

MAINTENANCE EMERGENCY PERMIT APPLICATION

For ALL Emergency Maintenance, Repair & Replacement Projects.

For Use by M-DCPS Maintenance Department ONLY

Phone #

Fax #:

Beeper #

Project Coordinator (Contact Person):

M-DCPS Facility:

A.M.P. #

Location #

Region:

Estimated Cost: \$

Maintenance Satellite Location:

Project #

Funding Structure: (required)

| | | | | | |
|-------|---------|-----------|----------|-----------|--------|
| Fund: | Object: | Location: | Program: | Function: | Other: |
|-------|---------|-----------|----------|-----------|--------|

Emergency Permit Applied for:

Check All that Apply

| | | | | |
|---------------------|-------------------------------|------------|------------------------|-------|
| Minor Renovations | Electrical | Mechanical | Plumbing | Gas |
| Minor Demolition | Roof Repair | Signs | Site Maintenance | Other |
| Portable Relocation | Surface Renovations & Repairs | | Equipment Installation | |

Please Provide a Description of the Parameters of Work to be Performed (be specific):

Please Describe Reasons for Emergency Permit:

Notes:

A Maintenance Emergency Permit, if approved, is a Temporary Permit valid only for the work described above and for a period not to exceed 30 days. The project shall be assigned to a Building Code Consultant (BCC) who shall be contacted to provide Emergency Observations of the work in progress. A formal permit application shall be provided to the Building Department through Document Control within 45 days of approval if the project exceeds \$200,000.00. Application is hereby made to obtain an Emergency Permit to do Work and Installation limited as indicated above. I certify that all work will be performed to meet the standards of all Laws, Statutes, Codes, Board Rules & Procedures regulating construction in this jurisdiction. I understand that there may be other permits required from other government agencies. POST AND PROTECT this temporary permit at all times for the benefit of the inspectors.

Project Coordinator _____ Date _____

Satellite Director _____ Date _____

I hereby certify that the above information is accurate to the best of my knowledge.

EMERGENCY PERMIT APPROVED:

YES

NO

Emergency Permit Number: _____

Chief Building Official _____ Date _____

| | | | | |
|-----------------------|---------|-----|-----|-----|
| Emergency Assignment: | SC DMJM | WAP | RFA | BAP |
|-----------------------|---------|-----|-----|-----|

Inspector's Name: _____ Discipline: _____ Sign-Off: _____ Date: _____

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