

Plan#
Permit #
Total Due:

Folio Number:	Job Location		Owner Lessee Information					
			Owner:					
Job Address:	Zip	:	Owner's Address:					
Legal Address:			Phone: E-Mail:					
Unit No:			Lessee:					
$\Delta$ Commercial $\Delta$	Residential $\Delta$ Di	ry Run	Lessee Address:					
Δ Owner Δ Contracto	or $\Delta$ Lessee		Phone:	E	-Mail:			
Contractor Information		General Information						
Contractor's License/Registration No:		Proposed Use of Building:						
Contractor's SS# (last 4 digits): xxx-xx-			Current Use: Q					
Qualifier's Name:			Job Description:					
Company's Name:			New Construction Total Cost:					
Address:			New Construction Sq.	Ft.: L	ineal:			
City: State: Zip:			Remodeling Total Cos	t <b>:</b>				
Phone:			Remodeling Sq. Ft.:		ineal F			
E-Mail:			Units: Floors	: Heig	ht:	Ga	llons:	
If this is related to another	er permit, you must pr	ovide Master P	ermit Number:					
Thre	eshold Inspector		Во	onding Comp	any			
Name:			Name:					
Address:			Address:					
Phone:			Phone:					
]	Permit Type		Engineer	Architect In	forma	tion		
Δ Building	∆ Plumbing		Engineer's Name:					
Δ Mechanical/AC	∆ Plumbing/Gas		Address:					
Δ Electrical	∆ Roofing		Phone:	E-Mail:				
∆ Landscaping	Δ Sign		Architect's Name:					
Δ Electrical	Δ Trees		Address:					
Δ Fire	Δ Mechanical Eleva	ator	Phone:	E-Mail:				
Change	to Existing Permit		Bui	ilding Permit	only			
A Charge of Cantucator	(CR) \( \Delta \) Change of C	Qualifier (CO)	Δ New Construction	Λ Α	Additio	n		
△ Change of Contractor	<ul> <li>Δ Change of Contractor (CR)</li> <li>Δ Change of Qualifier (CQ)</li> <li>Δ Re-certification of Plans (RC)</li> <li>Δ Plans revision (RV)</li> </ul>		A TICH Constituction					
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Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Permit Authorized by: \_\_\_\_\_ Date\_