RESIDENTIAL/COMMERCIAL

Village of St. Helena – Inspections Department Building Permit Application 305 East Main Street, Village of St. Helena 28425

PROJECT ADDRESS (Physical Job Location):					
Owner's Name:			Phone:		
Address: M			Mobi	bile:	
City/State/Zip: En			Email	ail:	
CONTRACTOR INFORMATION: (If Home Owner is performing work, write "self")					
NAME OF BUSINESS: Office					
Contractor Lic# mobile			ile #:	:	
Project Contact Name: Email :			il :		
Building:	Stories Below Ground /	Ahove (Ground	; Sq. Ft. per Floor	
		ADOVC (Jiouna	, 34.14. per 11001,	
Project Cost Description :					
ELECTRICAL Contractor:				Office #:	
Email address:				Mobile #:	
License #:	Service Amp		No.	of outlets	
Description					
MECHANCIAL Contractor:			Office #:		
Email address:				Mobile #:	
License #: No. of units Walk in cooler Co			mmercial Hood		
Change out with duct work Change our without duct work					
Description					
PLUMBING Contractor:				Office #:	
Email address:				Mobile #:	
License #:	Number of fixtures				
Description					
Gas Contractor			Phone #:		
Email address:				Phone #:	
License #:	Nat GasLP Gas (dra Pipe type Pipe ler	_	-	be required) System Pressure Total BTU on system	
Description					

Date

Owner/Agent:_____