

NOME JOINT UTILITY SYSTEM
POUCH 70
NOME, ALASKA 99762

RE: BUILDING PERMIT

INSTRUCTIONS:

Before a Building Permit is to be signed by the Utility Department, the following questionnaire needs to be completely filled out and signed.

Failure to complete this questionnaire may delay the processing of Building Permit.

GENERAL INFORMATION:

DATE: _____

APPLICANT'S NAME: _____

TELEPHONE: _____ ADDRESS: _____

RECORDED OWNER'S NAME: _____

TELEPHONE: _____ ADDRESS: _____

PHYSICAL ADDRESS: _____

WORK TO BE PERFORMED UNDER THIS PERMIT:

RESIDENTIAL:

COMMERCIAL:

NEW CONSTRUCTION: _____

NEW CONSTRUCTION: _____

REMODEL: _____

REMODEL: _____

ADDITION: _____

ADDITION: _____

CHANGE OF USE

CHANGE OF USE

OF SITE: _____

OF SITE: _____

OTHER: _____

OTHER: _____

ARE THERE OTHER BUILDINGS ON THE PROPERTY? IF YES, SHOW ON THE SITE PLAN:

UTILITY INFORMATION NEEDED:

ELECTRIC:

IS ELECTRIC SERVICE DESIRED? _____ (YES OR NO) IF YES, PLEASE SKETCH SERVICE PREFERRED ROUTING AND PREFERRED METER LOCATIONS THAT ARE DESIRED ON ATTACHMENT "B" AND FILL OUT REQUEST FOR UTILITY SERVICE.

WATER:

IS WATER SERVICE DESIRED? _____ (YES OR NO) IF YES, PLEASE SKETCH SERVICE PREFERRED ROUTING ON ATTACHMENT "B" AND FILL OUT REQUEST FOR UTILITY SERVICE.

SEWER:

IS SEWER SERVICE DESIRED? _____ (YES OR NO) IF YES, PLEASE SKETCH SERVICE PREFERRED ROUTING ON ATTACHMENT "B" AND FILL OUT REQUEST FOR UTILITY SERVICE.

SERVICES REQUESTED:

ELECTRIC UTILITY SERVICE:

SIZE OF SERVICE NEEDED:

COMMERCIAL OR INDUSTRIAL _____ RESIDENTIAL _____

PHASE: SINGLE _____ THREE _____

VOLTAGE: 120/240 _____ 120/208 _____ 277/480 _____

MAIN DISCONNECT SIZE: _____ AMPERAGE

MISCELLANEOUS LARGE APPLIANCES _____

APPROVED BY: _____, ELECTRIC UTILITY SUPERVISOR

WATER UTILITY SERVICE:

SIZE OF SERVICE NEEDED:

3/4" _____ / 1" _____ / 1-1/2" _____ / 2" _____ / 4" _____ / 6" _____ / OTHER _____ /

WORK TO BE ACCOMPLISHED BY: LICENSED CONTRACTOR _____ UTILITY _____

NAME OF CONTRACTOR: _____

ADDRESS: _____

APPROVED BY: _____, WATER & WASTEWATER CHIEF

IS SERVICE TO BE METERED? YES _____ NO _____ (Filled in by NJUS)

SEWER UTILITY SERVICE:

SIZE OF SERVICE NEEDED:

4" _____ 6" _____ OTHER TYPE: GRAVITY _____ (OR) PRESSURE _____

WORK TO BE ACCOMPLISHED BY: LICENSED CONTRACTOR _____ UTILITY _____

NAME OF CONTRACTOR: _____

ADDRESS: _____