

COMMERCIAL BUILDINGS  
SUPPLEMENTAL PERMIT INFORMATION

Property Address: \_\_\_\_\_

Owner’s Name: \_\_\_\_\_ Owner’s Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip)

Applicant’s Name: \_\_\_\_\_ Applicant’s Phone# \_\_\_\_\_  
(If different from the owner’s)

Mailing Address: \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip)

Contractor’s Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Lic #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip)

Contact Fax: \_\_\_\_\_ Contact Email: \_\_\_\_\_ @ \_\_\_\_\_

PROJECT INFORMATION:

Description of Project: \_\_\_\_\_

Commercial Name (if applicable) \_\_\_\_\_

Square footage of Structure? \_\_\_\_\_ New Structure Height: \_\_\_\_\_

Any proposed: restaurant(s) ☐, pool(s) ☐, spa(s) ☐ being constructed or remodeled? None ☐

Estimated Project Cost/Bid \$ \_\_\_\_\_

I. ELECTRICAL CONTRACTOR: \_\_\_\_\_ Lic#: \_\_\_\_\_

If over 10,000 sq. ft. an electrical plan review will be required.

Number of services and sub-panels: \_\_\_\_\_ amps \_\_\_\_\_ # of circuits for each service/sub-panel: \_\_\_\_\_

Temporary Power needed? Yes ☐ No ☐ At issue? Yes ☐ No ☐

Temp Power Contractor: \_\_\_\_\_ License #: \_\_\_\_\_ No electrical ☐

Limited Energy - Mark quantity of any of the following that apply:

Boiler Controls _____	HVAC _____	Nurse Calls _____
Clock System _____	Instrumentation _____	Outdoor Landscape Lighting _____
Data Tele- _____	Intercom /Paging _____	Protective Signaling _____
Communication _____	Landscape Irrigation _____	Other: _____
Fire Alarm _____	Medical _____	No Limited Energy Electrical <input type="checkbox"/>

II. MECHANICAL (HEATING) CONTRACTOR: \_\_\_\_\_ Lic #: \_\_\_\_\_

PLEASE ENTER A BID/PROJECT VALUE FOR MECHANICAL WORK: \$ \_\_\_\_\_

What will be your heat source? Gas ☐ Electric ☐ Both ☐ Other (describe) \_\_\_\_\_

If gas, list number of all gas appliances: \_\_\_\_\_ None ☐

Number of vents for gas appliances: \_\_\_\_\_ If propane - installer’s State Fire Marshall’s number: \_\_\_\_\_

Heat Source: Forced Air: Over 100,000 BTU: ☐ Under 100,000 BTU: ☐ None ☐

Heat Pump: Over 100,000 BTU: ☐ Under 100,000 BTU: ☐ None ☐

Baseboard/Electric Wall Heaters? Yes ☐ # of heaters: \_\_\_\_\_ # of exhaust fans: \_\_\_\_\_ None ☐

III. PLUMBING CONTRACTOR: \_\_\_\_\_ Lic #: \_\_\_\_\_

Footage from structure to water source? \_\_\_\_\_ Footage from structure to septic/sewer connection? \_\_\_\_\_

Mark quantity of any of the following that apply:

Kitchen sink _____	Bath sink _____	Disposal _____	Laundry sink _____	Tub & Shower _____
Dishwasher _____	Bar sink _____	Toilet _____	Floor Drains _____	Water Heater _____
Washing Machine _____	Tub/Shower (separate) _____		Other (specify): _____	
Is a backflow device being installed? Yes <input type="checkbox"/> Quantity _____			No Plumbing <input type="checkbox"/>	

For Office Use Only

Electrical:

Fund Code: # \_\_\_\_\_

Permit \_\_\_\_\_

# \_\_\_\_\_

Mechanical:

Valuation: \$ \_\_\_\_\_

Permit \_\_\_\_\_

# \_\_\_\_\_

Plumbing:

Fund Code: # \_\_\_\_\_

Permit \_\_\_\_\_

# \_\_\_\_\_