



# CONSTRUCTION PERMIT

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

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

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:

**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

