

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 : _____
 Address : _____ Email : _____
 Telephone : _____ Telephone : _____ Fax : _____
 LicNo-ExpDt : _____
 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') Signs: <input type="checkbox"/> Pylon(SQFT)_____ <input type="checkbox"/> Grnd/Wall(SQFT)_____ <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. _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Est Cost Of Bldg. Work: 1. New Bldg \$ _____ 3. Demolition \$ _____ 2. Alteration \$ _____ 4. Total(1+2+3) \$ _____ </div> I certify that I am the (agent of) owner of record and am authorized to make this application. X _____ (Signature)	Office Use Only Plan Review Date Initial <input type="checkbox"/> No Plans Req'd _____ <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 <input type="checkbox"/> Plumb <input type="checkbox"/> Fire Cubic Ft: _____ Square Ft: _____ % Land Disturbed _____

PLUMBING SECTION

Description Of Work:		
No. Fixture/Equipmt _____ Water Closet _____ Urinal/Bidet _____ Bath Tub _____ Lavatory _____ Shower _____ Floor Drain _____ Sink _____ Dishwasher _____ Drinking Fountain _____ Washing Machine _____ Hose Bib _____ Water Heater _____ Fuel Oil Piping _____ Gas Piping	No. Fixture/Equipmt _____ LPGas Tank _____ Steam Boiler _____ Hot water Boiler _____ Sewer Pump _____ Interceptor/Separator _____ Back flow Preventor _____ Greasetrap _____ Residential A/C Unit _____ Sewer Connection _____ Water Service Connection _____ Stacks _____ Other _____ _____ Other _____ _____ Other _____	Contractor _____ Contact _____ Address _____ _____ Email _____ Phone _____ LicNo-ExpDt _____ Fed. Emp. No. _____ I certify that I am the (agent of) owner of record and am authorized to make this application. X _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Office Use Only Applicant's Signature/Contractor's Seal and Signature Joint Plan Review Required: <input type="checkbox"/> 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: _____ </div>

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
 CO2 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.

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 By: _____
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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 Uv 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 U
 _____ 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.

Applicant's Signature/Contractor's Seal and Signature

Licensed Elec Contractor Exempt Applicant

Office Use Only <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: _____
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Estimated Cost Of Electric Work : \$ _____