



BUILDING PERMIT APPLICATION: SCOPE OF WORK

NAME: _____

ADDRESS: _____

DATE: _____

Please Check All That Apply

Rooms Work Is To Take Place In:

- | | | | | | |
|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Basement | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Master Bath | <input type="checkbox"/> Living Room | <input type="checkbox"/> Exterior |
| <input type="checkbox"/> 1 Bedroom | <input type="checkbox"/> 2 Bedroom | <input type="checkbox"/> 3 Bedroom | <input type="checkbox"/> 4 Bedroom | <input type="checkbox"/> Exterior | <input type="checkbox"/> Other _____ |

Electrical and Mechanical:

- | | |
|--|---|
| <input type="checkbox"/> New or upgrade of electric service | <input type="checkbox"/> Adding or replacing electric circuit(s) |
| <input type="checkbox"/> Installing smoke detectors | <input type="checkbox"/> Adding or relocating receptacles or switches |
| <input type="checkbox"/> Installing new furnace | <input type="checkbox"/> Installing new AC condenser |
| <input type="checkbox"/> Installing new fireplace or heating stove | <input type="checkbox"/> New chimney or vent |
| <input type="checkbox"/> Installing bathroom exhaust fan | <input type="checkbox"/> Installing or replacing range hood |
| <input type="checkbox"/> Other _____ | |

Framing

- | | |
|---|--|
| <input type="checkbox"/> New deck, porch, or stairs | <input type="checkbox"/> Installing or relocating non-load bearing walls |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Replacing deck, porch, stairs or railing |
| <input type="checkbox"/> Detached garage, carport or storage building | <input type="checkbox"/> New attached garage or carport |
| <input type="checkbox"/> Replacing or repairing damaged: (Circle below) | <input type="checkbox"/> Installing or relocating load bearing walls or beams |
| Floor Joist Stud Beam Header Ceiling Joist Rafter or Trusses Sheathing | <input type="checkbox"/> Altering or relocating existing window or door openings to accommodate new window or door |

Plumbing

- | | |
|--|---|
| <input type="checkbox"/> Installing or replacing water heater | <input type="checkbox"/> Replacing existing water or DWV piping |
| <input type="checkbox"/> Installing new water or DWV piping | <input type="checkbox"/> Installing or replacing gas piping |
| <input type="checkbox"/> Installing or replacing backflow device | <input type="checkbox"/> Installing new plumbing fixtures |
| <input type="checkbox"/> Relocating existing plumbing fixture(s) | <input type="checkbox"/> Installing new sump pump |
| <input type="checkbox"/> Other _____ | |

Additional Information
