COMMERCIAL BUILDINGS SUPPLEMENTAL PERMIT INFORMATION

Applicant's Name:	Property Address:			
Applicant's Name: (I different from the source's) Mailing Address: (Street or PO Box) Contractor's Name: Phone #: Lic #: Contact Person: Mailing Address: (Street or PO Box) Contact Email: PROJECT INFORMATION: Description of Project: Commercial Name (if applicable) Square footage of Structure? Any proposed: restaurant(s) pool(s) spa(s) being constructed or remodeled? None Estimated Project Cost/Bid \$ I. ELECTRICAL CONTRACTOR: If over 10.000 sq. ft. an electrical plan review will be required. Number of services and sub-panels: Temporary Power needed? Yes No At issue? Yes No Clock System Data Tele- Communication Landscape Irigation Data Tele- Communication Landscape Irigation Differ Alarm Medical No Limited Energy Electrical 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) Il gas, list number of all gas appliances: If propane - installer's State Fire Marshall's number: Heat Source: Forced Air: Over 100,000 BTU: Under 100,000 BTU: None Baseboard/Electric Walter Barsink Disposal Laundry sink Tub & Shower Base board/Electric Walter Barsink Disposal Laundry sink Tub & Shower Base board/Electric Walter Port Donator Barsink Dishwasher Barsink Disposal Laundry sink Tub & Shower Barsink Dishwasher Barsink Disposal Laundry sink Tub & Shower Barsink Dishwasher Barsink Disposal Laundry sink Tub & Shower Barsink Dishwasher Barsink Disposal Laundry sink Tub & Shower Barsink Dishwasher Barsink Disposal Laundry sink Tub & Shower Barsink Dishwasher Barsink Disposal Laundry sink Tub & Shower Barsink Dishwasher Barsink Disposal Laundry sink Tub & Shower Barsink Dishwasher Barsink Disposal Laundry sink Tub & Shower Barsink Dishwasher Barsink Disposal Laundry sink Tub & Shower Barsink Dishwasher B	Owner's Name:		Owner's Phone #:	
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Mailing Address:			Applicant's Phone#	
Contact Person:				
Contact Person:	· · · · · · · · · · · · · · · · · · ·			
Mailing Address: (Street or PO Box) Contact Fax: Contact Fax: Contact Email: (City) (State) (Zip) Contact Fax: Contact Fax: (Street or PO Box) Contact Email: (City) (City) (State) (Zip) Contact Fax: (City) (City) (City) (City) (City) (City) (City) (Contact Fax: (Con				
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PROJECT INFORMATION: Description of Project:		Contact Email:	(State)	
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Square footage of Structure? New Structure Height: Any proposed: restaurant(s) , pool(s) , spa(s) being constructed or remodeled? None Estimated Project Cost/Bid S 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: Licems #: No electrical Limited Energy - Mark quantity of any of the following that apply: Boiler Controls HVAC Nurse Calls Nurse Calls Outdoor Landscape Lighting Protective Signaling Protective Signaling Other: Clock System Instrumentation Outdoor Landscape Lighting Protective Signaling No Limited Energy Electrical 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: 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 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 Quantity No Plumbing For Office Use Only Electrical: Mechanical: Plumbing: Found Code: Valuation: \$ Fund Code: # Permit Permit Permit Permit		PROJECT INFORMA	ATION:	
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