



CONSTRUCTION PERMIT

Date Issued _____

Permit # _____

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location _____ Contractor _____
 _____ Address _____

Owner in Fee _____
 Address _____ Tel. (____) _____
 _____ Lic. No. or Bldrs. Reg. No. _____
 Tel. (____) _____

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
(Subchapter 8 only) | <input type="checkbox"/> OTHER _____ |

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)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT