

**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 \_\_\_\_\_

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Contractor _____ (if owner, put same name above)	Contractor _____ (if owner, put same name above)																																																																																																										
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City _____ State _____ Zip _____	City _____ State _____ Zip _____																																																																																																										
Phone _____ Cell _____	Phone _____ Cell _____																																																																																																										
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Estimate of total costs for all work _____	Estimate of total costs for all work _____																																																																																																										
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<b>MECHANICAL CODE OFFICIAL USE ONLY</b>	<b>PLUMBING BUILDING CODE OFFICIAL USE ONLY</b>
Plans Approved _____ Plans Approved with Comments _____	Plans Approved _____ Plans Approved with Comments _____
UCC Mechanical Fee: _____	UCC Plumbing Fee: _____
Plan Review Fee: _____	Plan Review Fee: _____
Admin. Fee: _____	Admin. Fee: _____
State Fee: _____	State Fee: _____
Total Cost: _____	Total Cost: _____
Code Official: _____ State Cert.# _____	Code Official: _____ State Cert.# _____
Date Issued: _____	Date Issued: _____