

# ELECTRICAL/PLUMBING /MECHANICAL PERMIT APPLICATION

In order to apply for a permit, you must complete the form below.

TYPE OF PERMIT (Check One):      ELECTRICAL \_\_\_\_\_      MECHANICAL \_\_\_\_\_  
   PLUMBING      \_\_\_\_\_

Job Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot#: \_\_\_\_\_ Block#: \_\_\_\_\_

Property Description: \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_

Address of Contractor: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_

Address of Owner: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

**If Applicable:**

Lessee Name: \_\_\_\_\_

Lessee Address: \_\_\_\_\_

Lessee City ST, ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

**Description of work:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Electric Service Type \_\_\_\_\_

Value of Work: \$ \_\_\_\_\_

Name of Applicant (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

**\*\* A STATE DESIGN RELEASE MAY BE REQUIRED FOR WORK ON CLASS 1 STRUCTURES.**

**PLEASE LIST # OF ALL NEW MECHANICAL UNITS OR UNITS BEING REPLACED. (DO NOT INCLUDE EXISTING MECHANICAL UNITS!)**

<u>MECHANICAL EQUIPMENT</u>	<u># OF UNITS</u>
FURNACE	_____
A/C	_____
BOILER	_____
AIR HANDLER	_____
HOOD EXHAUST	_____
FIRE SUPPRESSION SYSTEM	_____
FIRE SPRINKLER SYSTEM	_____
MISC. REFRIGERATION EQUIPMENT	_____
GENERATOR	_____

**PLEASE LIST # OF ALL NEW PLUMBING FIXTURES OR FIXTURES BEING REPLACED (INCLUDING ALL FUTURE ROUGH-IN PLUMBING). DO NOT INCLUDE EXISTING PLUMBING FIXTURES!**

WATER CLOSET (TOILET)	_____	FLOOR/ROOF DRAINS	_____
BATH TUB	_____	REFRIGERATOR DRAINS	_____
SHOWER STALL	_____	GREASE INTERCEPTOR	_____
LAVATORY (BATH SINK)	_____	HOSE BIBB	_____
KITCHEN SINK	_____	SUMP PIT	_____
DISHWASHER	_____	LAUNDRY TUB	_____
FOUNTAIN	_____	ADDITIONAL SINKS	_____
URINAL	_____	OTHER	_____
WATER HEATER	_____		
WATER SOFTENER	_____		
CLOTHES WASHER	_____		

**CONTRACTOR LIST**

**Please list name, address, and phone number of each contractor working on job.**

**Date:** \_\_\_\_\_ **Address of Site** \_\_\_\_\_

	<u>NAME</u>	<u>PHONE</u>
<b>General</b>	_____	_____
<b>Address</b>	_____	_____
<b>Excavator</b>	_____	_____
<b>Address</b>	_____	_____
<b>Electric</b>	_____	_____
<b>Address</b>	_____	_____
<b>Plumbing</b>	_____	_____
<b>Address</b>	_____	_____
<b>Sewer</b>	_____	_____
<b>Address</b>	_____	_____
<b>HVAC</b>	_____	_____
<b>Address</b>	_____	_____
<b>Framer</b>	_____	_____
<b>Address</b>	_____	_____
<b>Concrete</b>	_____	_____
<b>Address</b>	_____	_____
<b>Concrete Block</b>	_____	_____
<b>Address</b>	_____	_____
<b>Waterproofing</b>	_____	_____
<b>Address</b>	_____	_____

**CONTRACTOR LIST (continued)**

	<u>NAME</u>	<u>PHONE</u>
<b>Roofing</b>	_____	_____
<b>Address</b>	_____	
<b>Drywall</b>	_____	_____
<b>Address</b>	_____	
<b>Siding</b>	_____	_____
<b>Address</b>	_____	
<b>Brick Work</b>	_____	_____
<b>Address</b>	_____	
<b>Painter</b>	_____	_____
<b>Address</b>	_____	
<b>Gutters</b>	_____	_____
<b>Address</b>	_____	
<b>Trim</b>	_____	_____
<b>Address</b>	_____	
<b>Insulation</b>	_____	_____
<b>Address</b>	_____	
<b>Energy Testing Rater</b>	_____	_____
<b>Address</b>	_____	
<b>Fire Suppression/Hood</b>	_____	_____
<b>Address</b>	_____	

**All subcontractors must be registered in the Town of Chesterton before permit can be issued.**