



APPLICANT INFORMATION

Property Address:

Name:	Address:
Phone:	Email:

Owner Tenant Contractor Property Manager Other (specify):

DESCRIPTION OF WORK

RESIDENTIAL PROJECT TYPE

<input type="checkbox"/> Furnace	<input type="checkbox"/> Siding	<input type="checkbox"/> Driveway <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Overlay <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt Width at Street: _____ Width at property line: _____ Width at building line: _____ Material Thickness: _____
<input type="checkbox"/> Air Conditioner Location: <input type="checkbox"/> Rear Yard <input type="checkbox"/> Side Yard <input type="checkbox"/> New <input type="checkbox"/> Replacement	<input type="checkbox"/> Roofing <input type="checkbox"/> Tear-off <input type="checkbox"/> Second Layer Material _____	
<input type="checkbox"/> Windows: U-factor: _____	<input type="checkbox"/> Stoop/Service Walk/Patio	
<input type="checkbox"/> Doors		
<input type="checkbox"/> Plumbing <input type="checkbox"/> Sewer repair/replacement <input type="checkbox"/> Sewer cleanout	Water Heater: <input type="checkbox"/> Gas <input type="checkbox"/> Electric	Diameter Length: _____ Diameter: _____
Electrical: (Description of work) _____ _____ _____		

NON-RESIDENTIAL PROJECT TYPE

<input type="checkbox"/> New Commercial Building	<input type="checkbox"/> Plumbing Alteration/Repair	<input type="checkbox"/> HVAC/Mechanical/Alteration
<input type="checkbox"/> Commercial Alteration	<input type="checkbox"/> Fire Alarm/Suppression	<input type="checkbox"/> Parking Lot/Driveway
<input type="checkbox"/> Electrical Alteration/Repair	<input type="checkbox"/> Landscape	<input type="checkbox"/> Fence/Screening
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Multifamily New Build

COST ESTIMATES

TOTAL CONSTRUCTION COST: \$

CONTRACTOR INFORMATION – PRIMARY CONTRACTOR (GENERAL, ELECTRICAL, PLUMBING)	
License #:	
Business Name:	Contact Name:
Address:	
Phone	Email
CONTRACTOR INFORMATION – PLUMBING CONTRACTOR	
License #:	
Business Name:	Contact Name:
Address:	
Phone:	Email:
ARCHITECT/DESIGN PROFESSIONAL	
License #:	
Business Name:	Contact Name:
Address:	
Phone:	Email:
PROVIDE THE FOLLOWING DRAWING AND DOCUMENTS (IF APPLICABLE):	
<input type="checkbox"/> Plat of survey showing position and measurements of site work <input type="checkbox"/> Manufacturer's specifications and cut sheets that show methods of installation. <input type="checkbox"/> Plumbing letter of intent <input type="checkbox"/> One-line diagrams (for electrical systems)	<input type="checkbox"/> Site or floor plan indicating all site work and equipment installation <input type="checkbox"/> specific equipment in coordination with design professional's drawings <input type="checkbox"/> MWRD Permit Determination

I, _____, declare that I have reviewed and/or designed the documents associated with this application, and therefore, take responsibility for the design work on behalf of a registered design firm. In addition, I certify that the information contained on the attached plans and specifications, and other attached documentation is true to the best of my knowledge, and accurately depicts the subject site on the date these documents were prepared.

Signature: _____

Date: _____