

PERMIT APPLICATION

BUILDING PERMIT \_\_\_\_\_ FIRE PROTECTION PERMIT \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_ Lot# \_\_\_\_\_ Block \_\_\_\_\_ Tax Parcel \_\_\_\_\_

Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Front Yard \_\_\_\_\_ Ft. | Center of road or right of way to building | Described proposed work in detail: \_\_\_\_\_

Rear Yard \_\_\_\_\_ FT. | Rear of building to property line | \_\_\_\_\_

Side Yard \_\_\_\_\_ FT. Side Yard \_\_\_\_\_ FT. \_\_\_\_\_

BUILDING REPORT

Contractor \_\_\_\_\_ (if owner, put same name above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_ (Certificate of Insurance for Workers Compensation needed or sign exemption form)

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

Total square feet: \_\_\_\_\_ Use Group \_\_\_\_\_ Type Construction \_\_\_\_\_

No. of Stories: \_\_\_\_\_ Height of Structure: \_\_\_\_\_

Estimate total costs for all work \_\_\_\_\_

Description of work: \_\_\_\_\_

Type of work

Alterations/Additions of: \_\_\_\_\_ Square Ft. \_\_\_\_\_

( ) Roofing - Total square feet \_\_\_\_\_

( ) Fencing, supply height if it exceeds 6 foot \_\_\_\_\_

( ) Sign - Total Square feet \_\_\_\_\_

( ) Pool - Total square feet \_\_\_\_\_

( ) Decks - Total square feet \_\_\_\_\_

( ) Demolition - Total square feet \_\_\_\_\_

Other: \_\_\_\_\_

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

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

CODE OFFICIAL USE ONLY

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Building Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert. # \_\_\_\_\_

FIRE PROTECTION PERMIT

Contractor \_\_\_\_\_ (if owner, put the same name above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_ (Certificate of Insurance for Workers Compensation needed or sign exemption form)

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

Estimate total cost for all work \_\_\_\_\_

Technical Site Data

Water Supply Source \_\_\_\_\_

Method of Alarm/Supr. Sys Supervised \_\_\_\_\_

Storage Tanks:

Type - ( ) Flammable Liquid ( ) Combustible Liquid

( ) LPG ( ) LNG Capacity \_\_\_\_\_ Fuel \_\_\_\_\_

Alarm Systems ( ) 110V Interconnected

( ) System

Table with 2 columns: No., ITEM. Rows include Alarm devices, Supervisory devices, Signaling devices, Fire pump, Dry pipe/Alarm valves, Sprinkler heads, Standpipes, Wet chemical or Dry chemical.

Circle one: CO2 suppression-Foam suppression-Halon suppression

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

Estimate total costs for all work: \_\_\_\_\_

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

CODE OFFICIAL USE ONLY

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Fire Protection Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert. # \_\_\_\_\_

Date: \_\_\_\_\_