

UNIFORM PERMIT APPLICATION

POWER CO.

FPL
FPC

PERMIT NO. _____

TAX ID # _____

TYPE OR PRINT IN BLACK INK ONLY

ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY <input type="checkbox"/> County	PROJECT LOCATION (Building Address)	
		PROJECT DESCRIPTION	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> SR <input type="checkbox"/> MULTI-FAMILY

Owner's Name _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
General Contractor (Lic. No.) _____	Name _____	Mailing Address - Include City & Zip _____
Construction Contractor (Lic. No.) _____	Name _____	Mailing Address - Include City & Zip _____
Roofing Contractor (Lic. No.) _____	Name _____	Mailing Address - Include City & Zip _____
Plumbing Contractor (Lic. No.) _____	Name _____	Mailing Address - Include City & Zip _____
Gas Contractor (Lic. No.) _____	Name _____	Mailing Address - Include City & Zip _____
Electrical Contractor (Lic. No.) _____	Name _____	Mailing Address - Include City & Zip _____
Alarm Contractor (Lic. No.) _____	Name _____	Mailing Address - Include City & Zip _____
HVAC Contractor (Lic. No.) _____	Name _____	Mailing Address - Include City & Zip _____
Sprinkler Contractor (Lic. No.) _____	Name _____	Mailing Address - Include City & Zip _____

PROJECT INFORMATION	Subdivision Name _____	Lot No. _____	Block No. _____
	Proposed use of lot other than building _____		

Proposed occupancy of all parts of building _____

1. CODE IN EFFECT	2. AREA	6. ELECTRICAL	9. HVAC EQUIPMENT	11. WATER
	Unfinished Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	Entrance Panel Size: _____ amp Service: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well <input type="checkbox"/> County Well Permit
1a. APPLICATION DATE		7. FOUNDATION	10. PLUMBING	12. ROOF TYPE
		<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other _____	Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Permit No. _____	<input type="checkbox"/> Shingle <input type="checkbox"/> Built up <input type="checkbox"/> Steel <input type="checkbox"/> Membrane <input type="checkbox"/> Tile _____
3. TYPE	4. CONST. TYPE	5. STORIES	8. USE	13. ESTIMATED COST
<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____	<input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	\$ _____

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.

SIGNATURE OF APPLICANT _____ **DATE** _____

APPROVAL CONDITIONS This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

FEES:	FEES:	PERMIT EXPIRATION OR DENIAL	PERMIT ISSUED BY MUNICIPAL AGENT:
Building Fee _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Radon _____ BCA1 _____ Other _____ Total _____	Alarm Fee _____ Gas Fee _____ Sprinkler Fee _____ Total _____	Permit expires 6 months from date issued unless otherwise noted below or governed by law: <input type="checkbox"/> This permit has been denied. See letter attached.	Name _____ Date _____ Certification No. _____