

| IDENTIFICATION Block | | Lot | Qualification | Code |
|---|--------------|-----------------|-------------------|-------------------------------------|
| Work Site Location | | Contract | or | |
| | | | | |
| Owner in Fee | | | | |
| Address | | Tel. (|) | |
| | | Lic. No | or Bldrs. Reg. No | |
| Tel. () | | | | |
| Is hereby granted permissi [] BUILDING | [] PLUMBING | [] LEAD HAZAR | | PAYMENTS (Office Use Only) Building |
| [] ELECTRICAL | | | | Electrical |
| [] ELEVATOR DEVICES | | | | Plumbing |
| (Subchapter 8 only) DESCRIPTION OF WORK: | | | | Fire Protection |
| | | | | Elevator Devices |
| | | | | Other |
| | | | | State Permit Surcharge Fee |
| | | | | Cert. of Occupancy |
| Estimated Costof Work \$ | | | | Other |
| 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. | | | | Total |
| | | | | Check No. |
| | | | _ | Cash |
| Construction Official | | Date | | Collected by |
| U.C.C. F190 (rev. 1/04) 1 WHI7 | TE—INSPECTOR | 2 CANARY—OFFICE | 3 PINK—OFFICE | 4 GOLD—APPLICANT |