



Associated Building Permit No.

--

ELECTRICAL/PLUMBING/MECHANICAL PERMIT/PLAN CHECK APPLICATION

Project Address:	Suite/Unit/Floor
Description of Work:	
Scope of Work (CHECK Applicable Box)	
<input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> New Construction <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Conversion <input type="checkbox"/> Demolition	
<input type="checkbox"/> Reroof <input type="checkbox"/> Swimming Pool/Spa <input type="checkbox"/> Sign <input type="checkbox"/> Photovoltaic Panels <input type="checkbox"/> Repair	

APPLICANT'S INFORMATION

Name	Address	Phone
Applicant's Status/Role (CHECK Applicable Box)		ID/Driver License No.
<input type="checkbox"/> Owner/Builder <input type="checkbox"/> Owner Using Licensed Contractor <input type="checkbox"/> Contractor <input type="checkbox"/> Agent/Employee <input type="checkbox"/> Other:		

LEGAL OWNER'S INFORMATION

Name	Address	Phone
------	---------	-------

CONTRACTOR'S INFORMATION

Name	Address	Phone
City Business License No.	State License No.	Class
Worker's Compensation Carrier	Policy No.	Expiration Date

ARCHITECT'S/ENGINEER'S INFORMATION

Name	Address	Phone
State License No.	Expiration Date	

COMPLETE PERMIT WORKSHEET ON BACK OF THIS FORM.

