

UPDATE / CHANGE OF CONTRACTOR

Date Received: _____

Permit #: _____

[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
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 | 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 | I certify that I am the (agent of) owner of record and am authorised to make this application. |
| _____ Sink | _____ Greasetrap | X _____ |
| _____ Dishwasher | _____ Sewer Connection | Applicant's Signature/Contractor's Seal and Signature |
| _____ 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

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)

____ 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

Estimated Cost Of Fire Protection Work : \$ _____

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 : \$ _____