



PLUMBING SUBCODE
TECHNICAL SECTION



Date Received 12/27/2007
Control # 47161
Date Issued 12/27/2007
Permit # 071206

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INDIRECT WATER TANK FOR EXISTING BOILER

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
_____	Sewer Connector	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other <u>BOILER/WATER</u>	<u>\$40</u>

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 102.15 Lot 1163 Qualification Code _____

Work Site Location: 1163 KAYE COURT , NJ

Owner in Fee: KPORJRO, JANET

Address 1163 KAYE COURT BURLINGTON NJ 08016-

_____ Email _____

Tel. 609/4563118

Contractor: PR SANDERS, INC.

Address 100 PARK DRIVE VOORHEES NJ 08043-

_____ Email _____

Tel. 856/4293086 Fax. 856/4296806

Home improvment Contractor Registration No. or Exemption Reason(is applicable): _____

Contractor License No. 6726 Expiration Date: _____

Federal Employee No. 22-2769644

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-3

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: _____ by: _____

☐ Plumbing Plans Approved

Date: _____

Approved by: _____

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type: Failure Failure Approval Initial

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LPGas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Final _____

U.C.C F130 (rev. 11/09)

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee \$3
TOTAL FEE \$43