CONSTRUCTION PERMIT

IDENTIFICATION
Block:______ Lot:______ Work Site Location:______
Owner in Fee:______
Address:______
Tel. (______)

Qualification Code:______ 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 ______

(Subtitle E only)

DESCRIPTION OF WORK:

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 ______

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, the permit is void.

Estimated Cost of Work $ ______

Construction Official ______ Date:______

UCC/170 (REV. 7/08) 1. WHITE - INSPECTOR COPY 2. CANARY - OFFICE COPY 3. PINK - TAX ASSESSOR COPY 4. GOLDENROD - APPLICANT COPY

(see reverse side)