

## **Building Systems Permit (MEP)**

## APPLICANT TO COMPLETE NUMBERED SPACES ONLY - PLEASE PRINT

1.	TYPE OF WORK PROPO	SED MECH	HANICAL	ELECTRICAL	PLUM	BING	GAS			
JOB ADDRESS 2.										
LEGAL DESC.		BLOCK	SUBDIVIS	SION/ TRACT						
3.	OWNER	MAIL ADD	RESS	ZIP	PHONE					
4.	MEP CONTRACTOR MAIL ADDRESS			ZIP	PHONE		LICENSE #			
5.	BLDG. CONTRACTOR (GENERAL) MAIL ADDR		RESS	ZIP	PHONE					
6.	USE OF BUILDING:	COMMERCIAL	R	ESIDENTIAL	FLOODPLAIN:	IN	OUT			
7.	CLASS OF WORK:	NEW	ADDITION	ALTERA	ALTERATION		REPAIR			
8.	DESCRIBE WORK:	SQUARE FOOTAGE OF WORK AREA:								
	9.TOTAL VALUATION OF WORK (commercial only): \$						\$			
10.	NOTICE		•							
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.										
Print Signature Name										
				Office Use Only:						
Signatu	re of Contractor or Authoriz	zed Agent	Date	Valid State Licens	se:					
				Certificate of Insu	` '					
Signatu	re of Owner (If Owner is Bu	uilder)	Date	Primary Permit No	umber:					

Contractor:	Job Address:	

11. PERMIT DETAILS									
PLUMBING					MECHANICAL				
#	TYPE OF FIXTURE OR ITEM	FE	E	#	TYPE OF EQUIPMENT	FEE			
	Square Footage (R-3 Only)				Square Footage (R-3 Only)				
	Water Closet (toilet)				Air Conditioner Units				
	Bathtub				Air Conditioner Tons				
	Lavatory (wash basin)				Refrigeration (Per Hp)				
	Shower				Non-Duct heat Unit				
	Kitchen Sink/Disposal				Equipment Replacement				
	Dishwasher				Temporary Operation Inspection				
	A/C Drain				Boilers				
	Clothes Washer				Ventilation System (Including Toilet Fans)				
	Water Heater				Exhaust System (Including Vent Hoods)				
	Urinal				Incinerators				
	Drinking Fountain				Re-Inspection Fee				
	Floor Sink or Drain				Investigation Fee				
	Sample Port				PERMIT	\$			
	Sinks-Other				TOTAL FEE	\$			
	Waste Interceptor								
	Alteration/Repair Water Piping & Treating Equip.	Alteration/Repair Water Piping & Treating Equip.			ELECTRICAL				
	Water Service Line (alteration or repair)			#	TYPE OF EQUIPMENT	FE	E		
	House Sewer (installation or repair)				Square Footage (R-3 Only)				
	Hosebibb Vacuum Breaker (1-5)				T-Pole				
	Additional Hosebibbs (+5)				Circuits				
	Backflow Preventor 3/4" to 2"				Fixtures/Outlets				
	Backflow Preventor Over 2"				Motors- A/C 0-1 Hp				
	Gas Outlets (1-5)				1-10 Hp				
	Additional Outlets (+5)				11-25 Hp				
	Furnace or Water Heater Flue Vent				26+				
	CSI Fee				Services 0-60 Amps				
	Re-Inspection Fee				61-100				
	Investigation Fee				101-200				
		\$			201-400				
	TOTAL FEE	\$							
Office Use Only:					Meters (Additional Services)				
Special Conditions:					Appliance				
					Equipment				
					Signs				
					Re-Inspection Fee				
Diana Chaekad Bur					Investigation Fee				
Plans Checked By:					PERMIT	\$			
Approved for Issuance By:					TOTAL FEE	\$			