



# PERMIT UPDATE

Date Update Issued  
Permit #  
Date Permit Issued

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:**

<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:**

Estimated Cost 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.**

Construction Official

Date

U.C.C. F190 (rev. 1/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—OFFICE

4 GOLD—APPLICANT

Reorder from OCS Printing (609) 398-4375

**PAYMENTS (Office Use Only)**

Building \_\_\_\_\_

Electrical \_\_\_\_\_

Plumbing \_\_\_\_\_

Fire Protection \_\_\_\_\_

Elevator Devices \_\_\_\_\_

Other \_\_\_\_\_

State Permit Surcharge Fee \_\_\_\_\_

Cert. of Occupancy \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_

Check No. \_\_\_\_\_

Cash \_\_\_\_\_

Collected by \_\_\_\_\_