

PERMIT REQUEST FORM

Date Received : _____

[Please Print]

Control Number: _____

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

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

Block : _____ Lot : _____ Agent: _____
 Work Site Location : _____ Address : _____
 Owner in Fee: _____
 Address : _____ Telephone : _____ Fax : _____
 Telephone : _____ Fax: _____
 Is this a rental property ? [] -Yes [] - No Number of Tenants: _____

Joint Plan Review Required: [] -Bldg [] -Electrical
 [] -Plumbing [] -Fire

BUILDING SECTION

Description Of Work:

<input type="checkbox"/> New Building <input type="checkbox"/> Sign _____ Sq.Ft <input type="checkbox"/> Addition <input type="checkbox"/> Pool <input type="checkbox"/> Alteration <input type="checkbox"/> Asbestos Abatement Subch 8 <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Lead hazard Abatement N.J.A.C <input type="checkbox"/> Roofing <input type="checkbox"/> Demolition <input type="checkbox"/> Siding <input type="checkbox"/> Other _____ <input type="checkbox"/> Fence Ht _____ (Exceeds 6')	Contractor _____ Address _____ Phone _____ Fax _____ Lic. No. _____ Fed. Emp. No. _____ email _____ 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 _____ (Signature)	<p style="text-align: center;">Office Use Only</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Plan Review</td> <td style="text-align: center;">Date</td> <td style="text-align: center;">Initial</td> </tr> <tr> <td><input type="checkbox"/> No Plans Reqd</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> All</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Footing</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Foundation</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Frame</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>_____</td> <td>_____</td> </tr> </table> <p style="text-align: center;">Building Characteristics</p> Height of Structure _____ No. of Stories _____ Area – Largest Floor _____ New Area _____ Sq. Ft Volume New Struct. _____ Cu.Ft Land Distributed _____ Sq.Ft	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	_____	_____
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<input type="checkbox"/> Other	_____	_____																					
Use Group Present _____ Proposed _____	Constr. Class Present _____ Proposed _____																						

PLUMBING SECTION

Description Of Work:

<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">No. Fixture/Equipmt</td> <td style="width: 50%;">No. Fixture/Equipmt</td> </tr> <tr> <td>_____ Water Closet</td> <td>_____ Gas Piping (# of outlets)</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>_____ Sewer Connection</td> </tr> <tr> <td>_____ Drinking Fountain</td> <td>_____ Water Service Connection</td> </tr> <tr> <td>_____ Washing Machine</td> <td>_____ Stacks</td> </tr> <tr> <td>_____ Hose Bibb</td> <td>_____ A/C</td> </tr> <tr> <td>_____ Water Heater</td> <td>_____ Other _____</td> </tr> <tr> <td>_____ Fuel Oil Piping</td> <td>_____ Other _____</td> </tr> </table>	No. Fixture/Equipmt	No. Fixture/Equipmt	_____ Water Closet	_____ Gas Piping (# of outlets)	_____ 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	_____ A/C	_____ 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 authorized to make this application and perform the work listed on this application. X _____ Applicant's Signature/Contractor's Seal and Signature [] Licensed Plumbing Contractor [] Exempt Applicant	<p style="text-align: center;">Office Use Only</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Use Group:</td> <td style="text-align: center;">Estimated Cost of Plumbing Work \$</td> </tr> <tr> <td>Present _____ Proposed _____</td> <td>_____</td> </tr> <tr> <td>Public Sewer _____ Public Water _____</td> <td></td> </tr> <tr> <td>Private Septic _____ Private Well _____</td> <td></td> </tr> </table> <p style="text-align: center;">Office Use Only</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">[] No Plans Required</td> </tr> <tr> <td style="text-align: center;">[] Plumbing Plans Approv</td> </tr> </table> <p style="text-align: right;">Date: _____ Approved By: _____</p>	Use Group:	Estimated Cost of Plumbing Work \$	Present _____ Proposed _____	_____	Public Sewer _____ Public Water _____		Private Septic _____ Private Well _____		[] No Plans Required	[] Plumbing Plans Approv
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ELECTRICAL SECTION

Description Of Work: _____

- | QTY. SIZE ITEMS | QTY. SIZE ITEMS |
|----------------------------------|---------------------------------------|
| _____ Lighting Fixtures | _____ KW Elec. Water Heater |
| _____ Receptacles | _____ KW Dryer/Receptacle |
| _____ Switches | _____ KW Dishwasher |
| _____ Detectors | _____ HP Garbage Disposal |
| _____ Light Poles | _____ KW Central A/C Unit |
| _____ Motors-Fract. HP | _____ HP/KW Space Htr/Air Handler |
| _____ Emergency & Exit Lights | _____ KW Baseboard Heat |
| _____ Communication Points | _____ HP Motors 1/+ HP |
| _____ Alarm Devices F.A.C Panel | _____ KW Transformer/Generator |
| _____ Other _____ | _____ AMP Service |
| _____ TOTAL NUMBERS | _____ AMP SubPanels |
| _____ Pool Permit/w Uw Lights | _____ AMP Motor Control Center |
| _____ Storable Pool/Spa/Hot Tub | _____ KW Elec Sign/Outline Light Unit |
| _____ KW Elec. Range /Receptacle | _____ Other _____ |
| _____ KW Oven/Surface Unit | _____ Other _____ |

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 and perform the work listed on this application.

X _____
Applicant's Signature/Contractor's Seal and Signature
[] Licensed Elec Contractor [] Exempt Applicant

Electrical Characteristics

Use Group Present _____ Proposed _____
Estimated Cost Of Electric Work \$ _____

Office Use Only

[] No Plans Required
[] Electric Plans Approved

Date : _____ Approved By: _____

FIRE PROTECTION SECTION

Description Of Work: _____

Storage Tanks :

Type: [] Flammable.Liquid [] Combustible Liquid
[] LPG [] LNG

Alarm Systems [] 110v Interconnected [] System
_____ Alarm Devices (i.e. smoke, heat, pulls, water/flow)
_____ Supervisory Devices (i.e. tampers, low/high air)
_____ Signaling Devices (i.e. horn/ strobes, bells)
_____ Other Devices _____

Suppression 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
_____ CO2 Suppression
_____ Foam Suppression
_____ Halon Suppression
_____ Other _____

Other Systems

_____ Kitchen Hood Exh Sys
_____ Smoke Control System
_____ Gas [] or Oil [] Fired Appl.
_____ Fireplace Venting/Metal Chimney
_____ Other _____

Contractor _____
Address _____
Phone _____
Lic. No. _____
Fed. Emp. No. _____
Fire Prot Equip, NJ Div Fire Safety Permit No. _____
Fire Prot Equip, NJ Div Fire Safety Installer No. _____
Fire Alarm Contractor No. _____

Fire Protection Characteristics

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Electric [] Solar
[] Other _____
Location: _____

Total Cost Of Fire Protection Work
\$ _____

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

X _____
Applicant's Signature

Office Use Only

[] No Plans Required
[] Fire Plans Approved

Date: _____ Approved by: _____