



Building Permit Application

Scope of Work



NAME _____

ADDRESS _____

DATE _____

Rooms work is to take place in: Check all that apply

- 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

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> New or upgrade of electric service <input type="checkbox"/> Installing smoke detectors <input type="checkbox"/> Installing new furnace <input type="checkbox"/> Installing new fireplace or heating stove <input type="checkbox"/> Installing bathroom exhaust fan <input type="checkbox"/> Other _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Adding or replacing electric circuit(s) <input type="checkbox"/> Adding or relocating receptacles or switches <input type="checkbox"/> Installing new AC condenser <input type="checkbox"/> New chimney or vent <input type="checkbox"/> Installing or replacing range hood |
|---|--|

Framing

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> New deck, porch, or stairs <input type="checkbox"/> Addition <input type="checkbox"/> Detached garage, carport or storage bldg. <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"/> Replacing or repairing damaged: <ul style="list-style-type: none"> <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"/> Other _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Replacing deck, porch, stairs or railing <input type="checkbox"/> New attached garage or carport <input type="checkbox"/> New pool, spa or hot tub <input type="checkbox"/> Installing or relocating load bearing walls or beams <input type="checkbox"/> Installing sun room or other pre-manufactured structure |
|---|--|

Plumbing

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Installing or replacing water heater <input type="checkbox"/> Installing new water or DWV piping <input type="checkbox"/> Installing or replacing backflow device <input type="checkbox"/> Relocating existing plumbing fixture(s) <input type="checkbox"/> Other _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Replacing existing water or DWV piping <input type="checkbox"/> Installing or replacing gas piping <input type="checkbox"/> Installing new plumbing fixtures <input type="checkbox"/> Installing new sump pump |
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Additional Information
