



<b>Office Use Only:</b>		<b>Application Date:</b>	<b>Permit Number:</b>
<b>PIN:</b>	<b>Lot No.:</b>	<b>Subdivision:</b>	<b>Zoning:</b>

Site Address: \_\_\_\_\_

OWNER INFORMATION	
Owner Name:	
Address (Street, City, State, Zip):	
E-Mail:	Phone:

CONTRACTOR INFORMATION	City of Republic Business License No.:
Company Name:	Contact Name:
Mailing Address (Street, City, State, Zip):	
E-Mail:	Phone:

**PROJECT INFORMATION**

Mechanical      Electrical      Plumbing      Solar

Please Mark the Appropriate Selection(s):

Project Description: \_\_\_\_\_

**Project Contact Information:**      Contact Name & Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_      Email: \_\_\_\_\_

*By signing this application form, I hereby acknowledge that the information I have provided is complete and accurate to the best of my knowledge. Furthermore, I acknowledge my responsibility to conform to the applicable federal, state and local regulations pertaining to the project described by this application and attachments. I also understand that this application will expire within 180 days of the date of my signing, unless extended in writing by the Building Official.*

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_



R E P U B L I C  
**BUILDS**  
Public Works • Community Development

## GUARANTEE OF PAYMENT AGREEMENT

By signing this agreement, I acknowledge and accept full responsibility for payment to the City of Republic for all fees and charges incurred by 3<sup>rd</sup> party consultant review and any/all fees related to the review of drawings and specifications associated with this project.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please print the following information for billing purposes:

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

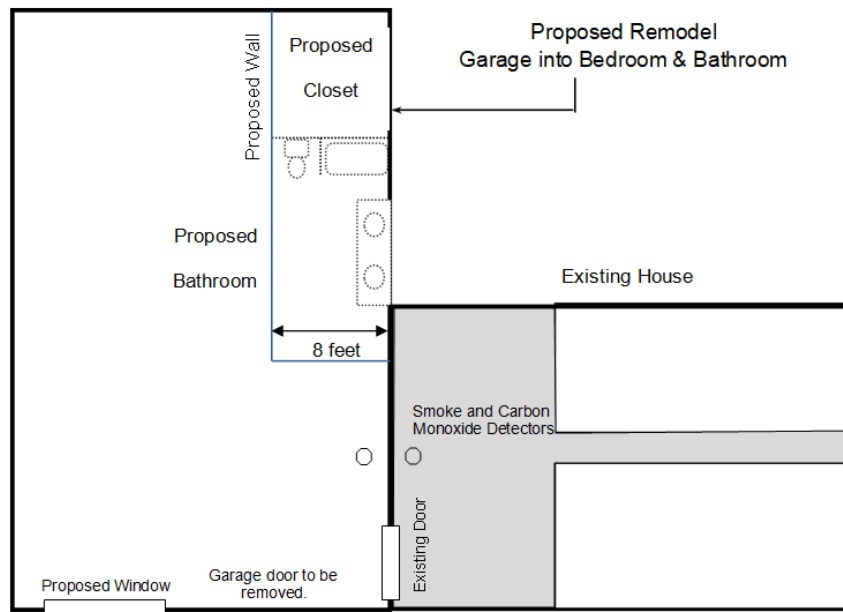
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## COMMERCIAL MEP PERMIT INSTRUCTION PACKET

Please include one or more Floor Plan(s) when submitting the Commercial MEP Permit Application:

- Applicant must submit a Floor Plan for the project to the **BUILDS Department**
  - Label function of each room (bedroom, bathroom, etc.)
  - Label the dimensions of each room or space
  - Label fixtures (sinks, electrical outlets, air conditioning ducts, etc.)
  - Label existing walls and/or features to be removed and any new walls and/or features to be built or installed



Guidelines for application submission:

- Describe the project and include any changes in the function of a room, additional fixtures or features, and any new rooms or spaces added
- Identify which of the following are included in the proposed work:
  - **Mechanical:** Changes to heating, ventilation, air conditioning
  - **Electrical:** Changes to lights, outlets, receptacles, etc.
  - **Plumbing:** Changes to sinks, toilets, water supply, drains, etc.