

UCC PLUMBING AND MECHANICAL PERMIT APPLICATION

Date of Application: _____

Name of Applicant: _____

Phone: _____

Address: _____

Cell: _____

Name of Property Owner: _____

Phone: _____

Address: _____

Cell: _____

Site Address: _____

Subdivision Name and Lot No. (if applicable): _____

Estimated Cost of Project: _____

- Check appropriate box:
- | | |
|--|--|
| <input type="checkbox"/> Mobile Home or Manufactured Dwelling | <input type="checkbox"/> Single Family Dwelling |
| <input type="checkbox"/> Two Family Dwelling | <input type="checkbox"/> Apartment Building or Condominium |
| <input type="checkbox"/> Sewer Lateral | <input type="checkbox"/> Water Lateral |
| <input type="checkbox"/> Non-Residential Application: Specify: _____ | |

Scope of Work Description: _____

Please Note: All Applications must be accompanied by applicable drawings of the project.

All commercial applications must be accompanied by completed plumbing and/or mechanical drawings signed and sealed by a licensed architect or professional engineer.

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge.

Applicant's Signature _____

Date: _____

Issued by: _____

Issuance Date: _____

Inspected & Approved by Inspector: _____

Date: _____

Signature