

REINSTATING EXPIRED PERMIT

(Only the original Permit Holder can reinstate their permit. All updated credentials for the original Permit Holder must be submitted for review.)

Project Address: _____ Original Permit # (Required) _____

<p>Select the type of Permit:</p> <p><input type="checkbox"/> Building</p> <p><input type="checkbox"/> Electrical</p> <p><input type="checkbox"/> Electrical – Low Voltage</p>	<p><input type="checkbox"/> Fire Alarm</p> <p><input type="checkbox"/> Fire Sprinkler System</p> <p><input type="checkbox"/> HVAC / Mechanical</p> <p><input type="checkbox"/> Plumbing</p>
<p>Who <i>was/is</i> the PERMIT HOLDER – the person responsible for, will supervise <i>and do the work</i> for this permit: (Reference the “Who Can Pull a Permit”)</p>	
<p><input type="checkbox"/> Homeowner Owner</p> <ul style="list-style-type: none"> Tax Bill and/or Deed filed with County Required Completed Homeowner's Affidavit Form Required Stated Issued ID Required 	<p><input type="checkbox"/> Contractor</p> <ul style="list-style-type: none"> Current Business License Required Copy of State Certification (if applicable) Required State Issued ID Required
<p>The signature below is a binding statement that the permit holder was and will be responsible for and supervise the job at the permitted address and that the Property Owner is aware of, agrees with and has granted permission for this permit to be reinstated.</p> <p>Original / Current Permit Holder's Name: _____</p> <p>Signature of Permit Holder (or agent): _____ Date: _____</p> <p>Who is submitting this application: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent for Permit Holder</p>	
<p>AGENT FOR PERMIT HOLDER: (All Contact Information Required! Authorized Agent Form required!)</p>	
Name:	Phone:
Address (Physical / No PO Boxes):	
City:	State: Zip:
Email:	
<p>PROPERTY OWNER: (REQUIRED – Owner's Information Must be completed for application to be accepted!)</p>	
Name:	Phone:
Address (Physical / No PO Boxes):	
City:	State: Zip:
Email:	
<p>CONTRACTOR: (All Contact Information Required)</p>	
<input type="checkbox"/> State Certified Contractor	<input type="checkbox"/> Specialty Trade
Name:	Phone:
Company Name:	Phone (Company):
Address (Physical / No PO Boxes):	
City:	State: Zip:
Email:	
Business License #:	State Card # (if applicable):