



CONSTRUCTION PERMIT

DATE ISSUED: _____

PERMIT# _____

IDENTIFICATION Block: _____ Lot: _____

Work Site Location: _____

Owner In Fee _____

Address _____

Tel. (_____) _____

Qualification Code: _____

Contractor _____

Address _____

Tel. (_____) _____

Lic. No. or Bldrs. Reg. No. _____

Is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> 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, the 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)

UCC/170 (REV. 7/08)

1. WHITE - INSPECTOR COPY

2. CANARY - OFFICE COPY

3. PINK - TAX ASSESSOR COPY

4. GOLDENROD - APPLICANT COPY