

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

<b>MECHANICAL PERMIT</b>		<b>PLUMBING PERMIT</b>	
Contractor _____ <small>(if owner, put same name above)</small>		Contractor _____ <small>(if owner, put same name above)</small>	
Address _____		Address _____	
City _____	State _____	City _____	State _____
Phone _____	Cell _____	Phone _____	Cell _____
Fed Employee No. _____ <small>(Certificate of Insurance for Workers Compensation needed or sign exemption form)</small>		Fed Employee No. _____ <small>(Certificate of Insurance for Workers Compensation needed or sign exemption form)</small>	
Estimate of total costs for all work _____		Estimate of total costs for all work _____	
<b>Technical Site Data No.</b>	<b>Fixture/Equipment</b>	<b>Technical Site Data No.</b>	<b>Items</b>
_____	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: _____		Signature: _____	
Owner ( ) Contractor ( ) Owner Reresentative ( )		Owner ( ) Contractor ( ) Owner Reresentative ( )	

**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: \_\_\_\_\_