ISSUING MUNICIPALITY Dwner's Name Contractor's Name (Lic. No.) Estimated Cost	TOWN EQVILLAGE CITY VILLAGE OF SURING	PROJECT LOCATION (BUILDING ADDRESS)		TAX KEY #	uso, dansa munikara sakara	
MUNICIPALITY Dwner's Name Contractor's Name (Lic. No.)	1		3 GO TAR DODGS			
Contractor's Name (Lic. No.)	1	PROJECT DESCRIPT	ION	waterpoor, and the second control of the sec		
				COMMERCIAL ONE & TWO FAMIL Telephone, Include Area Code		
stimated Cost	Mailing Address - In	nclude City & Zip	CETE ZENER DE L'ARRESPANIO I PERSONNELLE MANTENERS MANTE	Telephone, Include	Area Code	
	stimated Cost			License Number		
	SCHEDUL	LE OF INSPECTION FEES	3			
NEW BUILDING			EACH	COUNT	FEE	
Base Fee			\$35.00 \$.02/\$q. Ft.			
Commercial Buildings			For All Areas Sq. Ft.			
REPLACEMENT A	ND MODIFICATIONS OF HEAT	ING AND AIR CONDIT	IONING EQUIPME	ENT AND MISC.	ITEMS	
Gas, oil, electric o	Gas, oil, electric and coal furnace and boiler One and Two Family - First 150,000 BTU Commercial - First 150,000 BTU All over 150,000 BTU		15.00 25.00 \$3/50,000BTU			
Air Conditioning	r Conditioning One and Two Family Commercial All over 36,000 BTU		15.00 25.00 \$2/12,000BTU			
Fireplace and wood burning stove			15.00			
Electric baseboard, wall unit and cabinet unit			1.25/KW			
Duct work alteration			20.00			
Other						
Reinspect Fee Failure to call for DOUBLE FEES ARE	Feeinspection E DUE IF WORK STARTED BEFORE PERMIT IS I	ISSUED.		\$50.00 \$50.00		
The applicant agrees to comply wi mplied of the Department, Municip nspections.	ith the Municipal OrdInances and with the cond polity, Agency or inspector; and certifies that all	ditions of this permit; understands that I the above information is accurate,	at the issuance of the permi . Have Permit/Application n	It creates no legat liabili number and address wh	ty, express or en requesting	
CONDITIONS OF APPR Denalty. Commercial, and building cations of the equipment to be inst	ROVAL This permit is issued pursuant to the is housing over two families shall have STATE APP talled with this application.	following conditions. Failure to comprove the following plans with this appliance of the following plans with the same plans with the following pl			rmit or other tions and speci	
FEES:	RECEIPT:	PERMIT EXPIRATION:	PERMIT ISSUED	BY MUNICIPAL	AGENT:	
Plan Review Fee	CK# Pe	ermit expires:				
nspection Fee	Date	Nam	ne			
Administration Fee		į				
	From	İ	ification No.			