

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		PLUMBING PERMIT	
Contractor _____ (if owner, put same name above)		Contractor _____ (if owner, put same name above)	
Address _____		Address _____	
City _____	State _____	City _____	State _____
Phone _____	Zip _____	Phone _____	Zip _____
Fed Employee No. _____ (Certificate of Insurance for Workers Compensation needed or signed exemption form)		Fed Employee No. _____ (Certificate of Insurance for Workers Compensation needed or signed exemption form)	
Estimate of total costs for all work _____		Estimate of total costs for all work _____	
Technical Site Data No.	Fixture/Equipment	Technical Site Data No.	Items
_____	Water Heater	_____	Water Closet
_____	Fuel Oil Piping	_____	Urinal/Bidet
_____	Gas Piping	_____	Bath tub
_____	Steam Boiler	_____	Lavatory
_____	Hot Water Boiler	_____	Shower
_____	Hot Air Furnace	_____	Floor drain
_____	Oil Tank	_____	Sink
_____	LPG Tank	_____	Dishwasher
_____	Fireplace	_____	Drinking fountain
_____	Hydronic Piping	_____	Washing Machine
_____	Appliances	_____	Hose Bibb
_____	Solar	_____	Water Heater
_____	Heat Pump	_____	Fuel Oil Piping
_____	Fire Dampers	_____	Gas Piping
_____	Exhaust Hood Sys.	_____	Steam Boiler
_____	HVAC	_____	Hot Water Boiler
Others: _____		_____	Water Service Connection
Signature: _____ Owner () Contractor () Owner Representative ()		Signature: _____ Owner () Contractor () Owner Representative ()	

MECHANICAL CODE OFFICIAL USE ONLY	PLUMBING BUILDING CODE OFFICIAL USE ONLY
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: _____