CONSTRUCTION PERMIT

IDENTIFICATION  Block  Lot  Qualification Code

Work Site Location

Contractor
Address

Owner in Fee
Address

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

Tel. (_____)  

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)

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

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