OF FAIRB					PROJECT NAME/NUMBER:	
		COF FAIRBA PERMIT APPI		ION	OFFICE USE ONLY	
APPLICANT TO COMPLETE	NUMBERED SPACES ONLY	PLEASE PRINT			E USI	
1. DATE	2. JOB ADDRES				FICI	
					OFI	
3. LEGAL DESCRIPTION	PAN # LOT NO. BLK	SUBDIVISION	4	JOB NAME		
5. APPLICANT	MAIL ADDRESS	CITY/STATE/ZIP	PHONE	FAX	EMAIL	
6. OWNER	MAIL ADDRESS	CITY/STATE/ZIP	PHONE	FAX	EMAIL	
7. CONTRACTOR	MAIL ADDRESS	CITY/STATE/ZIP	PHONE	FAX	EMAIL	
8. COF QUALIFIEI	D PLUMBING CONTRACTO	R (MASTER PLUMBER)		LICENSE	EXPIRATION DATE	
9. FUEL	FUEL OIL DINATURAL	GAS PROPANE	13. QTY	FIXTURE(S)/	EQUPMENT	FEE (OFFICE)
10. CLASS OF WOF	RK:		-			· · ·
□ NEW □ ALT	TERATION 🗌 REPLACEM	IENT 🗌 ADDITION				
11. USE OF STRUC	CTURE					
12. DESCRIBE WO	DRK:					
			_			
			-			
			-			
CONDITIONS (OFF	FICE)					
	NOTICE		1			
true and correct. All pr be complied with why presume to give author	have read and examined this applic rovisions of laws and ordinances g ether specified herein or not. The prity to violate or cancel the provisi ting construction or the performan	overning this type of work will granting of a permit does not ions of any other state or local			WATER HEATER	
				MED. GAS	OUTLET SYSTEM	
			APPROVE	D FOR ISSUE BY:	SUBTOTAL	
PRINT NAME		DATE				
			DATE:		PLAN CHECK FEE	,
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE			21112.		PERMIT FEE TOTAL FEE	
			1		TOTAL PEE	