



CITY OF ST. MARYS BUILDING PERMIT APPLICATION

BP

PERMIT NUMBER: _____ DATE APPLIED : _____

PROJECT ADDRESS: _____ LOT #: _____

TAX PARCEL NUMBER: _____

SUBDIVISION: _____

OWNER'S NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR'S NAME: _____ PHONE: _____

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR'S LICENSE NUMBER: _____ EXPIRATION : _____

COUNTY/CITY OF OCCUPATIONAL TAX LICENSE & NUMBER: _____

EXPIRATION DATE ON COUNTY/CITY LICENSE: _____

DESCRIBE REASON FOR PERMIT: _____

ACTUAL CONTRACT COST: _____ COPY OF CONTRACT ATTACHED: _____
(GENERAL CONSTRUCTION WORK INCLUDING TRADES)

SPECIAL CONDITIONS: _____ SQUARE FOOTAGE: _____

OCCUPANCY TYPE: _____

CONSTRUCTION TYPE: _____

*******NOTICE *******
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN SIX MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED, OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS STARTED. WORK MUST BE COMPLETED WITHIN 24 MONTHS FROM DATE OF PERMIT ISSUANCE.
****PERMIT FEES ARE NON REFUNDABLE****

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF OTHER STATE OR LOCAL LAW

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

____/____/____
DATE



CITY OF ST. MARYS
ELECTRICAL PERMIT
APPLICATION

E1

PERMIT NUMBER: _____ APPLICATION DATE: _____

PROJECT ADDRESS: _____

<p><u>CONTRACTOR'S INFORMATION:</u></p> <p>CONTRACTOR'S NAME: _____</p> <p>NAME OF BUSINESS: _____</p> <p>ADDRESS: _____ PHONE #: _____</p> <p>CITY: _____ STATE: _____ ZIP CODE: _____</p> <p>STATE LICENSE NUMBER: _____</p> <p>EXPIRATION DATE ON ELECTRICAL LICENSE: _____</p> <p>COUNTY/CITY OF OCCUPATIONAL TAX LICENSE & NUMBER: _____</p> <p>EXPIRATION DATE ON COUNTY/CITY LICENSE: _____</p>

WRITE A DESCRIPTION OF THE WORK YOU ARE DOING: _____

COPY OF CONTRACT TO BE SUBMITTED WITH APPLICATION
FEE CALCULATED @ 2% OF THE ACTUAL CONTRACT COST (MINIMUM \$50.00) PLUS \$50.00 ADMIN FEE

LOW VOLTAGE WIRING ON THE PROJECT: _____ NO _____ YES
IF YES, PLEASE COMPLETE THE LOW VOLTAGE APPLICATION

DRAWING(S) ATTACHED: _____ NO _____ YES

IS THIS FOR RECONNECTION OF DISCONTINUED SERVICE: _____

LICENSEE SIGNATURE: _____ DATE: _____



CITY OF ST. MARYS
ELECTRICAL LOW VOLTAGE PERMIT
APPLICATION

E2

PERMIT NUMBER: _____ APPLICATION DATE: _____

PROJECT ADDRESS: _____

<u>CONTRACTOR'S INFORMATION:</u>	
CONTRACTOR'S NAME: _____	
NAME OF BUSINESS: _____	
ADDRESS: _____	PHONE #: _____
CITY: _____	STATE: _____ ZIP CODE: _____
STATE LICENSE NUMBER: _____	
EXPIRATION DATE ON LOW VOLTAGE LICENSE: _____	
COUNTY/CITY OF OCCUPATIONAL TAX LICENSE & NUMBER: _____	
EXPIRATION DATE ON COUNTY/CITY LICENSE: _____	

WRITE A DESCRIPTION OF THE WORK YOU ARE DOING: _____

COPY OF CONTRACT TO BE SUBMITTED WITH APPLICATION
FEE CALCULATED @ 2% OF THE ACTUAL CONTRACT COST (MINIMUM \$50.00) PLUS \$50 ADMIN FEE

ELECTRICAL ON THE PROJECT: _____ NO _____ YES

IF YES, PLEASE COMPLETE THE ELECTRICAL APPLICATION

DRAWING(S) ATTACHED: _____ NO _____ YES

LICENSEE SIGNATURE: _____ DATE: _____



CITY OF ST. MARYS PLUMBING PERMIT APPLICATION

P

PERMIT NUMBER: _____ DATE APPLIED: _____

PROJECT ADDRESS: _____

CONTRACTOR'S INFORMATION:

CONTRACTOR'S NAME: _____ PHONE #: _____

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STATE LICENSE NUMBER: _____

EXPIRATION DATE ON PLUMBING LICENSE: _____

COUNTY/CITY OF OCCUPATIONAL TAX LICENSE & NUMBER: _____

EXPIRATION DATE ON COUNTY/CITY LICENSE: _____

WRITE A DESCRIPTION OF WORK YOU ARE DOING: _____

COPY OF CONTRACT TO BE SUBMITTED WITH APPLICATION

FEE CALCULATED @ 2% OF THE ACTUAL CONTRACT COST (MINIMUM \$50.00) PLUS \$50.00 ADMIN FEE

DRAWING(S) ATTACHED: _____ NO _____ YES

LICENSEE SIGNATURE: _____ DATE: _____



CITY OF ST. MARYS

MECHANICAL PERMIT APPLICATION

M

PERMIT NUMBER: _____ DATE APPLIED: _____

PROJECT ADDRESS: _____

CONTRACTOR'S INFORMATION:

CONTRACTOR'S NAME: _____ PHONE #: _____

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STATE LICENSE NUMBER: _____

EXPIRATION DATE ON MECHANICAL LICENSE: _____

COUNTY/CITY OF OCCUPATIONAL TAX LICENSE & NUMBER : _____

EXPIRATION DATE ON COUNTY/CITY LICENSE: _____

WRITE A DESCRIPTION OF WORK YOU ARE DOING: _____

COPY OF CONTRACT TO BE SUBMITTED WITH APPLICATION

FEE CALCULATED @ 2% OF THE ACTUAL CONTRACT COST (MINIMUM \$50.00) PLUS \$50.00 ADMIN FEE

DRAWING(S) ATTACHED: _____ NO _____ YES

LICENSEE SIGNATURE: _____ DATE: _____