MONTGOMERY COUNTY APPLICATION FOR PERMITS

Permit #: _____

Homeowner's Name: _____   Date: _____

Site Address: _____ City: _____ ZIP:_____ Homeowner Phone # : _____

Notes: _____

Subdivision: _____ Lot # : _____ PIN : _____

THIS PERMIT EXPIRES IN 6 MONTHS UNLESS AN INSPECTION IS MADE. THE PERMIT REMAINS ACTIVE 12 MONTHS AFTER EACH INSPECTION. THE PERMIT HOLDER/APPLICANT IS RESPONSIBLE FOR ALL INSPECTION REQUESTS AND ACCESS TO THE SITE.

Type of Construction: *(Please check)* ☐ NEW ☐ RENOVATION ☐ ADDITION ☐ MOVED HOUSE ☐ OTHER

Building Use: *(Please check)* ☐ RESIDENTIAL ☐ COMMERCIAL ☐ INDUSTRIAL ☐ MODULAR ☐ APARTMENTS

Specify Type of Work: _____

BUILDING PERMIT INFORMATION

Total Square Feet: _____ Stories: _____ Project Const. Cost : $_____

_____   _____
_____*Building Contractor's Company Name*_____   _____*Address*_____

_____   _____   _____
_____*Signature of Officer(s) of Corporation*_____   *License #*   *Telephone/Mobile Number*

ELECTRICAL PERMIT INFORMATION

Elec. Project Cost: _____   Number of Panels: _____   Permit Number: _____

TS Pole: ☐ Yes ☐ No   Permanent Service: ☐ Underground ☐ Overhead   **Service Size: _____Amps**

_____   _____
_____*Electrical Contractor's Company Name*_____   *Address*

_____   _____   _____
_____*Signature of Officer(s) of Corporation*_____   *License #*   *Telephone/Mobile Number*

PLUMBING PERMIT INFORMATION

Description of Work: _____ Permit Number: _____

Private or Public Sewer: _____   Lawn Sprinkler: ☐ Yes ☐ No   Temporary Const. Hydrant: ☐ Yes ☐ No

_____   _____
_____*Plumbing Contractor's Company Name*_____   *Address*

_____   _____   _____
_____*Signature of Officer(s) of Corporation*_____   *License #*   *Telephone/Mobile Number*

MECHANICAL PERMIT INFORMATION

Refrigeration Capacity: _____   Number of Units: _____ Permit Number: _____

Type of Work: ☐ New System ☐ Change Out   Electrical Service Upgrade: ☐ Yes ☐ No   # of Gas Appliances:_____

_____   _____
_____*Mechanical Contractor's Company Name*_____   *Address*

_____   _____   _____
_____*Signature of Officer(s) of Corporation*_____   *License #*   *Telephone/Mobile Number*

INSULATION PERMIT INFORMATION

_____ Permit Number : _____
_____*Insulation Contractor's Company Name*_____

_____   _____
_____*Address*_____   *Telephone/Mobile Number*

I hereby certify that I have the authority to make application, that the application is correct and that the construction will conform to the regulations of the Building, Electrical, Plumbing, and Mechanical Code, and the Montgomery County Zoning Ordinance. I state that the information on the above contractors are correct to my knowledge and if any changes occur in the above contractors it is my responsibility to notify the Montgomery County Inspections Department of the changes.

_____   _____
Signature of Owner/Contractor/Officer(s) of Corporation   *Signature of Inspector*

_____   _____
Date   *Date*