# Brick

## Permit Without a Jacket

Permit Number 2666-97

LDS BR 10524080

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received 9/8/97
Date Issued
Control #
Permit # 266691

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

Block 298 Lot 13
Work Site Location 24 Homestead Dr Brick
Owner in Fee Joe Walsh
Address 1583 Seg Island Dr
[redacted]
Tele. ([redacted]
Contractor Tonys Heating & A/C
Address 7 Maria Ct. Brick
Tele. (____) 458-5918
Lic. No. [redacted]
Federal Emp. No. ____ or Social Secu

**B. PLUMBING CHARACTERISTICS**

Use Group Present ____ Proposed ____
Building Sewer Size ____ Public Sewer ____ Private Septic ____
Water Service Size ____ Public Water ____ Private Well ____
**Estimated Cost of Plumbing Work $** ____

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9-8-97
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By: ____
Date: ____

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | 9-9-97 | | 10-21-97 | [signature] |
| Gas Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| | | | | |
| | | | | |

**C. CERTIFICATION IN LIEU OF OATH**

I hereby 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.

[signature]
Signature—Contractor/Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA** (List all fixtures.)

| 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 | |
| | Steam Boiler | |
| 1 | Hot Water Boiler | 35 |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Water Cooled A/C or Refrigeration Unit | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Active Solar System | |
| | Other | |

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ 35
DCA Training Fee $ ____
Collected by: ____ TOTAL $ ____

U.C.C. Form F-130B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

9-9-97 - ① DAMper should be after Drafthood
② safty relief valve should be vertical
Not horizontal
③ Is there a permit for HWH. ?

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10-21-97 #3 HWH permit