



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 _____

U.C.C. F170 (rev.01/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

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)