_\_\_ KW Elec Sign/Outline Light Unit

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ 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

No Plans Required

Joint Plan Review Required:

Electric Plans Approved

Building     Electric

Fire     Plumbing

Date : \_\_\_\_\_ Approved By: \_\_\_\_\_

Estimated Cost Of Electric Work :    \$ \_\_\_\_\_