

# PERMIT REQUEST FORM

Date Received: \_\_\_\_\_

[Office use Only] [Please Print]

Control Number: \_\_\_\_\_

Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone Numbers, Fed ID numbers etc.

*COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.*

Block : \_\_\_\_\_ Lot : \_\_\_\_\_ Agent: \_\_\_\_\_

Work Site Location: \_\_\_\_\_ Address : \_\_\_\_\_

Owner In Fee : \_\_\_\_\_

Address : \_\_\_\_\_ Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_

License No : \_\_\_\_\_ Fed Id Number: \_\_\_\_\_

Telephone : \_\_\_\_\_ Is this a rental property ? [ ]-Yes [ ] - No Number of Tenants: \_\_\_\_\_

## BUILDING SECTION

Description Of Work:

- |                                       |   |                                    |
|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Sign _____ Sq.Ft                       | Contractor _____                   |
| <input type="checkbox"/> Addition     | <input type="checkbox"/> Pool                                   | Address _____                      |
| <input type="checkbox"/> Alteration   | <input type="checkbox"/> Asbestos Abatement<br>Subchapter 8     | Phone _____                        |
| <input type="checkbox"/> Roofing      | <input type="checkbox"/> Lead hazard Abatement N.J.A<br>.C 5:17 | Lic. No. _____ Fed. Emp. No. _____ |
| <input type="checkbox"/> Siding       | <input type="checkbox"/> Demolition                             |                                    |
| <input type="checkbox"/> Fence        | <input type="checkbox"/> Other                                  |                                    |
| Ht _____ ( Exceeds 6' )               |   |                                    |

Est Cost Of Bldg. Work:

- |                        |                        |
|------------------------|------------------------|
| 1. New Bldg \$ _____   | 3. Demolition \$ _____ |
| 2. Alteration \$ _____ | 4. Total(1+2+3) _____  |

I certify that I am the (agent of) owner of record and am authorised to make this application.

X \_\_\_\_\_  
(Signature)

### Office Use Only

Plan Review Date Initial

No Plans Req'd \_\_\_\_\_

All \_\_\_\_\_

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Frame \_\_\_\_\_

Other \_\_\_\_\_

Joint Plan review Required:

Elec  Plumb  Fire

Cubic Ft: \_\_\_\_\_

Square Ft: \_\_\_\_\_

% Land Distributed \_\_\_\_\_

## PLUMBING SECTION

Description Of Work:

- |                            |                                |                                    |
|----------------------------|--------------------------------|------------------------------------|
| <b>No. Fixture/Equipmt</b> | <b>No. Fixture/Equipmt</b>     | Contractor _____                   |
| _____ Water Closet         | _____ Gas Piping               | Address _____                      |
| _____ Urinal/Bidet         | _____ Steam Boiler             | _____                              |
| _____ Bath Tub             | _____ Hot water Boiler         | Phone _____                        |
| _____ Lavatory             | _____ Sewer Pump               | Lic. No. _____ Fed. Emp. No. _____ |
| _____ Shower               | _____ Interceptor/Separator    |                                    |
| _____ Floor Drain          | _____ Back flow Preventor      |                                    |
| _____ Sink                 | _____ Greasetrap               |                                    |
| _____ Dishwasher           | _____ Sewer Connection         |                                    |
| _____ Drinking Fountain    | _____ Water Service Connection |                                    |
| _____ Washing Machine      | _____ Stacks                   |                                    |
| _____ Hose Bibb            | _____ Other _____              |                                    |
| _____ Water Heater         | _____ Other _____              |                                    |
| _____ Fuel Oil Piping      | _____ Other _____              |                                    |

Estimated Cost of Plumbing Work:

\$ \_\_\_\_\_

### Office Use Only

Joint Plan Review Required:  No Plans Required

Building  Electric  Plumbing Plans Approved

Fire  Elevator

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

## FIRE PROTECTION SECTION

Description Of Work:

Storage Tanks :

Type:  Flamm.Liquid       Comb Liquid

LPG  LNG

Alarm Systems  110v Interconnected  System

\_\_\_ Alarm Devices (i.e, smoke, heat, pulls, waterflow)

\_\_\_ Supervisory Devices (i.e. tampers, low/high air)

\_\_\_ Signalling Devices (i.e, horn, strobes, bells)

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

Suppressoin Systems       Fire Pump  GPM Type

\_\_\_ Dry Pipe/Alarm Valves

\_\_\_ Pre-action Valves

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

Estimated Cost Of Fire Protection Work :

\_\_\_ Standpipes

### Pre-engineered Systems

\_\_\_ Wet Chemical

\_\_\_ Dry Chemical

\_\_\_ C02 Suppression

\_\_\_ Foam Suppression

\_\_\_ Halon Suppression

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

\_\_\_ Kitchen Hood Exh Sys

\_\_\_ Smoke Control System

\_\_\_ Gas  or Oil  Fired Appl.

Contractor

Address

Phone

Lic. No.

Fed. Emp. No.

I certify that I am the (agent of) owner of record and am authorized to make this application.

<b>Office Use Only</b>	<input type="checkbox"/> No Plans Required
Joint Plan Review Required:	<input type="checkbox"/> Fire Plans Approved
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing      Date: _____
<input type="checkbox"/> Electric	<input type="checkbox"/> Fire      Approved

## ELECTRICAL SECTION

Description Of Work:

### QTY. SIZE ITEMS

\_\_\_ Lighting Fixtures

\_\_\_ Receptacles

\_\_\_ Switches

\_\_\_ Detectors

\_\_\_ Light Poles

\_\_\_ Motors-Fract.HP

\_\_\_ Emergency & Exit Lights

\_\_\_ Communication Points

\_\_\_ Alarm Devices F.A.C Panel

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

\_\_\_ TOTAL NUMBERS

\_\_\_ Pool Permit/w Uw Lights

\_\_\_ Storable Pool/Spa/Hot Tub

\_\_\_ KW Elec.Range /Receptacle

\_\_\_ KW Oven/Surface Unit

### QTY. SIZE ITEMS

\_\_\_ KW Elec.Water Heater

\_\_\_ KW Dryer/Receptacle

\_\_\_ KW Dishwasher

\_\_\_ HP Garbage Disposal

\_\_\_ KW Central A/c Unit

\_\_\_ HP/KW Space Htr/Air Handler

\_\_\_ KW Base Board Heat

\_\_\_ HP Motors 1/+ HP

\_\_\_ KW Transformer/Generator

\_\_\_ AMP Service

\_\_\_ AMP SubPanels

\_\_\_ AMP Motor Control Center

\_\_\_ KW Elec Sign/Outline Light Unit

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

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

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Lic. No. \_\_\_\_\_ Fed. Emp. No. \_\_\_\_\_

I certify that I am the (agent of) owner of record and am authorised to make this application.

X \_\_\_\_\_ Applicant's

Licensed Elec Contractor  Exempt Applicant

**Office Use Only**       No Plans Required

Joint Plan Review Required:  Electric Plans  
Approved Approved

Building       Electric

Fire

Date : \_\_\_\_\_ Approved By: \_\_\_\_\_

Estimated Cost Of Electric Work : \$ \_\_\_\_\_