

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: _____	Contact : _____	
Owner In Fee : _____	Address : _____	
Email : _____	Email : _____	
Address : _____	Telephone : _____	Fax : _____
	LicNo-ExpDt : _____	
Telephone : _____	Fed Id Number : _____	
	Is this a rental property ?	[] - Yes [] - No
		Number of Tenants: _____

BUILDING SECTION

Description Of Work:		
<input type="checkbox"/> New Building <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Demolition <input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Fence Ht _____ (Exceeds 6') <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Signs: <input type="checkbox"/> Pylon(SQFT) _____ <input type="checkbox"/> Grnd/Wall(SQFT) _____</div> <input type="checkbox"/> Pool <input type="checkbox"/> Asbestos Abatement Subchapter 8 <input type="checkbox"/> Lead hazard Abatement N.J.A.C. 5:17 <input type="checkbox"/> Retaining Wall(SQFT) _____ <input type="checkbox"/> Radon Remediation <input type="checkbox"/> Other(s) _____	Contractor _____ Contact _____ Address _____ _____ Email _____ Phone _____ LicNo-ExpDt _____ Fed. Emp. No. _____	Office Use Only Plan Review Date Initial <input type="checkbox"/> No Plans Reqd _____ <input type="checkbox"/> All _____ <input type="checkbox"/> Footing _____ <input type="checkbox"/> Foundation _____ <input type="checkbox"/> Frame _____ <input type="checkbox"/> Other _____ Joint Plan Review Required: <input type="checkbox"/> Elec [] Plumb [] Fire Cubic Ft: _____ Square Ft: _____ % Land Disturbed _____
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 authorized to make this application. X _____ <div style="text-align: right; margin-right: 50px;">(Signature)</div>		

PLUMBING SECTION

Description Of Work:																																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">No. Fixture/Equipmt</td> <td style="width: 50%;">No. Fixture/Equipmt</td> </tr> <tr> <td>_____ Water Closet</td> <td>_____ LPGas Tank</td> </tr> <tr> <td>_____ Urinal/Bidet</td> <td>_____ Steam Boiler</td> </tr> <tr> <td>_____ Bath Tub</td> <td>_____ Hot water Boiler</td> </tr> <tr> <td>_____ Lavatory</td> <td>_____ Sewer Pump</td> </tr> <tr> <td>_____ Shower</td> <td>_____ Interceptor/Separator</td> </tr> <tr> <td>_____ Floor Drain</td> <td>_____ Back flow Preventor</td> </tr> <tr> <td>_____ Sink</td> <td>_____ Greasetrap</td> </tr> <tr> <td>_____ Dishwasher</td> <td>_____ Residential A/C Unit</td> </tr> <tr> <td>_____ Drinking Fountain</td> <td>_____ Sewer Connection</td> </tr> <tr> <td>_____ Washing Machine</td> <td>_____ Water Service Connection</td> </tr> <tr> <td>_____ Hose Bib</td> <td>_____ Stacks</td> </tr> <tr> <td>_____ Water Heater</td> <td>_____ Other _____</td> </tr> <tr> <td>_____ Fuel Oil Piping</td> <td>_____ Other _____</td> </tr> <tr> <td>_____ Gas Piping</td> <td>_____ Other _____</td> </tr> </table>	No. Fixture/Equipmt	No. Fixture/Equipmt	_____ Water Closet	_____ LPGas Tank	_____ Urinal/Bidet	_____ Steam Boiler	_____ Bath Tub	_____ Hot water Boiler	_____ Lavatory	_____ Sewer Pump	_____ Shower	_____ Interceptor/Separator	_____ Floor Drain	_____ Back flow Preventor	_____ Sink	_____ Greasetrap	_____ Dishwasher	_____ Residential A/C Unit	_____ Drinking Fountain	_____ Sewer Connection	_____ Washing Machine	_____ Water Service Connection	_____ Hose Bib	_____ Stacks	_____ Water Heater	_____ Other _____	_____ Fuel Oil Piping	_____ Other _____	_____ Gas Piping	_____ Other _____	Contractor _____ Contact _____ Address _____ _____ Email _____ Phone _____ LicNo-ExpDt _____ Fed. Emp. No. _____	Office Use Only Joint Plan Review Required: [] No Plans Required <input type="checkbox"/> Building <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing Plans <input type="checkbox"/> Fire <input type="checkbox"/> Elevator Approved Date: _____ Approved By: _____
No. Fixture/Equipmt	No. Fixture/Equipmt																															
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Estimated Cost of Plumbing Work: \$ _____																																
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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 _____

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.

Suppressoin Systems Fire Pump GPM Type

_____ Dry Pipe/Alarm Valves

_____ Pre-action Valves

_____ Sprinkler Heads (Dry and Wet)

_____ Standpipes

Estimated Cost Of Fire Protection Work :\$ _____

Contractor _____

Contact _____

Address _____

Email _____

Phone _____

LicNo-ExpDt _____

Fed. Emp. No. _____

Fire Protection Cert. No. _____

Security Alarm Cert. 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

No Plans Required

Joint Plan Review Required: Fire Plans Approved

Building Plumbing Date: _____

Electric Fire Approved By: _____

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 Un

_____ KW Photovoltaic Systems

_____ Other _____

_____ Other _____

Contractor _____

Contact _____

Address _____

Email _____

Phone _____

LicNo-ExpDt _____

Fed. Emp. No. _____

Irrigation Cert. 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

Licensed Elec Contractor Exempt Applicant

Office Use Only

No Plans Required

Joint Plan Review Required: Electric Plans Approved

Building Electric

Fire Plumbing

Date : _____ Approved By: _____

Estimated Cost Of Electric Work : \$ _____