

Permit Number \_\_\_\_\_



MECHANICAL

ELECTRIC

PLUMBING

**PERMIT APPLICATION**

**DESCRIPTION OF WORK (mark all that apply)**  Residential  Commercial  Accessory  
 New  Demolition  Addition  Repair  Remodel  Alteration  Other \_\_\_\_\_

**PROPERTY INFORMATION:**

Street Address \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**FILL IN ALL THAT APPLIES TO YOUR SCOPE OF WORK:**

Number of new plumbing fixtures \_\_\_\_\_ Electrical service size \_\_\_\_\_

Mechanical equipment size (commercial) \_\_\_\_\_ Number of new outlets (up to 400 amps) \_\_\_\_\_

Number of HVAC supply outlets (residential) \_\_\_\_\_ Number of new circuits (400 amps and over) \_\_\_\_\_

**DESCRIPTION OF WORK:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTRACTOR INFORMATION:** (If the property owner is acting as the contractor, they must submit a Homeowner Permit Affidavit with this application.)

Contractor \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Business License Number \_\_\_\_\_ Issuing Authority \_\_\_\_\_ Expires \_\_\_\_\_

State License Number \_\_\_\_\_ Type of License \_\_\_\_\_ Expires \_\_\_\_\_

**As the contractor, owner, or authorized agent, I hereby certify that all information contained herein is true and accurate. I understand that the work cannot begin until the permit is issued. Once work has commenced, I understand I am responsible for ensuring all necessary inspections are completed by the City of Brunswick's Building Inspector before the job is complete.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Office Comments  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_