



CONSTRUCTION PERMIT

Date Issued _____

Permit # _____

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location _____ Contractor _____

Address _____

Owner in Fee _____

Address _____ Tel. (____) _____

Tel. (____) _____ Lic. No. or Bldrs. 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)

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

ACTION OFFICE SUPPLIES, INC (800) 298-1000