

TOWN OF ODESSA APPLICATION FOR BUILDING PERMIT

JOB LOCATION _____	Zoning _____	REC'D DATE __/__/__	
Tax Parcel # ____ - ____ - ____ • ____ - ____ - ____	Lot _____	Bldg _____	Suite _____
No. _____ Street _____			
Subdivision _____		Section _____	Code _____

IDENTIFICATION (Include Name, Address and Telephone # for each entry)

APPLICANT	() - _____
PROPERTY OWNER (If not Applicant)	() - _____
CONTRACTOR REG# _____ WAR. CO. _____	() - _____

I, the undersigned, own the above referenced property or am acting as an authorized agent of the owner.
 APPLICANT'S SIGNATURE _____

DESCRIPTION OF STRUCTURE _____

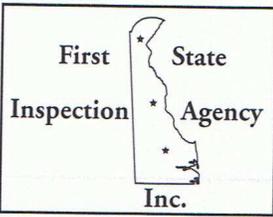
BUILDING AREA _____ sq. ft. TOTAL FLR. AREA _____ sq. ft. <table style="width: 100%;"> <tr> <td style="width: 50%;">FOUNDATION</td> <td style="width: 50%;">FRAMING</td> </tr> <tr> <td>____ Slab on grade</td> <td>____ Wood</td> </tr> <tr> <td>____ Crawl space</td> <td>____ Steel</td> </tr> <tr> <td>____ Basement</td> <td>____ Masonry</td> </tr> <tr> <td>____ Other _____</td> <td>____ Other _____</td> </tr> </table>	FOUNDATION	FRAMING	____ Slab on grade	____ Wood	____ Crawl space	____ Steel	____ Basement	____ Masonry	____ Other _____	____ Other _____	INSPECTION FEES Est. Cost _____ Building Fee _____ Plumbing Fee _____ Sewer Fee _____ HVAC Fee _____ Co. Fee _____ Additional Fee _____ <hr/> Total Insp. Fees _____
FOUNDATION	FRAMING										
____ Slab on grade	____ Wood										
____ Crawl space	____ Steel										
____ Basement	____ Masonry										
____ Other _____	____ Other _____										
REQUIRED CERTIFICATE(s) ____ Elevator ____ None Required ____ Occupancy ____ Use ____ Completion											
REQUIRED ACCESSORY PERMITS ____ Other _____ ____ None Required ____ Plumbing ____ Sewer lateral ____ Sewer conn. ____ HVAC											

PLAN REVIEW AND APPROVAL RECORD

Plan Rev.		Thermal		
L&G / Site		Ent / Exit		Hook-up Fees:
Rec. Plan		Fire Mar		Electric
Hist. Rev.		Util Disc		Water
				Sewer

BLDG. PERMIT NO.: _____
 DATE ISSUED: _____

TOTAL AMOUNT DUE: _____



Dover
302-734-4758
FAX: 302-734-8099

All Mail:
111 So. Race St.
Georgetown, DE 19947-1945
302-856-3517
1-800-468-7338
FAX: 302-856-3539

Middletown
302-449-5383
FAX: 302-449-5385

Office	Use	Only
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ADC Map Location	Job Site Contact Name & Phone #
Location _____	
City _____ County _____ State _____	
Development _____ Lot # _____ 911 Address _____	
Owner/Occupant _____ Permit# _____	
Occupied As _____ Work: _____ New _____ Additional _____ Building: _____ New _____ Old _____	

App. for - Rough Wiring Fixtures or _____ Ready for Inspection

Fee Remitted - \$ _____ By Check Money Order Make Payable To F.S.I.A.

List All Equipment And Wiring Below:	Elect. Heat			
	500	750	1000	1250
	1500	1750	2000	2250
	2500	2750	3000	
Number of Rough Wiring Outlets				
Switches _____				
Lighting _____				
Receptacles _____				
Number of Fixtures				

SPACE BELOW FOR AGENCY'S USE ONLY	
Date Received _____	Date Inspected _____
R.W. Outlets	
K.W. Range	
K.W. Water Heater	
H.P. Air Conditioner/Heat Pump	
Burner, Wiring & Controls for	
K.W. Electric Furnace	
H.P. Pump	
Outlets	
Receptacles	
Fixtures	
Amp. Service Equip.	Elect. Heat
Amp. Service Cond.	500 750 1000 1250
H.P. Garbage Disp.	1500 1750 2000 2250
K.W. Dishwasher	
K.W. Dryer	2500 2750 3000
Amp. Recept.	
Frac. H.P. Vent Fans	
Mobile Home DS Test /	Amp. Feeder
Amp. Construction Service	
Survey	

MOTORS H.P. Mark Number of Each Size																			
	1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1									
	1 1/2	2	3	5	7 1/2	10	15	20	25	30	40	50	75	100	-				

K.W. Range	
K.W. Water Heater	
H.P. Air Conditioner/Heat Pump	
Burner, Wiring & Controls for	
K.W. Electric Furnace	
H.P. Pump	
Outlets	
Receptacles	
Fixtures	
Amp. Service Equipment	
Amp. Service Conductors	
H.P. Garbage Disposal	
K.W. Dishwasher	
K.W. Dryer	
Amp. Receptacle	
Frac. H.P. Vent Fans	
Mobile Home DS Test /	Amp. Feeder
Amp. Construction Service	
Survey	

MOTORS H.P. Mark Number of Each Size																			
	1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1									
	1 1/2	2	3	5	7 1/2	10	15	20	25	30	40	50	75	100	-				

Applicant's Signature _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Phone No. _____

Elect. License #: _____ **Exp. Date:** _____

Name of Power Company: _____

Control # or Meter #: _____

CERTIFICATIONS	PROGRESS STATUS	Comments:
<input type="checkbox"/> Rough Wiring	<input type="checkbox"/> RW	
<input type="checkbox"/> Fixture Approval	<input type="checkbox"/> Temp	
<input type="checkbox"/> Elec. Certificate	<input type="checkbox"/> Prog	
<input type="checkbox"/> Letter of Approval	<input type="checkbox"/> LKD	
	<input type="checkbox"/> Inc	
	<input type="checkbox"/> Violation	
Date Issued _____		<input type="checkbox"/> Other Side

NOTIFIED	RE-PORT	CARD	NEW	OLD	FEE PAID
Contractor					FEE
Owner					CHECK #
Occupant					INV. #
Agent					
Elect. Lt. Co.					
Inspector's Signature _____					

PLUMBING INSPECTION

ADC Map Location				Job Site Contact Name & Phone #		Plumbing Permit #	Inspection Fee \$
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Map _____ Block _____ Parcel _____ Lot _____ Estimated Value \$: _____

Job Address _____

City _____ County _____ State _____

Owner/Occupant _____ Tenant _____

Type: Residential All Other Type of Work: New Building Addition to Building Other:

PLUMBING FIXTURES

Quantity	Description
_____	Backflow Preventor
_____	Bidet
_____	Dishwasher
_____	Floor Drain/Sink
_____	Ice Maker
_____	Open Site Drain
_____	Shower
_____	Meter
_____	Urinal
_____	Water Closet
_____	Sprinkler System (Lawn)
_____	Bathroom Group
_____	Clean-Out
_____	Drinking Fountain
_____	HoseBib/Wall Hyd
_____	Lavatory
_____	Roof/Surface Drain
_____	Sink
_____	Tub
_____	Washing Machine
_____	Water Heater-Elec

SEWER/WATER

_____	Building Sewer	_____	Sewer Repair
_____	Drain/Vent System	_____	Sewer Cap-off
_____	Storm Manhole	_____	Road/Sewer
_____	Water Service	_____	Excavation
_____	Fire Service	_____	Water Pipe
_____	Sewage Pump	_____	Grease Trap

GAS FIXTURES

_____	Gas Boiler	_____	Gas Dryer
_____	Gas Furnace	_____	Gas Kitchen Appliance
_____	Gas Log	_____	Gas Pool Heater
_____	Gas Oven	_____	Gas Rooftop Unit
_____	Gas Range	_____	Gas Water Heater
_____	Gas Space Heater	_____	

NEW CONSTRUCTION - RESIDENTIAL

_____	Gas Space Heater
_____	Gas Water Heater

OTHER

_____	Solar Heat
_____	Swimming Pool

Appl. Signature _____

Print Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Cell # _____

Prof. License # _____ Exp. Date _____

Additional Comments/Instructions:

SPACE BELOW FOR AGENCY'S USE ONLY

Progress Status:

Rough

Progress

LKD

Incomplete

Violation Other Side

Inspectors Signature _____ Date _____

Invoice #: _____ Check #: _____

Invoice Date: _____

HVACR INSPECTION APPLICATION

ADC Map Location		Job Site Contact Name & Phone #	HVACR Permit #	Inspection Fee \$
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Job Address _____ Estimated Value \$: _____

City _____ County _____ State _____

Owner/Occupant _____ Tenant _____

New: Heating & Air Conditioning Heating System Only Geo Thermal System Ductless Mini Splits
 Thru the Wall Systems Other Work: (Describe)

Replacement: Heating Air Conditioning Heating & Air Conditioning

Additions & Alterations: Heating Air Conditioning Heating & Air Conditioning

Residential

of Zones

- _____ Single Family
- _____ Multi-Family
- _____ Town House
- _____ Condominium
- _____ Manufactured Homes
- _____ Modular Homes

of Description

- _____ Addition/Alterations, (Single Zone)
- _____ Fuel-Fired Unit Heater
- _____ Space Heater
- _____ Decorative Appliance
- _____ Replacement of heating/cooling system

Appl. Signature _____
Print Name _____
Address _____
City _____ State _____ Zip _____
Phone # _____ Cell # _____
Prof. License # _____ Exp. Date _____

Additional Comments/Instructions:

Non-Residential

of Zones

- _____ Central Heating or A/C
- _____ Steam or Hot Water

of Description

- | | |
|------------------------------------|------------------------|
| _____ Duct Heater or Re-Heat coils | _____ Cooking Hoods |
| _____ Fuel-Fired unit heater | _____ Exhaust Fans |
| _____ Space Heater | _____ Ventilation Fans |
| _____ Decorative Appliance | _____ Walk-In Cooler |
| _____ Walk-In Freezer | |
| _____ Dairy/Deli Case | |

SPACE BELOW FOR AGENCY'S USE ONLY	
Progress Status:	
<input type="checkbox"/> Rough	
<input type="checkbox"/> Progress	
<input type="checkbox"/> LKD	
<input type="checkbox"/> Incomplete	
<input type="checkbox"/> Violation	<input type="checkbox"/> Other Side
Inspectors Signature _____	Date _____
Invoice #: _____	Check #: _____
Invoice Date: _____	