

Please check with the local power provider for all new service and service upgrades

**CITY OF MUNCIE
PLUMBING, HEATING, ELECTRICAL AND REFRIGERATION PERMIT
INFORMATION SHEET**

OWNER OF BUILDING: _____
OCCUPANT OF BUILDING: _____
OWNER'S MAILING ADDRESS: _____
CONTRACTOR: _____
CONTRACTOR'S ADDRESS: _____
CONTRACTOR'S PHONE #: _____
LOCATION OF BUILDING: _____

Is there a state release required? Yes ___ No ___ If yes, release number _____
Is there construction work being done at this location? Yes ___ No ___
Is there a building permit posted at this location? Yes ___ No ___ If yes, permit number _____

ESTIMATED COST: _____ **(Attach copy of original job estimate)**

RESIDENCE: _____ COMMERCIAL: _____
1 FAMILY ___ MOBILE HOME ___ NAME OF BUSINESS: _____
DUPLEX ___ MULTI-UNIT (HOW MANY) ___ FILLING STATION ___ OFFICE BLDG. ___
GARAGE ___ OTHER _____ INDUSTRIAL ___ SCHOOL/PUBLIC BLDG. ___
OTHER _____

PLUMBING: NUMBER OF WATER HEATER(S) ___ NUMBER OF OPENING(S) ___

HVAC / REFRIG: NUMBER OF UNIT(S) ___ NUMBER OF SYSTEM(S) ___
TYPE OF UNIT(S) _____
EXTENSION OF DUCT WORK Yes ___ No ___

ELECTRIC: NUMBER OF METER(S) ___ AMPS ___ TEMPORARY SERVICE Yes ___ No ___
OTHER _____

(CHECK ONE FOR ALL PERMITS)

NEW ___ COMMENTS: _____
ALTERATION / REPLACEMENT ___ _____
ADDITIONAL ___ _____

Signature: _____ Date: _____

NOTE: This form **MUST** be completed with all applicable information that applies to the job **prior to receiving a permit.**