				uance Date				
Address:			Femili #			_		
Assessor	's Parcel Number		_	Describe \	Work:			
Owner: Address:					_			
	City	State	Zip		-	Building Use:		
Phone #:		Email Address:					_	
Contracto	or:				_			
Address:					_			
Phone #	City	State Email Address:	Zip		-			
				Permit Fe	56.		_	
				No.	Type of Ed	quipment	FEE	1
					Air condition			
			_		Refrigerati			
Special Conditions/Remarks:					Boilers			
					HVAC Uni	t		
					Forced Air	· Furnace		
					Suspende	d Heater		
					Floor Furn	ace		
					Wall Furna	ace		
					Evaporate	d Conditioner		
					Clothes D	ryer		
I hereby certify that I have read and examined this application and know					Exhaust Fan			
the same to be true and correct. All provisions of laws and ordinances					Range Hood			ĺ
governing this type of work will be complied with whether specified herein					Air Handlir	ng Unit		
or not. The granting of a permit does not presume to give authority to					New const	t. per sq. ft (.035)		
violate or	cancel the provisions of any othe	er state or local law regula	ating					
constructi	on or the performance of constru	uction. I agree that no wo	rk will					
be covere	ed or concealed without proper in	spection approval as set f	forth					
in county	ordinances or codes.							
This perm	nit becomes null and void if work	or construction authorized	d is not					1
	ed within 120 days or if construct							1
abandoned for a period of 120 days at any time after work is commended.						Permit Fee	•	1
					Total Fee			

Applicant: Signature of Contractor, Authorized Agent, or Owner

When properly validated this is your permit.