

IDENTIFICATION Block	Lot Q	Qualification Code	
Work Site Location	Contractor		
	Address		
Owner in Fee			
Address	Tel. ()		
	Lic. No. or Bldrs. Reg	. No	
Tel. ()			
Is hereby granted permission to perform the following work:		PAYMENTS (Office Use Only)	
[] BUILDING [] PLUMBING		ENT Building	
[] ELECTRICAL [] FIRE PROTECTION [] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [(Subchapter 8 only)	[] DEMOLITION	Electrical	
	NT [] OTHER	Plumbing	
		Fire Protection	
DESCRIPTION OF WORK:		Elevator Devices	
		Other	
		DCA State Permit Fee	
		Cert. of Occupancy	
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.		Other	
		Total	
Estimated Cost of Work \$		Check No.	
		Cash	
Construction Official	Date	Collected by	

(see reverse side)