



ASSESSOR PARCEL NUMBER	NAME OF PERM	ADDRESS	ZIP CODE	ACCT. NO.	PHONE NO.
CONTRACTOR	OWNER	ARCHT. ENGR.	CONST. LOAN LEADER		
DATE	DATE	DATE	DATE		
DATE	DATE	DATE	DATE		
DATE	DATE	DATE	DATE		
DATE	DATE	DATE	DATE		

NO. OF STORIES	ROOF COVERING	AREA 1ST FLOOR	TOTAL AREA	GARAGE AREA	PATIO AREA	USE ZONE
THIS PERMIT IS FOR: <input type="checkbox"/> BUILDING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> ELECTRICAL						
BUILDING ELECT. MECH. PLUMB.						

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NATURE OF WORK IN DETAIL

REMARKS AND/OR VARIANCES

VALUATION \$	ISSUED BY:	DATE ISSUED	BUILDING PERMIT FEE \$	PLAN CHECK FEE \$	NOF FEE \$	S.M.I. FEE \$	REQ. SEWER FEE \$	BRIDGE FEE \$	CONST. TAX \$	TOTAL FEES \$
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