

ELECTRICAL SUPPLEMENTAL APPLICATION

	TEMPORARY SERVICE POLE		MOTORS, GENERATORS (HP)*
	SERVICE (AMPS)		PORTABLE X-RAY
	SERVICE REPAIR (AMPS)*		STATIONARY X-RAY*
	ELECT. METER (CHANGEOUT)*		DIATHERMIC
	SWITCHBOARD, PANELS (AMPS)*		ISOLATION UNITS
	OUTLETS & FIXTURES*		WELDING MACHINE
	COMPACTOR		POST LIGHTS
	DEEP FREEZE		PARKING LOT LIGHTS*
	DISHWASHER		VAPOR, QUARTZ
	DRYER		GASOLINE DISPENSER*
	EXHAUST FAN, 100V		SWIMMING POOL*
	EXHAUST FAN, 200V		TRANSFORMER VAULTS*
	GARBAGE DISPOSAL		MOTION PICTURE BOOTH*
	OVEN, 110V		MISC VEND, ARCADE MACH*
	OVEN, 220V		PAINTING BAKE OVENS*
	RANGE		SIGN BULBS
	RANGE TOP		SIGN TRANSFORMERS
	REFRIGERATOR		SIGN FLASHER OR CONTROL
	HEATER, 110V		SIGN TIMER OR PHOTOCELL
	HEATER, 220V		SIGN REPAIRS, CONNECTIONS
	TIME CLOCK		SMOKE DETECTOR
	WASHING MACHINE		WATER PUMP SER. 60 AMP**
	WATER HEATER		ADDITIONAL METER*
	WINDOW A/ C, 110V		VALUATION
	WINDOW A/C, 220V		
	CENTRAL A/C (TON)		
	LIGHT AND BALLAST		
	MICROWAVE		

* WILL REQUIRE LOAD CALCULATIONS OR DRAWING OF LOCATION OF ITEMS TO BE INSTALLED.

** WATER PUMP SERVICES 60 AMPS ONLY

Building Permit Tech.	
Fire Rescue	
Planning Division	
Plans Examiner	
Permit Issuance	

OFFICE USE

APPROVALS	Subdivision _____				Zoning District _____			
	Plat Book _____		Page _____		Petition # _____			
	Project # _____				Special Exception	Rezoning	Variance	
	Future Land Use _____				Used Dwelling	Temporary Use	Other	
	Zoning _____				SPMH # _____			
	Inspection Area _____				Minimum Setbacks			
Parcel Comments _____				Front	Left	Right	Rear	
_____				Proposed Setbacks				
_____				Front	Left	Right	Rear	
JUR SEC TWP RNG SUB BLOCK LOT				Official Address _____				
_____				_____				

BUILDING CHARACTERISTICS	Flood Zone _____		Type of Sewage Disposal		Type of Water Supply	
	Base Flood Elevation On File _____		<input type="checkbox"/> Public/Private Utility Provider _____		<input type="checkbox"/> Public/Private Utility Provider _____	
	_____		<input type="checkbox"/> Private Septic Tank Septic Tank No. _____		<input type="checkbox"/> Private Well	
Occupancy Type		Mixed Occupancy		Construction Type		
Group _____		Separation Req. _____		Type _____		
# Units _____		Principle Type Group _____		<input type="checkbox"/> Protected <input type="checkbox"/> Unprotected <input type="checkbox"/> Sprinkler		
Dimensions		Accessory Type Group _____				
Number of Stories _____		Area Modification				
Height _____		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Area _____						

PERMITS ISSUED FOR	Prefix	Type Code	Action Code	<input type="checkbox"/> Description Code _____
	<input type="checkbox"/> Building Residential <input type="checkbox"/> Building Commercial <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Concrete <input type="checkbox"/> Temporary <input type="checkbox"/> _____	<input type="checkbox"/> Primary <input type="checkbox"/> Sub <input type="checkbox"/> Sign Tag # _____ <input type="checkbox"/> Reference # _____	<input type="checkbox"/> Construct <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Manufactured <input type="checkbox"/> Installation	Transaction # _____ Plans Review Fee _____ Check # _____ Cash _____
				Transaction # _____ Permit Fee _____ Check # _____ Cash _____

SUPPLEMENTAL PERMIT REQUIREMENTS			AUTH				PLAN	
			Y N				REV FEE	
		TYPE	REQ		DWG REQ	REV REQ	FEE REQ	NOC
		#						
		ELECTRICAL						
		HVAC						
		PLUMBING						
		ROOFING						
		ALARM SYSTEM						
		FIRE SPRINKLER						
		FIRE SUPPRESSION						
		FUEL LINES						
		FUEL TANK						
	GAS							
	HVAC/DUCT							
	HVAC/HOOD							
	LOW VOLTAGE							

ZONING APPROVAL:	BUILDING APPROVAL:
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