



Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Work Site: \_\_\_\_\_  
 Owner In Fee: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_

Date Received: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 Control #: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Call Utility Dig #: 1-800-272-1000

**DESCRIPTION OF WORK**

**BUILDING SUBCODE**

**TECHNICAL SECTION**

Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Fax \_\_\_\_\_  
 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_

Building Characteristics

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 Construction Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories \_\_\_\_\_  
 Height of Structure \_\_\_\_\_ Ft.  
 Area-Largest Floor \_\_\_\_\_ Sq. Ft.  
 New Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft.  
 Volume of New Structure \_\_\_\_\_ Cu. Ft.  
 Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

Type of Work

Est. Cost

- New Building \_\_\_\_\_
- Addition \_\_\_\_\_
- Alteration \_\_\_\_\_
- ( ) Roofing \_\_\_\_\_
- ( ) Siding \_\_\_\_\_
- ( ) Fence \_\_\_\_\_ Ht.(over 6') \_\_\_\_\_
- ( ) Sign \_\_\_\_\_ Sq. Ft. \_\_\_\_\_
- ( ) Pool \_\_\_\_\_
- ( ) Asbestos Abatement  
Subchapter 8 \_\_\_\_\_
- ( ) Lead Haz. Abatement  
NJAC 5:17 \_\_\_\_\_
- ( ) Other \_\_\_\_\_
- Demolition \_\_\_\_\_

**CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application \_\_\_\_\_  
 Signature

PLAN REVIEW	Date	Initial
( ) No Plans Req.	_____	_____
( ) All	_____	_____
( ) Footing	_____	_____
( ) Foundation	_____	_____
( ) Frame	_____	_____
( ) Other	_____	_____

Date \_\_\_\_\_ Approved by: \_\_\_\_\_

**ELECTRICAL SUBCODE**

**TECHNICAL SECTION**

Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Fax \_\_\_\_\_  
 Lic. No. \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_

Electrical Characteristics

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 ( ) Pole/Pad# \_\_\_\_\_ ( ) Temporary ( ) Utility Co. \_\_\_\_\_  
 Building Occupied as \_\_\_\_\_  
 Estimated Cost of Electric Work \$ \_\_\_\_\_

**QTY SIZE ITEMS**

_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____		Light Poles
_____		Motors – Fract. HP
_____		Emergency & Exit Lights
_____		Communications Points
_____		Alarm Devices/F.A.C. Panel
_____		<b>TOTAL NUMBERS</b>
_____		Pool Permit/with UW Lights
_____		Storable Pool/Spa/Hot Tub
_____		KW Elec. Range/Receptacle
_____		KW Oven/Surface Unit
_____		KW Elec. Water Heater
_____		KW Elec. Dryer/Receptacle
_____		KW Dishwasher
_____		HP Garbage Disposal
_____		KW Central A/C Unit
_____		HP/KW Space Heater/Air Handler
_____		KW Baseboard Heat
_____		HP Motors 1/+HP
_____		KW Transformer/Generator
_____		AMP Service
_____		AMP Subpanels
_____		AMP Motor Control Center
_____		KW Elec. Sign/Outline Light
_____		_____
_____		_____

**Certification in Lieu of Oath**

I hereby certify that I am (agent of) owner of record and am authorized to make this application and perform the work listed on application. \_\_\_\_\_  
 Applicant's Signature/Contractor's Seal & Signature  
 ( ) Licensed Elec. Contractor ( ) Exempt Applicant

PLAN REVIEW  
 ( ) No Plans Required

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
Work Site: \_\_\_\_\_  
Owner in Fee: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Fax: ( ) \_\_\_\_\_

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

### PLUMBING SUBCODE TECHNICAL SECTION

Contractor \_\_\_\_\_  
Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax \_\_\_\_\_  
Lic. No. \_\_\_\_\_ Fed. Emp. No. \_\_\_\_\_

#### Plumbing Characteristics

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_  
Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_

**Estimated Cost of Plumbing Work \$** \_\_\_\_\_

#### No. FIXTURE/EQUIPMENT (List of all fixtures)

_____ Water Closet	_____ Fuel Oil Piping
_____ Urine/Bidet	_____ Gas Piping
_____ Bath Tub	_____ Steam Boiler
_____ Lavatory	_____ Hot Water Boiler
_____ Shower	_____ Sewer Pump
_____ Floor Drain	_____ Interceptor/Separator
_____ Sink	_____ Backflow Preventer
_____ Dishwasher	_____ Grease trap
_____ Drinking Fountain	_____ Sewer Connection
_____ Washing Machine	_____ Water Service Con
_____ Hose Bibb	_____ Stacks
_____ Water Heater	
_____ Other	
_____ Other	

#### CERTIFICATION IN LIEU OF OATH

I certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application \_\_\_\_\_

Signature – Contractor's Seal

( ) Licensed Plumbing Contractor ( ) Exempt Applicant

PLAN REVIEW ( ) No Plans Required  
Date \_\_\_\_\_ Approved by: \_\_\_\_\_

PLAN REVIEW ( ) No Plans Required  
DATE \_\_\_\_\_ Approved by: \_\_\_\_\_

### FIRE SUBCODE TECHNICAL SECTION

Contractor \_\_\_\_\_  
Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax \_\_\_\_\_  
Lic. No. \_\_\_\_\_ Fed. Emp. No. \_\_\_\_\_

#### Fire Protection Characteristics

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Heating Systems ( ) New ( ) Existing ( ) HVAC  
Type ( ) Gas ( ) Oil ( ) Electric ( ) Solar  
( ) Other \_\_\_\_\_

Location: \_\_\_\_\_

Fire Alarm System: New ( ) Existing ( )

Location of Panel: \_\_\_\_\_

Fire Suppression/Standpipe System: New ( ) Existing ( )

Location of Main Control Valve: \_\_\_\_\_

**Total Cost of Fire Protection Work \$** \_\_\_\_\_

#### Technical Site Data (Description of Work)

Water Supply Source \_\_\_\_\_  
Method of Alarm/Suppression System Supervision \_\_\_\_\_

Storage Tank Type: ( ) Flammable Liquid ( ) Combustible Liquid  
( ) LPG ( ) AST ( ) LNG Capacity \_\_\_\_\_ Fuel \_\_\_\_\_

Alarm Systems ( ) 110v Interconnected ( ) System

#### No.

\_\_\_\_\_ Alarm Devices (smoke, heat pulls, water flow)

\_\_\_\_\_ Supervisory Devices (tamper, low/high air)

\_\_\_\_\_ Signaling Devices (horn/strobes, bells)

\_\_\_\_\_ Carbon Monoxide Detector

\_\_\_\_\_ Other Devices

#### Suppressions Systems

\_\_\_\_\_ Fire Pump \_\_\_\_\_ GPM Type \_\_\_\_\_

\_\_\_\_\_ Dry Pipe/Alarm Valves

\_\_\_\_\_ Pre-action Valves

\_\_\_\_\_ Sprinkler Heads (Dry & Wet)

\_\_\_\_\_ Standpipes

\_\_\_\_\_ Pre-engineered Systems

\_\_\_\_\_ Kitchen Hood Exh Sys

\_\_\_\_\_ Smoke Control System

\_\_\_\_\_ Fired Appliances ( ) Gas or ( ) Oil

#### Pre-engineered Sys

\_\_\_\_\_ Wet Chemical

\_\_\_\_\_ Dry Chemical

\_\_\_\_\_ CO Suppression

\_\_\_\_\_ Foam Suppression

\_\_\_\_\_ Halon Suppression

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

#### CERTIFICATION IN LIEU OF OATH

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Signature