

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 : _____

LicenseNo : _____ 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
Subchapter 8 | Phone _____ |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Lead hazard Abatement N.J.A
.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:

- | | |
|----------------------------|--------------------------------|
| No. Fixture/Equipmt | No. Fixture/Equipmt |
| _____ Water Closet | _____ Gas Piping |
| _____ Urinal/Bidet | _____ Steam Boiler |
| _____ Bath Tub | _____ Hot water Boiler |
| _____ Lavatory | _____ Sewer Pump |
| _____ 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 _____ |

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 Signature/Contractor's Seal and Signature

Estimated Cost of
Plumbing Work:

\$ _____

Office Use Only

Joint Plan Review Required: No Plans Required

Building Electric Plumbing Plans

Fire Elevator Approved

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.

X _____
 Applicant's Signature/Contractor's Seal and Signature

Office Use Only	<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 Signature/Contractor's Seal and Signature

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 : \$ _____