

# 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<br>Subchapter 8     | Phone _____                        |
| <input type="checkbox"/> Roofing      | <input type="checkbox"/> Lead hazard Abatement<br>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:

- |                            |                                |                                    |
|----------------------------|--------------------------------|------------------------------------|
| <b>No. Fixture/Equipmt</b> | <b>No. Fixture/Equipmt</b>     | Contractor _____                   |
| _____ Water Closet         | _____ LPGas Tank               | 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           | _____ 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 _____              |                                    |

Estimated Cost of Plumbing Work:

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

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

### 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      \_\_\_\_\_ Standpipes  
 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 :    \$ \_\_\_\_\_

### 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. \_\_\_\_\_

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

<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 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 Unit  
 \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ Other \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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

Irrigation Cert. 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

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

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