

PASCO COUNTY DEVELOPMENT REVIEW DIVISION
INTERIOR REMODELINGS AND ADDITIONS
(To be Completed by Contractor)

PROJECT: _____ CONTROL NO: _____

CONTRACTOR: _____ DATE: _____

EXISTING CONDITIONS

SPECIFIC EXISTING BUILDING USE: _____ S.F. BUILDING AREA: _____

ELECTRICAL SERVICE SIZE(S): _____ EXISTING L.P. GAS APPLIANCE(S): YES NO

NO. EXISTING BATHROOMS: _____ NO. EXISTING PLUMBING FIXTURES: _____

EXISTING MECHANICAL: _____

Existing A/C:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Existing Heat:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Existing Ventilation:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Existing Refrigeration:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SPECIFIC BUILDING USE: _____ S.F. BLDG. AREA: _____

STRUCTURAL CHANGES/ADDITIONS: _____ VALUATION: _____

PLUMBING CHANGES/ADDITIONS: _____ SEPTIC: _____ UT. CO. _____

Number of Bathrooms: _____ Number of Additional Bathrooms: _____

Number of Fixtures to be Changed Out: _____ Number of Additional Fixtures: _____

ELECTRICAL CHANGES/ADDITIONS: _____

Change in Service Size(s): YES (From _____ to _____) NO

Number of Additional Lights: _____ Number of Additional Outlets: _____

MECHANICAL CHANGES/ADDITIONS VALUATION: _____

Additional A/C:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Additional Heat:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Additional Ventilation:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Existing Refrigeration:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

L.P. GAS CHANGES/ADDITIONS: YES NO (If YES, Separate Permit Required)

OTHER CURRENTLY ACTIVE BUILDING PERMIT NUMBERS FOR BUILDING: _____

THIS FORM MUST BE COMPLETELY FILLED OUT. THE PLANS WILL NOT BE ACCEPTED WITHOUT ALL ITEMS ADDRESSED.

I ACKNOWLEDGE THAT ALL ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: _____ DATE: _____
