

# Building Permit Application

## Scope of Work

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

Check all that apply

**Rooms work is to take place in:**

Basement  Kitchen  Bathroom  M. Bath  Living rm.  M. Bed rm.  Bd. Rm. 1  
 Bd. Rm. 2  Bd. Rm. 3  Bd. Rm. 4  Exterior  Other \_\_\_\_\_

**Electric and Mechanical**

<input type="checkbox"/> New or upgrade of electric service	<input type="checkbox"/> Adding or replacing electric circuit(s)
<input type="checkbox"/> Installing smoke detectors	<input type="checkbox"/> Adding or relocating receptacles or switches
<input type="checkbox"/> Installing new furnace	<input type="checkbox"/> Installing new AC condenser
<input type="checkbox"/> Installing new fireplace or heating stove	<input type="checkbox"/> New chimney or vent
<input type="checkbox"/> Installing bathroom exhaust fan	<input type="checkbox"/> Installing or replacing range hood
<input type="checkbox"/> Other _____	

**Framing**

<input type="checkbox"/> New deck, porch, or stairs	<input type="checkbox"/> Replacing deck, porch, stairs or railing
<input type="checkbox"/> Addition	<input type="checkbox"/> New attached garage or carport
<input type="checkbox"/> Detached garage, carport or storage bldg.	<input type="checkbox"/> New pool, spa or hot tub
<input type="checkbox"/> Altering or relocating existing window or door openings to accommodate new window or door	
<input type="checkbox"/> Installing or relocating non-load bearing walls	<input type="checkbox"/> Installing or relocating load bearing walls or beams
<input type="checkbox"/> Replacing or repairing damaged: <input type="checkbox"/> floor joist <input type="checkbox"/> stud <input type="checkbox"/> beam <input type="checkbox"/> header <input type="checkbox"/> ceiling joist <input type="checkbox"/> rafters or trusses <input type="checkbox"/> sheathing	
<input type="checkbox"/> Installing new drywall	<input type="checkbox"/> Installing sun room or other pre-manufactured structure
<input type="checkbox"/> Other _____	

**Plumbing**

<input type="checkbox"/> Installing or replacing water heater	<input type="checkbox"/> Replacing existing water or DWV piping
<input type="checkbox"/> Installing new water or DWV piping	<input type="checkbox"/> Installing or replacing gas piping
<input type="checkbox"/> Installing or replacing backflow device	<input type="checkbox"/> Installing new plumbing fixtures
<input type="checkbox"/> Relocating existing plumbing fixture(s)	<input type="checkbox"/> Installing new sump pump
<input type="checkbox"/> Other _____	

**Additional Information**

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