New Home Permit

Electrical:
Size of Service Underground Overhead Number of New Circuits
Plumbing:
Water Tap Required — () Yes () No Size Type of Pipe Water Dist. Pipe
Sanitary Sewer Tap Required - () Yes (No Size Type of Pipe Dr. Waste VT. Pipe
Main Building Drain Size Main Vent Pipe Size
List Number of Plumbing Fixtures Below Water Closets Bathtubs Showers Lavatories Kitchen Sinks Disposal
Clothes Washer Floor Drains Dishwasher Laundry Sink Other Total
Mechanical:
Heating Systems (Forced Air () Gravity () Hot Water () Steam () Unit Heaters () Radiant () Baseboard
Type of Fuel () Electric (✓) Natural Gas () Propane () Wood () Coal () Solar () Geothermal Other
Number of Heat Zones Hot Water - () One (1) Pipe () Two (2) Pipes () Series Loop
Electric Heat — Number of Circuits Number of Furnaces Number of Hot Air Runs
Number of Hot Water Radiators Total Heat Loss Rated Capacity of Furnace/Boiler
Location of Equipment — () Crawl Space () Floor Level () Attic () Suspended () Roof () Outside

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NEW HOME AND ADDITION PERMIT APPLICATION THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING.

DATE JOB LOCATION LOT # SUBDIVISION NAME OWNER ADDRESS CITY ZIP CONTRACTOR - PHONE CONTRACTOR ADDRESS CITY ZIP CONTRACTOR FAX # CELL PHONE (Opt.) DESCRIPTION OF WORK TO BE PERFORMED: ESTIMATED COST OF WORK TO BE PERFORMED: WORK INFORMATION BUILDING: Basement Floor Area Sq. Ft. 1st Story Living Area 2nd Floor Living Area Sq. Ft. Garage Floor Area BUILDING SIZE: Length Width Stories Height DEMO VOL Masonry Contractor Address City St. Zip Electrical Contractor Phone Fax Address City St. Zip Plumbing Contractor Phone Fax Address City St. Zip Plumbing Contractor Phone Fax Address City St. Zip Heating Contractor Phone St. Zip Insulation Contractor St. Zip Insulation Contractor Address City St. Zip Other Contractor attach information.	, REMODELING.	THE THE PERSON NEW YORK NEW YORK THE PERSON NEW YORK THE PERSON NE		LOCATION	TE JOB LOCA	DATE_	
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Lot Area FRSB SYSB RYSB Max Ht fit Max Cov % by signing below agree to comply with all applicable City of Napoleon Codes & Ordinances while performing the work herein described. I understand that all work for which a permit is issued is required to the City of Napoleon Codes & Ordinances while performing the work herein described. I understand that all work for which a permit is issued is required. Applicant Signature Date	required to be approved	Max Cov	ork herein described. I understand th	s & Ordinances while performing the work	ning below agree to comply with all applicable Ciry of Napoleon Codes & Ordina uilding inspector of the Ciry of Napoleon icant Signature	by signing below as we the building insper Applicant Si	