



Building Safety Department
 2101 O'Neil Avenue, Room #202
 Cheyenne, WY 82001
 (307) 637- 6265 telephone (307) 637-6366 facsimile

A COMMUNITY OF CHOICE

PLUMBING, MECHANICAL, ELECTRICAL Permit Application

Plumbing

Mechanical

Electrical

Valuation of Work: \$	
Job Address:	
Legal Description:	
Lot:	Block:
Tract Size:	
Use Zone:	
Applicant (Owner or Authorized Agent) Information:	
Owner/Agent Name:	
Owner/Agent: Address and Phone Number	
Contractor: Name	Contractor Phone #:
Architect: Name and Phone Number	
Engineer: Name and Phone Number	

For Office Use Only	
Plan Review #:	
Permit #:	
Received By:	
Received Date:	
Permit Fee	
Plan Review Fee	
Temporary Power Pole	
Investigation Fee	
Total Fees Due	
Fees paid by <input type="checkbox"/> cash	
<input type="checkbox"/> check # _____	
<input type="checkbox"/> escrow acct	
<input type="checkbox"/> credit card	

Subcontractors: <i>(Must be listed or TBD if undecided. The following work will not be included in the permit if it is left blank.)</i>					
Electrical:	Contractor Class & License #:				
Plumbing:	Contractor Class & License #:				
Mechanical:	Contractor Class & License #:				
Fire Protection:	Contractor Class & License #:				
Other:	Contractor Class & License #:				
Work to be completed					
New: <input type="checkbox"/>	Addition <input type="checkbox"/>	Remodel <input type="checkbox"/>	Repair <input type="checkbox"/>	Move <input type="checkbox"/>	Demolish <input type="checkbox"/>
Change of Use: yes <input type="checkbox"/> no <input type="checkbox"/> , if yes, see next two (2) boxes →			Prior Use:		Future Use:

Location of work:		
Main floor:	2nd floor:	Mezzanine:
Basement:	Garage:	Deck/Porch:
Exterior:	Roof:	Other:
Fire sprinklers:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, designed by:	
Lawn sprinklers:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes - Where? Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/>	
Gas logs or fireplaces:	Yes <input type="checkbox"/> No <input type="checkbox"/> Number:	

<p>Description of Work: Complete description of the work done including any plumbing, mechanical (heating, ventilation, or air conditioning), electrical, fire sprinkler or alarm. (<i>Work is not included in the permit unless described in this scope of work.</i>)</p>

BY MY SIGNATURE AND UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT I AM THE OWNER OF THE REFERENCED PROPERTY, OR THE OWNER'S AUTHORIZED AGENT. I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OR LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

THE ISSUANCE OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY STATE OR LOCAL LAW REGULATING CONSTRUCTION. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS. IN ANY CASE, THIS PERMIT SHALL EXPIRE ONE YEAR AFTER DATE OF ISSUE.

For all public and commercial renovations or demolitions, the State of Wyoming, Department of Environmental Quality, requires that the facility must be inspected for the presence of asbestos, prior to any renovation or demolition. Contact Linda Dewitt, Asbestos Program coordination, at (307) 777-7584.

Signature:	Date:
Name Printed:	

Inspections and a Certificate of Occupancy/Completion are required prior to any occupancy of the structure.

For Office Use Only					
Permit / Plan Review Conditions:					
	<u>Approval</u>	<u>Date</u>		<u>Approval</u>	<u>Date</u>
Tap Fees	_____	_____	Card Issued by	_____	_____
BOPU	_____	_____	Approved for Issue by	_____	_____
Historic District	_____	_____	Permit Issued by	_____	_____