

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date ____/____/____	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E)	<input type="checkbox"/> Plumbing (P)		Is Owner Applicant (Y/N)
	<input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Other (O) (See item 9)			

1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type	<input type="checkbox"/> Residential (R) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Other (O)	

2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address		City State Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____ ADDRESS _____ PHONE NO. _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE NO. _____

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE:		INSTITUTIONAL	<input type="checkbox"/> OTHER (24)
Plan Number		ASSEMBLY	<input type="checkbox"/> THEATRE (1)	<input type="checkbox"/> GROUP HOME (12)	<input type="checkbox"/> PARKING GARAGE
IMPROVEMENT TYPE:		<input type="checkbox"/> NIGHT CLUB (2)	<input type="checkbox"/> RESTAURANT (3)	<input type="checkbox"/> HOSPITAL (13)	<input type="checkbox"/> CARPORT
<input type="checkbox"/> NEW CONSTRUCTION (1)		<input type="checkbox"/> CHURCH (4)	<input type="checkbox"/> OTHER ASSEMBLY (5)	<input type="checkbox"/> JAIL (14)	<input type="checkbox"/> MOTOR FUEL SERV.
<input type="checkbox"/> ADDITION (2)		<input type="checkbox"/> BUSINESS (6)	EDUCATIONAL	<input type="checkbox"/> MERCANTILE (15)	<input type="checkbox"/> REPAIR GARAGE
<input type="checkbox"/> ALTERATION (3)		EDUCATIONAL	<input type="checkbox"/> (GRADES 1-12) (7)	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> PUBLIC UTILITY
<input type="checkbox"/> REPAIR / REPLACEMENT (4)		<input type="checkbox"/> DAY CARE FACILITY (8)	FACTORY	<input type="checkbox"/> HOTEL, MOTEL (16)	<input type="checkbox"/> HPM
<input type="checkbox"/> DEMOLITION (5)		<input type="checkbox"/> MODERATE HAZARD (9)	<input type="checkbox"/> LOW HAZARD (10)	<input type="checkbox"/> MULTI-FAMILY (17)	_____
<input type="checkbox"/> RELOCATION (6)		<input type="checkbox"/> HIGH HAZARD (11)	<input type="checkbox"/> STORAGE	<input type="checkbox"/> BOCA TWO FAMILY (18)	_____
<input type="checkbox"/> FOUNDATION ONLY (7)			<input type="checkbox"/> MODERATE HAZARD (22)	<input type="checkbox"/> CABO TWO FAMILY (19)	_____
<input type="checkbox"/> CHANGE OF USE ONLY (8)			<input type="checkbox"/> LOW HAZARD (23)	<input type="checkbox"/> BOCA SINGLE FAMILY (20)	_____
				<input type="checkbox"/> CABO SINGLE FAMILY (21)	_____

Structural (check that applicable)	Exterior (Check those applicable)
Frame	Walls
<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____	<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____
<input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)	<input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)

Are any structural assemblies fabricated off-site? Yes No

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. feet)
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. feet)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)
Est. Start _____/_____/_____	Est. Finish _____/_____/_____	Building Est. Value \$

6. ELECTRICAL PERMIT APPLICATION

Electrical Work Yes No

Total Service _____ AMPS	Number of Circuits: _____ 2 WIRE _____ 3 WIRE _____ 4 WIRE	Number of Service Outlets: _____ 110V _____ 220V			
POWER DEVICES	No.	OUTPUT/LOAD	POWER DEVICES	No.	OUTPUT/LOAD
1		7			
2		8			
3		9			
4		10			
5					
6			Total Number of Motors		
Utility Service Revisions:					
Est. Start _____/_____/_____		Est. Finish _____/_____/_____		Electrical Work Est. Value \$	

7. PLUMBING PERMIT APPLICATION

Plumbing Work Yes No

Enter the Number of Fixtures Being Installed, Replaced or Repaired			
Tubs/showers		Drinking Fountains	Back Flow Preventers
Shower Stalls		Floor Drains	Water Pumps
Lavatories		Water Heaters	Roof Openings
Toilets		Water Softeners	Parking Lot Drains
Urinals		Sewage Ejectors	Inside Downspouts
Sinks		Sump Pumps	Swimming Pools
Laundry Tubs		Grease Traps	Standpipes (Y/N) (Number Hose Outlets)
Dishwashers		Bidets	Fire Sprinklers (Y/N) (Number of Heads)
Garbage Disposals			Lawn Sprinklers (Y/N) (Number of Heads)
			Total Fixtures
Public Water (Y/N)		Public Sewer (Y/N)	
Water Service Size _____ IN.		Water Meter Size _____ IN.	Avg. Daily Water Use _____ GPD
Utility Service Revisions:			
Est. Start ____/____/____	Est. Finish ____/____/____	Plumbing Work Est. Value \$	

8. MECHANICAL PERMIT APPLICATION

Mechanical Work Yes No

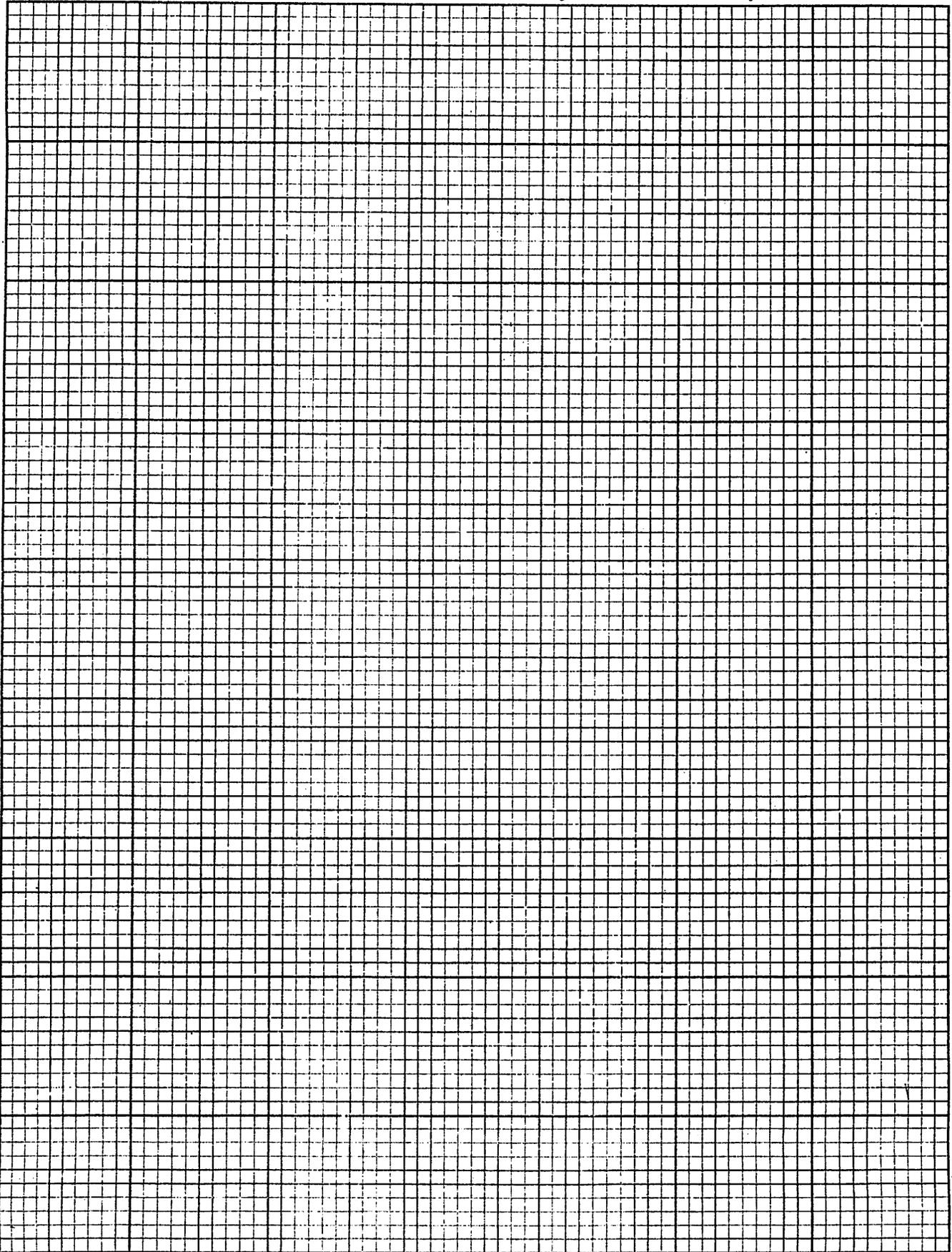
Enter Number of New or Replacement Units			
Forced Air Furnace		Incinerator	Air Handling Unit
Unit Heater		Boiler	Heat Pump
Gas/Oil Conversion		Coil Unit	Air Cleaner
Space Heater		Window A/C Unit	Kitchen Exhaust Hood
Gravity Furnace		Split System A/C	Hazardous Exhaust System
Solid Fuel Appliance		A/C Compressor	Electric Furnace
Utility Service Revisions:			
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Electric (3) <input type="checkbox"/> Coal (4) <input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)			
Est. Start ____/____/____	Est. Finish ____/____/____	Mechanical Work Est. Value \$	

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type:		
Description of Work:		
Est. Start ____/____/____	Est. Finish ____/____/____	Est. Value \$

10. SITE PLAN

(Show lot lines, easements and work layout and dimensions)



SCALE = 1 Inch = _____ FEET

Permit No. _____

Bureau Veritas North America, Inc.

PERMIT APPLICATION

For questions or to submit your paperwork, please contact the office nearest you
(locations attached)

Township or Borough: _____ Date: _____

Work Site Address: _____
(street) (city) (state) (zip)

Owner/Applicant: _____ Phone: _____

Mailing Address: _____
(street) (city) (state) (zip)

Contractor: _____ Phone: _____

Contractor Address: _____
(street) (city) (state) (zip)

TYPE OF WORK (Please check either "Residential" or "Commercial" below and provide all information requested)

Residential Project: Description _____ Cost \$ _____

New Bldg. Square Footage All Floors: _____ (not including garage)

Finished Basement Square Footage (if applicable) _____

Office Use Only
Use Group _____ Construction Type _____ Code Used _____

Commercial Project: Description _____ Cost \$ _____

New Building Existing Building New Bldg. Square Footage All Floors: _____

Use Group _____ Construction Type _____ Occupancy Load _____ Code Used _____

I hereby certify that the proposed work is authorized by the owner of record and that I am or have been authorized to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Print Name _____

Signature _____ Date _____

OFFICE USE ONLY

Building Plan Review Date: _____ Approved Not Approved

Plan Reviewer: _____ Permit Fee: \$ _____ **OVER**

