



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: _____

PROPOSED USE: _____

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 REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

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 THIS APPLICATION

FEE CALCULATED @ 2% OF THE "ACTUAL CONTRACT COST" PLUS A \$50.00 ADMINISTRATIVE FEE

LOW VOLTAGE WIRING ON THE PROJECT: _____ NO _____ YES

IF YES, PLEASE COMPLETE THE LOW VOLTAGE APPLICATION

DRAWING(S) ATTACHED: _____ NO _____ YES _____ NOT APPLICABLE EXPLAIN WHY:

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: _____

CONTRACTOR'S INFORMATION:

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 THIS APPLICATION

FEE CALCULATED @ 2% OF THE "ACTUAL CONTRACT COST" PLUS A \$50.00 ADMINISTRATIVE FEE

ELECTRICAL ON THE PROJECT: _____ NO _____ YES

IF YES, PLEASE COMPLETE THE ELECTRICAL APPLICATION

DRAWING(S) ATTACHED: _____ NO _____ YES _____ NOT APPLICABLE EXPLAIN WHY:

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 THIS APPLICATION

FEE CALCULATED @ 2% OF THE "ACTUAL CONTRACT COST" PLUS A \$50.00 ADMINISTRATIVE FEE

DRAWING(S) ATTACHED: _____ NO _____ YES _____ NOT APPLICABLE EXPLAIN WHY:

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 THIS APPLICATION

FEE CALCULATED @ 2% OF THE "ACTUAL CONTRACT COST" PLUS A \$50.00 ADMINISTRATIVE FEE

DRAWING(S) ATTACHED: _____ NO _____ YES _____ NOT APPLICABLE EXPLAIN WHY:

LICENSEE SIGNATURE: _____ DATE: _____