

BUILDING DIVISION PERMIT APPLICATION



DATE _____		ACTIVITY NO. _____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER EXP. DATE _____ LAST 4 DIGITS _____		
BUILDING ADDRESS _____		VALUATION \$ _____
DESCRIPTION OF WORK _____		
SQUARE FEETÁ _____	TYPE OF CONSTRUCTION _____	OCCUPANCY TYPE _____
OWNERS NAME _____	EMAIL _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
APPLICANT NAME _____	EMAIL _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
CONTRACTOR _____	EMAIL _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
STATE LICENSE NO. _____	LICENSE TYPE _____	EXPIRATION DATE _____ CITY LICENSE NO. _____
ENGINEER _____	EMAIL _____	PHONE _____
ARCHITECT _____		
DESIGNER _____	STATE LICENSE NO. _____	EXPIRATION DATE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____

ELECTRICAL SYSTEM

# of Units	Description	# of Units	Description
	Outlets: Receptacles /Switches		Services, Panels, Boards > 600v.: < 200 Amp.
	Light Fixtures		
			210 - 1K Amp.
			> 1K Amp. or > 600v.
	Fixed Appliances 1HP or Less:		Signs - Circuit
# of Units		# of Units	Power Apparatus & Large Appliance:
	Oven		Up to 1 HP, KVA, KW
	Cooktop or Range		1 to 10 HP, KVA, KW
	Hood		10 to 50 HP, KVA, KW
	Disposal		50 to 100 HP, KVA, KW
	W.M.		Over 100 HP, KVA, KW
	Room AC		Temporary Power Pole / Appurten.
			Dryer
			FAU or Heater
			Fan
			Dish Washer
			Water Heater
			Miscellaneous

MECHANICAL SYSTEM

PLUMBING SYSTEM

# of Units	Description	# of Units	Description	# of Units	Description	# of Units	Description
	Air Conditioning Number of Air Registers		Furnace: FAU		Toilets/Urinals		Clothes Washer
	Duct Alteration		Floor		Bath Tub		Pool Piping
	Air Handling Unit: Number		Gravity		Shower		Lawn Sprinkler System
	CFM		BTU		Lavatory		Water Heater
	Boiler: Number		Heater: Suspended		Sinks		Gas System
	BTU		Unit		Floor-Sinks/Drains		Gas Outlets
	Compressor: Number		Wall		Kitchen Sinks		Water Service
	BTU		Ventilation Fan		Bar Sinks		Repipe
	Ventilation System		Mini Split		Dishwasher		Sewer - New
	Evaporative Cooler		Other:	I hereby certify that the foregoing is true and correct to the best of my knowledge. Applicant: _____ Date: _____			

Additional Information for BUILDING - Please provide number of units, full description and size:

Additional Information for ELECTRIC - Please provide number of units, full description and size:

Additional Information for HVAC - Please provide number of units, full description and size:
