

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 PERMIT _____

Contractor _____
(if owner put same as 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 ()

FIRE PROTECTION PERMIT _____

Contractor _____
(if owner put same as 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 _____

Estimate total costs 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 () 110 V 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 Building Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert. # _____

Date: _____

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: _____

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