

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
