

# 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:

- New Building  Sign \_\_\_\_\_ Sq.Ft Contractor \_\_\_\_\_
- Addition  Pool Address \_\_\_\_\_
- Alteration  Asbestos Abatement Subchapter 8 Phone \_\_\_\_\_
- Roofing  Lead hazard Abatement N.J.A.C. 5:17 Lic. No. \_\_\_\_\_ Fed. Emp. No. \_\_\_\_\_
- Siding  Demolition
- Fence  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)

<b>Office Use Only</b>	
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 Distributed _____	

## PLUMBING SECTION

Description Of Work:

- |                            |                                |
|----------------------------|--------------------------------|
| <b>No. Fixture/Equipmt</b> | <b>No. Fixture/Equipmt</b>     |
| _____ 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 \_\_\_\_\_  
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

Estimated Cost of Plumbing Work:
\$ _____

<b>Office Use Only</b>		
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: _____		

**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 :    \$ \_\_\_\_\_

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

**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.

<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	Approved
<input type="checkbox"/> Fire <input type="checkbox"/> Plumbing	Approved
Date : _____	Approved By: _____

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