

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

No. ITEM

_____ Alarm devices (smoke, heat, pulls, waterflow)

_____ Supervisory devices (tamper, low/high air)

_____ Signaling devices (horns/strobes, bells)

_____ Fire pump GPM Type

_____ Dry pipe/Alarm valves

_____ Sprinkler heads (dry & wet)

_____ 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: _____