



# PERMIT UPDATE

Date Update Issued \_\_\_\_\_  
 Permit # \_\_\_\_\_  
 Date Permit Issued \_\_\_\_\_

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

DESCRIPTION OF WORK:

Estimated Cost 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.**

\_\_\_\_\_  
 Construction Official Date

U.C.C. F190 (rev. 1/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—OFFICE

4 GOLD—APPLICANT

Reorder from OCS Printing (609) 398-4375

PAYMENTS (Office Use Only)	
Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
State Permit Surcharge Fee	_____
Cert. of Occupancy	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected by	_____



# CONSTRUCTION PERMIT

Date Issued \_\_\_\_\_

Permit # \_\_\_\_\_

IDENTIFICATION Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_ Contractor \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_

Owner in Fee \_\_\_\_\_  
 Address \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. \_\_\_\_\_

**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<br>(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

To reorder call: Allegra Marketing Print Mail (609) 390-1400