CONSTRUCTION PERMIT

IDENTIFICATION  Block  Lot  Qualification Code

Work Site Location

Owner in Fee

Address

Tel. (____) ____________

Lic. No. or Bidrs. Reg. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING  [ ] PLUMBING  [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL  [ ] FIRE PROTECTION  [ ] DEMOLITION
[ ] ELEVATOR DEVICES  [ ] ASBESTOS ABATEMENT  [ ] 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)