

Plan #:
Permit #:
Total Due:

	Job Location	Owner Lessee Information
Folio Number:		Owner:
Job Address:	Zip:	Owner's Address:
Legal Address:	•	Phone: E-Mail:
Unit No:		Lessee:
☐ Commercial	☐ Residential ☐ Dry Run	Lessee Address:
□ Owner	□ Contractor □ Lessee	Phone: E-Mail:
	ontractor Information	General Information
Contractor's License/Registration No:		Proposed Use of Building:
Contractor's Social		Current Use:
Oualifier's Name:		Job Description:
Company's Name:		New Construction Total Cost:
Address:		New Construction Sq. Ft: Lineal:
City:	State: Zip:	Remodeling Total Cost:
Phone:	•	Remodeling Sq. Ft: Lineal Ft:
E-Mail:		Units: Floors: Height: Gallons:
If this is related to a	nother permit, you must provide Master	Permit Number:
Threshold Inspector Bonding Company		
Name:		Name:
Address:		Address:
Phone:		Phone:
1 1101101	Permit Type	Engineer/Architect Information
□ Building	□ Plumbing	Engineer's Name:
☐ Mechanical/AC	☐ Plumbing/Gas	Address:
☐ Electrical	□ Roofing	Phone: E-Mail:
☐ Landscaping		Architect's Name:
☐ Electrical	□ Roofing	Address:
☐ Fire	☐ Mechanical Elevator	Phone: E-Mail:
	ange to Existing Permit	Building Permit only
☐ Re-certification of	f Plans (RC) □ Plans revision (RV)	☐ General Repair/Remodeling ☐ Misc. Building
	` '	☐ Change of Occupancy ☐ Demolition
☐ Re-certification of	` '	
☐ Re-certification of ☐ Completion Perm I understand that sepa	it (CP) arate permits must be obtained for other item	☐ Change of Occupancy ☐ Demolition ☐ Change of Use s (i.e. electrical, plumbing, roofing, etc.), unless specifically
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