

MECHANICAL PERMIT

PLUMBING PERMIT

Municipality _____ County _____ 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

Contractor _____
(if owner, put same name above)

Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____
 Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

| Technical Site Data No. | Fixture/Equipment |
|-------------------------|-------------------|
| _____ | Water Heater |
| _____ | Fuel Oil Piping |
| _____ | Gas Piping |
| _____ | Steam Boiler |
| _____ | Hot Water Boiler |
| _____ | Hot Air Furnace |
| _____ | Oil Tank |
| _____ | LPG Tank |
| _____ | Fireplace |
| _____ | Hydronic Piping |
| _____ | Appliances |
| _____ | Solar |
| _____ | Heat Pump |
| _____ | Fire Dampers |
| _____ | Exhaust Hood Sys. |
| _____ | HVAC |

Others: _____

Signature: _____
Owner () Contractor () Owner Representative ()

PLUMBING PERMIT

Contractor _____
(if owner, put same name above)

Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____
 Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

| Technical Site Data No. | Items | Technical Site Data No. | Items |
|-------------------------|--------------------------|-------------------------|-----------------------|
| _____ | Water Closet | _____ | Interceptor/Separator |
| _____ | Urinal/Bidet | _____ | Backflow preventer |
| _____ | Bath tub | _____ | Grease trap |
| _____ | Lavatory | _____ | Sewer Connection |
| _____ | Shower | _____ | Sewer Pump |
| _____ | Floor drain | _____ | Stacks |
| _____ | Sink | _____ | Solar |
| _____ | Dishwasher | | |
| _____ | Drinking fountain | | |
| _____ | Washing Machine | | |
| _____ | Hose Bibb | | |
| _____ | Water Heater | | |
| _____ | Fuel Oil Piping | | |
| _____ | Gas Piping | | |
| _____ | Steam Boiler | | |
| _____ | Hot Water Boiler | | |
| _____ | Water Service Connection | | |

Others: _____

Signature: _____
Owner () Contractor () Owner Representative ()

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: _____