

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

<b>MECHANICAL PERMIT</b>		<b>PLUMBING PERMIT</b>	
Contractor _____ (if owner, put same name above)		Contractor _____ (if owner, put same name above)	
Address _____		Address _____	
City _____	State _____ Zip _____	City _____	State _____ Zip _____
Phone _____	Cell _____	Phone _____	Cell _____
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		Technical Site	
Data No.	Fixture/Equipment	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: _____		Others: _____	
Signature: _____ Owner ( ) Contractor ( ) Owner Representative ( )		Signature: _____ Owner ( ) Contractor ( ) Owner Representative ( )	

<b>MECHANICAL CODE OFFICIAL USE ONLY</b>		<b>PLUMBING BUILDING CODE OFFICIAL USE ONLY</b>	
Plans Approved _____	Plans Approved with Comments _____	Plans Approved _____	Plans Approved with Comments _____
UCC Mechanical Fee: _____		UCC Plumbing Fee: _____	
Plan Review Fee: _____		Plan Review Fee: _____	
Scan Fee: _____		Scan 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: _____	