



# Building Systems Permit (MEP)

APPLICANT TO COMPLETE NUMBERED SPACES ONLY – PLEASE PRINT

1.	<b>TYPE OF WORK PROPOSED</b>	<b>MECHANICAL</b>	<b>ELECTRICAL</b>	<b>PLUMBING</b>	<b>GAS</b>
2.	<b>JOB ADDRESS</b>				
3.	<b>LEGAL DESC.</b>	<b>LOT NO.</b>	<b>BLOCK</b>	<b>SUBDIVISION/ TRACT</b>	
4.	<b>OWNER</b>	<b>MAIL ADDRESS</b>		<b>ZIP</b>	<b>PHONE</b>
5.	<b>MEP CONTRACTOR</b>	<b>MAIL ADDRESS</b>		<b>ZIP</b>	<b>PHONE</b> <b>LICENSE #</b>
6.	<b>BLDG. CONTRACTOR (GENERAL)</b>	<b>MAIL ADDRESS</b>		<b>ZIP</b>	<b>PHONE</b>
7.	<b>USE OF BUILDING:</b>	COMMERCIAL	RESIDENTIAL	<b>FLOODPLAIN:</b>	IN      OUT
8.	<b>CLASS OF WORK:</b>	NEW	ADDITION	ALTERATION	REPAIR
9.	<b>DESCRIBE WORK:</b>		<b>SQUARE FOOTAGE OF WORK AREA:</b>		
		<b>9.TOTAL VALUATION OF WORK (commercial only): \$</b>			
10.	<b>NOTICE</b>				
<p>I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.</p>					
<p>_____</p> <p>Print Signature Name</p>					
		<p>_____</p> <p>Signature of Contractor or Authorized Agent      Date</p>			
		<p>_____</p> <p>Signature of Owner (If Owner is Builder)      Date</p>			
<p><b>Office Use Only:</b></p> <p>Valid State License: _____</p> <p>Certificate of Insurance (TSBPE): _____</p> <p>Primary Permit Number: _____</p>					

Contractor: \_\_\_\_\_

Job Address: \_\_\_\_\_

<b>11. PERMIT DETAILS</b>					
<b>PLUMBING</b>			<b>MECHANICAL</b>		
#	TYPE OF FIXTURE OR ITEM	FEE	#	TYPE OF EQUIPMENT	FEE
	Square Footage (R-3 Only)			Square Footage (R-3 Only)	
	Water Closet (toilet)			Air Conditioner Units	
	Bathtub			Air Conditioner Tons	
	Lavatory (wash basin)			Refrigeration (Per Hp)	
	Shower			Non-Duct heat Unit	
	Kitchen Sink/Disposal			Equipment Replacement	
	Dishwasher			Temporary Operation Inspection	
	A/C Drain			Boilers	
	Clothes Washer			Ventilation System (Including Toilet Fans)	
	Water Heater			Exhaust System (Including Vent Hoods)	
	Urinal			Incinerators	
	Drinking Fountain			Re-Inspection Fee	
	Floor Sink or Drain			Investigation Fee	
	Sample Port			<b>PERMIT</b>	<b>\$</b>
	Sinks-Other			<b>TOTAL FEE</b>	<b>\$</b>
	Waste Interceptor				
	Alteration/Repair Water Piping & Treating Equip.				
	Water Service Line (alteration or repair)		#	TYPE OF EQUIPMENT	FEE
	House Sewer (installation or repair)			Square Footage (R-3 Only)	
	Hosebibb Vacuum Breaker (1-5)			T-Pole	
	Additional Hosebibbs (+5)			Circuits	
	Backflow Preventor 3/4" to 2"			Fixtures/Outlets	
	Backflow Preventor Over 2"			Motors- A/C	
	Gas Outlets (1-5)			0-1 Hp	
	Additional Outlets (+5)			1-10 Hp	
	Furnace or Water Heater Flue Vent			11-25 Hp	
	CSI Fee			26+	
	Re-Inspection Fee			Services	
	Investigation Fee			0-60 Amps	
	<b>PERMIT</b>	<b>\$</b>		61-100	
	<b>TOTAL FEE</b>	<b>\$</b>		101-200	
				201-400	
<b>Office Use Only:</b> Special Conditions: _____  _____  _____  Plans Checked By: _____  Approved for Issuance By: _____				Meters (Additional Services)	
				Appliance	
				Equipment	
				Signs	
				Re-Inspection Fee	
				Investigation Fee	
				<b>PERMIT</b>	<b>\$</b>
				<b>TOTAL FEE</b>	<b>\$</b>