CONSTRUCTION PERMIT

IDENTIFICATION Block Lot Qualification Code
Work Site Location

Owner in Fee
Address

Tel. (____ )

Contractor
Address

Tel. (____ )
Lic. No. or Bidrs. Reg. No.

Is hereby granted permission to perform the following work:
[ ] BUILDING  [ ] PLUMBING  [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL  [ ] FIRE PROTECTION  [ ] DEMOLITION
[ ] ELEVATOR DEVICES  [ ] ASBESTOS ABATEMENT  [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $____

Construction Official

Date

PAYMENTS (Office Use Only)
Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT