



APPLICATION FOR BUILDING PERMIT

APPLICATION NO.: BL

LOC: BS

PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: _____ UNIT NO.: _____

CITY/LOCALITY: _____ CROSS-ST: _____

ASSESSOR INFORMATION NO.: _____

TENANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER'S NAME: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER/BUILDER: YES ___ NO ___

ADDRESS: _____

PHONE:(____) _____ EXT: _____

APPLICANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____

PHONE:(____) _____ EXT: _____

CONTRACTOR: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

LIC. NO.: _____ CLASS: _____

ADDRESS: _____

PHONE:(____) _____ EXT: _____

ARCH/ENG: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

LIC. NO.: _____ CLASS: _____

ADDRESS: _____

PHONE:(____) _____ EXT: _____

WORK DESCRIPTION: _____

VALUATION: \$ _____

BUILDINGS ON LOT: _____

PROJECT SIZE: _____ SQ.FT

NO. OF STORIES: _____

CONSTRUCTION TYPES: _____

OCCUPANCY GROUPS: _____

FOR BUILDING AND SAFETY USE ONLY

SETBACKS YARD HIGHWAY TOTAL FROM PL. EXIST STREET WIDTH

FRONT PL. _____

SIDE PL. _____

SPECIAL CONDS:

HOUSE NBR MAP: _____

USE ZONE: _____

STAT CLASS: _____

SCHOOL WITHIN 1000 FT? _____

SEWER MAP BOOK: _____

FIRE ZONE: _____

NBR DWELLING UNITS: _____

HAZARD MATLS? _____

PAGE: _____

AIR QUALITY: _____

CMP CODE: _____



APPLICATION FOR ELECTRICAL PERMIT

APPLICATION NO.: EL _____ LOC: BS _____

PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: _____ UNIT NO. : _____

CITY/LOCALITY: _____ CROSS-ST: _____

ASSESSOR INFORMATION NO.: _____

TENANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER'S NAME: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER/BUILDER: YES ___ NO ___

ADDRESS: _____

PHONE:(____) _____ EXT: _____

APPLICANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____

PHONE:(____) _____ EXT: _____

CONTRACTOR: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

LIC. NO.: _____ CLASS: _____

ADDRESS: _____

PHONE:(____) _____ EXT: _____

ARCH/ENG: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

LIC. NO.: _____ CLASS: _____

ADDRESS: _____

PHONE:(____) _____ EXT: _____

WORK DESCRIPTION: _____

ELECTRICAL FEES

ITEM	QUANTITY
B1 RESIDENTIAL NEW BLDGS MULTI-FAMILY	Sq. Ft.
B2 RESIDENTIAL NEW BLDGS 1 OR 2 FAMILY	Sq. Ft.
C1 SWIMMING POOLS, NEW	Pool(s)
C2 SPAS, HOT TUBS, WHIRLPOOLS, OTHER	Pool(s)
C3 POOL ALTERATIONS, OTHER TYPE POOLS	Pool(s)
D1 CARNIVAL ELECTRIC RIDES OR GENRTRS	Unit(s)
D2 CARNIVAL MECH RIDES, DISPLAYS W/LGT	Unit(s)
D3 CARNIVAL BOOTH LIGHTING	Unit(s)
E1 TEMPORARY SERVICE, POWER POLE	Pole(s)
E2 TEMPORARY DIST SYSTEM, FOR CONST	Unit(s)
E3 TEMP POLE FOR XMAS TREE LOTS	Pole(s)
F1 BRANCH CIRCUITS, 120V, 15 OR 20A	Ckt(s)
F2 BRANCH CIRCUITS, LIGHTING, 208-277V	Ckt(s)
G1 OUTLETS-LIGHTING, RECEPT, SWITCH	Outlet(s)
G2 LIGHTING FIXTURES	Lgt Fxt(s)
G3 POLE MOUNTED LIGHT FIXTURES	Pole Fxt(s)
G4 THEATRICAL-TYPE LGT FIXTURES	Lgt Fxt(s)

RESIDENTIAL APPLIANCES LESS THAN 3HP

HA FORCED AIR UNITS (FAU)	Appl(s)
H1 ELECTRIC OVENS	Appl(s)
H2 GARBAGE DISPOSALS	Appl(s)
H3 DISHWASHERS	Appl(s)
H4 RANGE HOODS	Appl(s)
H5 WASHING MACHINES	Appl(s)
H7 EXHAUST FANS	Appl(s)
H9 OTHER RESIDENTIAL LESS THAN 3HP	Appl(s)

NON-RESIDENTIAL APPLIANCES LESS THAN 3HP

IA EXHAUST FANS	Appl(s)
IB ELECTRIC WATER HEATERS	Appl(s)
IC LIGHTED SHOWCASES	Appl(s)
ID ELECTRIC DRINKING FOUNTAINS	Appl(s)
IE VENDING MACHINES	Appl(s)
IF LAUNDRY MACHINES	Appl(s)
J5 OTHER NON-RES LESS THAN 3HP	Appl(s)

POWER EQUIP OVER 3HP AND LESS THAN 10HP

JA HEAT PUMPS	Appl(s)
JB AC UNITS	Appl(s)
JD BATTERY CHARGERS	Appl(s)
JE ELECTRIC WATER HEATERS	Appl(s)
JF REFRIGERATION CABINETS	Appl(s)
JG ELECTRIC COOKING EQUIPMENT	Appl(s)
JH ELECTRIC HEATERS	Appl(s)
JI ELECTRIC GENERATORS	Appl(s)
J6 OTHER EQUIPMENT >3HP - <10HP	Appl(s)

FOR BUILDING & SAFETY USE ONLY

A1 PERMIT ISSUING FEE	_____
AW PLAN CHECK FEE (70%)	_____
A5 PLAN CHECK - ENTER AMOUNT	_____

ITEM	QUANTITY
<u>TRANSFORMERS</u>	
JM TRANSFORMERS, <3KVA	Xfmr(s)
JN TRANSFORMERS, 15KVA	Xfmr(s)
JO TRANSFORMERS, 25KVA	Xfmr(s)
JQ TRANSFORMERS, 37.5KVA	Xfmr(s)
JR TRANSFORMERS, 45KVA	Xfmr(s)
JS TRANSFORMERS, 50KVA	Xfmr(s)
JT TRANSFORMERS, 75KVA	Xfmr(s)
JU TRANSFORMERS, 112.5KVA	Xfmr(s)
JV TRANSFORMERS, 150KVA	Xfmr(s)
JW TRANSFORMERS, 225KVA	Xfmr(s)

MOTORS

JX MOTORS, <3HP	Mtr(s)
JY MOTORS, 5HP	Mtr(s)
JZ MOTORS, 10HP	Mtr(s)
J0 MOTORS, 15HP	Mtr(s)
J1 MOTORS, 20HP	Mtr(s)
J2 MOTORS, 25HP	Mtr(s)
J3 MOTORS, 50HP	Mtr(s)
J4 MOTORS, 100HP	Mtr(s)

OTHER POWER EQUIPMENT

J7 PWR EQ W/ RATING >10HP TO <50HP	Pwr Eq
J8 PWR EQ W/ RATING >50HP TO <100HP	Pwr Eq
J9 PWR EQ W/ RATING >100HP	Pwr Eq

ELECTRIC SIGNS

K1 SIGNS, OUTLINE LGT, ONE CKT	Sign(s)
K2 ADDTNL CKT WITHIN THE SAME SIGN	Sign(s)

SERVICES, PANELS, CONTROL PANELS, MCC'S

LA 100A PANELS, SERVICES, MCC'S	Pnl(s)
LB 200A PANELS, SERVICES, MCC'S	Pnl(s)
LC 225A PANELS, SERVICES, MCC'S	Pnl(s)
LD 400A PANELS, SERVICES, MCC'S	Pnl(s)
LE 600A PANELS, SERVICES, MCC'S	Pnl(s)
LF 800A PANELS, SERVICES, MCC'S	Pnl(s)
LG 1000A PANELS, SERVICES, MCC'S	Pnl(s)
LH 1200A PANELS, SERVICES, MCC'S	Pnl(s)
LI 1600A PANELS, SERVICES, MCC'S	Pnl(s)
LJ 2000A PANELS, SERVICES, MCC'S	Pnl(s)
LL 3000A PANELS, SERVICES, MCC'S	Pnl(s)
LM HIGH VOLTAGE PANELS (OVER 600V)	Pnl(s)
LN OTHER PANELS, 0 TO 399 AMPS	Pnl(s)
LO OTHER PANELS, 400 TO 1000 AMPS	Pnl(s)
LP OTHER PANELS, >1000 AMPS	Pnl(s)

W1 CABLE TRAYS, BUSWAYS (LENGTH)	Feet
M1 MISC CONDUITS & CONDUCTORS	Unit(s)
P1 HAZ LOCATNS >2000SF TOTAL	Haz Loc
R1 REPORT REVIEW FEE, # OF EQUIP	Eq
R2 HIGH VOLTAGE REPORT FEE, # EQUIP	HV Eq



APPLICATION FOR PLUMBING PERMIT

APPLICATION NO.: PL _____ LOC: BS _____

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CITY/LOCALITY: _____ CROSS-ST: _____

ASSESSOR INFORMATION NO.: _____ - _____ - _____

TENANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER'S NAME: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER/BUILDER: YES __ NO__

ADDRESS: _____

PHONE:(____) _____ EXT: _____

APPLICANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____

PHONE:(____) _____ EXT: _____

CONTRACTOR: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

LIC. NO.: _____ CLASS: _____

ADDRESS: _____

PHONE:(____) _____ EXT: _____

ARCH/ENG: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

LIC. NO.: _____ CLASS: _____

ADDRESS: _____

PHONE:(____) _____ EXT: _____

WORK DESCRIPTION: _____

(PLEASE FILL OUT THE REVERSE SIDE)

PLUMBING FEES

ITEMS

03	BACKWATER VALVES	_____	Valve(s)
05	BACKFLOW PREVENTION DEVICE / SPRINKLER	_____	Device(s)
07	BATHTUBS / SHOWERS	_____	Fixture(s)
11	CLOTHESWASHER (TRAY/STANDPIPE)	_____	Fixture(s)
13	DISHWASHERS	_____	Fixture(s)
15	DRINKING FOUNTAIN	_____	Fixture(s)
17	FLOOR DRAINS	_____	Fixture(s)
19	FLOOR SINKS	_____	Fixture(s)
21	HOSE BIBBS	_____	Fixture(s)
23	INTERCEPTOR (CLARIFIER)	_____	System(s)
25	LAVATORIES / SINKS	_____	Fixture(s)
26	MISCELLANEOUS FIXTURE	_____	Fixture(s)
27	PRESSURE REGULATOR - PRV/WATER	_____	Device(s)
29	ROOF DRAINS	_____	Fixture(s)
35	SOLAR WATER HEATING SYSTEM	_____	System(s)
39	SWIMMING POOL TRAP AND RECEPTOR	_____	System(s)
41	TRAP PRIMER	_____	System(s)
45	WATER CLOSET / URINAL / BIDET	_____	Fixture(s)
47	WATER HEATER	_____	W.H (s)
49	WATER TREATING EQUIPMENT (FILTER, SOFTENER)	_____	System(s)
51	LOW PRESSURE GAS SYS. (5 OUTLETS OR LESS)	_____	System(s)
52	FEE FOR ADDITIONAL OUTLETS > 5	_____	Outlet(s)
53	MEDIUM/HIGH PRESSURE GAS SYSTEM	_____	System(s)
54	ADDITIONAL FEE FOR EACH OUTLET	_____	Outlet(s)
55	GAS METER (PRIVATE)	_____	Meter(s)
56	GAS REGULATOR	_____	Reg(s)
60	DRAINAGE / VENT PIPING REPAIR OR ALTER	_____	System(s)
62	GREYWATER SYSTEM	_____	System(s)
63	WATER PIPING REPLACEMENT BRANCH/FIXTURE	_____	Fixture(s)
64	OTHER WATER PIPING < 1 1/2 INCHES	_____	Line(s)
65	OTHER WATER PIPING 2 - 3 INCHES	_____	Line(s)
66	OTHER WATER PIPING > 3 INCHES	_____	Line(s)

FOR BUILDING AND SAFETY USE ONLY

01	PERMIT ISSUANCE FEE	_____	
02	PLAN CHECK FEE (PLUMBING CODE)	_____	
82	ADDITIONAL PLAN CHECK (COMB WASTE & VENT)	_____	System(s)
83	ADDITIONAL PLAN CHECK (EARTHQUAKE VALVE)	_____	Valve(s)
84	ADDITIONAL PLAN CHECK (CHEMICAL WASTE)	_____	System(s)
85	ADDITIONAL PLAN CHECK (RAINWATER SYSTEM)	_____	System(s)
86	PLAN CHECK COMB. WASTE & VENT ONLY	_____	System(s)
87	PLAN CHECK EARTHQUAKE VALVE ONLY	_____	Valve(s)
88	PLAN CHECK CHEMICAL WASTE ONLY	_____	System(s)
89	PLAN CHECK RAINWATER SYSTEM ONLY	_____	System(s)
90	PLAN CHECK GREYWATER SYSTEM ONLY	_____	System(s)
91	SUPPLEMENTAL PLAN CHECK FEES	_____	Hour(s)
92	INVESTIGATION FEE (R-3 OCCUPANCY)	_____	Each
93	INVESTIGATION FEE (OTHER OCCUPANCY)	_____	Each
94	NONCOMPLIANCE (R-3 OCCUPANCY)	_____	Each
95	NONCOMPLIANCE (OTHER OCCUPANCY)	_____	Each
96	BOARD OF APPEALS FEE	_____	
97	ALTERNATE MATERIAL FEE	_____	Hour(s)



APPLICATION FOR MECHANICAL PERMIT

APPLICATION NO.: ME _____ LOC: BS _____

PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: _____ UNIT NO.: _____

CITY/LOCALITY: _____ CROSS-ST: _____

ASSESSOR INFORMATION NO.: _____

TENANT: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI)

OWNER'S NAME: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI) OWNER/BUILDER: YES ___ NO ___
ADDRESS: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI) PHONE: (____) _____ EXT: _____

APPLICANT: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI)

ADDRESS: _____ PHONE: (____) _____ EXT: _____

CONTRACTOR: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI) LIC. NO.: _____ CLASS: _____

ADDRESS: _____ PHONE: (____) _____ EXT: _____

ARCH/ENG: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI) LIC. NO.: _____ CLASS: _____

ADDRESS: _____ PHONE: (____) _____ EXT: _____

WORK DESCRIPTION: _____

MECHANICAL FEES

ITEMS

02	REFRIG COMPRESSORS	< 100 KBTU	Comp(s)
03	REFRIG COMPRESSORS	101 - 500 KBTU	Comp(s)
04	REFRIG COMPRESSORS	> 500 KBTU	Comp(s)
08	FURNACE/HEATER	< 100 KBTU	Unit(s)
09	FURNACE/HEATER	101 - 500 KBTU	Unit(s)
10	FURNACE/HEATER	> 500 KBTU	Unit(s)
17	BOILER	< 100 KBTU	Boiler(s)
18	BOILER	101 - 500 KBTU	Boiler(s)
19	BOILER	> 500 KBTU	Boiler(s)
20	FIREPLACE/GAS LOG	< 100 KBTU	Appl(s)
21	FIREPLACE/GAS LOG	101 - 500 KBTU	Appl(s)
22	FIREPLACE/GAS LOG	> 500 KBTU	Appl(s)
30	AIR INLETS/OUTLETS	(EACH)	Unit(s)
31	AIR INLETS/OUTLETS	(AREA)	Sq. Ft.
32	APPLIANCE VENT	(OTHER)	Unit(s)
35	AIR HANDLING UNIT	< 2000 CFM	Ahu(s)
36	AIR HANDLING UNIT	2000 - 10000 CFM	Ahu(s)
37	AIR HANDLING UNIT	> 10000 CFM	Ahu(s)
40	EVAPORATIVE COOLERS		Unit(s)
41	VENTILATION FAN (SINGLE REGISTER)		Fan(s)
42	VENTILATION SYSTEM (OTHER)		System(s)
43	COMMERCIAL KITCHEN EXHAUST HOODS		Hood(s)
44	SPRAY BOOTH		Booth(s)
45	PRODUCT CONVEYING DUCT SYSTEM		System(s)
46	FIRE DAMPERS		Damper(s)
47	ALTERATION OF EXIST DUCT SYSTEM		System(s)
46	FIRE DAMPERS		Damper(s)
47	ALTERATION OF EXIST DUCT SYSTEM		System(s)

FOR BUILDING AND SAFETY USE ONLY

01	PERMIT ISSUANCE FEE		
0W	PLAN CHECK FEE (MECH CODE)		
65	ADDITIONAL PLAN CHECK		Hood(s)
66	ADDITIONAL PLAN CHECK (GREASE EXHAUST)		System(s)
67	ADDITIONAL PLAN CHECK (STAIR PRESSURE)		System(s)
68	ADDITIONAL PLAN CHECK (PRODUCT CONVEY)		System(s)
70	PLAN CHECK GARAGE VENTILATION		Hood(s)
71	PLAN CHECK GREASE EXHAUST ONLY		System(s)
72	PLAN CHECK STAIR PRESSURE ONLY		System(s)
73	PLAN CHECK PRODUCT CONVEY ONLY		System(s)
74	PLAN CHECK ENERGY (TENANT IMP. W/O BLDG PERMIT)		Sq. Ft.
75	SUPPLEMENTAL PLAN CHECK FEE		Hour(s)
53	INVESTIGATION FEE NO PERMIT R-3 OWNER/BUILDER		Each
54	INVESTIGATION FEE NO PERMIT OTHER		Each
55	NONCOMPLIANCE FEE R-3 OCCUPANCY		Each
56	NONCOMPLIANCE FEE OTHER OCCUPANCY		Each
57	BOARD OF APPEALS FEE		Select
59	ALTERNATE MATERIALS FEE		Hour(s)



APPLICATION FOR SEWER PERMIT

APPLICATION NO.: SE _____ LOC: BS _____

PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: _____ UNIT NO. : _____

CITY/LOCALITY: _____ CROSS-ST: _____

ASSESSOR INFORMATION NO.: _____ - _____ - _____

TENANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER'S NAME: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER/BUILDER: YES ___ NO ___

ADDRESS: _____

PHONE:(_____) _____ EXT: _____

APPLICANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____

PHONE:(_____) _____ EXT: _____

CONTRACTOR: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

LIC. NO.: _____ CLASS: _____

ADDRESS: _____

PHONE:(_____) _____ EXT: _____

ARCH/ENG: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

LIC. NO.: _____ CLASS: _____

ADDRESS: _____

PHONE:(_____) _____ EXT: _____

WORK DESCRIPTION: _____

SEWER FEES

<u>ITEMS</u>	<u>UNITS</u>	<u>ITEMS</u>	<u>UNITS</u>
03 CONNECT HOUSE SEWER TO PUBLIC SEWER	_____	23 NEW OVERFLOW SEEPAGE ONLY	_____
04 TAP & SADDLE	_____	25 EXTEND / REPLACE EXIST DRAINFIELD	_____
05 CONN HOUSE SEWR TO PRIV SEW DISP SYS	_____	27 ALT / REPAIR PRIVATE SEWAGE DISP. SYS.	_____
07 EXTEND HOUSE LATERAL FOR FUTURE USE	_____	29 DISCONNECT / ABANDON SEPTIC SYSTEM	_____
09 INST SECT OF HOUSE SEWER FOR FUTURE USE	_____	31 NEW PERCOLATION TEST PIT	_____
12 BACKWATER VALVE	_____	33 NEW SWIMMING POOL DRYWELL	_____
11 INSTALL HOUSE SEWER MANHOLE	_____	36 ROAD EXCAVATION PERMIT	_____
13 NEW ADDITIONAL WORK TO HOUSE SEWER	_____	37 ROAD EXCAVATION DEPOSIT	_____
15 ALTERATION / REPAIR OF HOUSE SEWER	_____	38 CONNECTION CHARGE / PERMIT ISSUED	_____
17 DISCONNECT / ABANDON HOUSE SEWER	_____	39 CONNECTION CHARGE / PRIOR TO PERMIT	_____
19 CONN ADDITIONAL BLDG TO HOUSE SEWER	_____	40 SEWER REIMBERSMENT / PERMIT ISSUED	_____
21 NEW PRIVATE SEWAGE DISPOSAL SYSTEM	_____	41 SEWER REIMBERSMENT/ PRIOR TO PERMIT	_____

FOR BUILDING AND SAFETY USE ONLY

LOT SIZE: _____ X _____ BLDGS ON LOT: _____
 SEWER / SEPTIC: _____
 CONNECTION TYPE - "Y": _____ SADDLE: _____ ORIGATION - CURB: _____ PL: _____
 LENGTH FROM ML TO PL: _____ STATION: _____ DEPTH: _____
 MANHOLE REF: _____ UPPER / LOWER: _____

 CO IMP NBR: _____ PC NBR: _____ JOB NBR: _____
 TRUNK PERMIT NBR: _____ ROAD PERMIT NBR: _____
 AFFIDAVIT: _____ WAIVER: _____ EASEMENT: _____
 RECORD INSTR NBR: _____ RECORD DATE: _____
 HWY / STREET WIDENING: _____ STATE ENCROACHMENT PERMIT NBR: _____
 EXIST OCCUP GRP : _____ SEWER MAP BOOK: _____ PAGE: _____