



PLUMBING SUBCODE TECHNICAL SECTION

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

Block-Lot: 3401-13 Qualification Code:

Work Site Location: 260 VAN NOSTRAND AVE ENGLEWOOD, NJ

Owner in Fee: RABBENOU

Tel.: 201/569-8007 E-mail:

Address: 260 VAN NOSTRAND AVE
ENGLEWOOD, NJ 07631-

Contractor: P&L PLUMBING Tel.:

Address: 300 COLUMBUS CIRCLE, UNIT JEDISON, NJ 08837- E-mail:

Contractor License No.: 991 Exp. Date:

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No.: 22-3591088 FAX:

B. BUILDING CHARACTERISTICS

Use Group: Present: R-5 Proposed: R-5

Building Sewer Size: Public Sewer: No Private Septic: No

Water Service Size: Public Water: No Private Well: No

Est. Cost of Plumbing Work:



Date Received: 10/15/2007

Control #: 06-0687-A

Date Issued: 10/15/2007

Permit #: P06-0687-A

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.

Applicant/Contractor

Sign here: _____

Print name here: _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK WATER HEATER

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0.00
0	Urinal/Bidet	0.00
0	Bath Tub	0.00
0	Lavatory	0.00
0	Shower	0.00
0	Floor Drain	0.00
0	Sink	0.00
0	Dishwasher	0.00
0	Drinking Fountain	0.00
0	Washing Machine	0.00
0	Hose Bibb	0.00
1	Water Heater	30.00
0	Fuel Oil Piping	0.00
0	Gas Piping	0.00
	LP Gas Tank	0.00
	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Sewer Pump	0.00
0	Interceptor/Separator	0.00
0	Backflow Preventer	0.00
0	Greasetrap	0.00
0	Sewer Connection	0.00
0	Water Service Connection	0.00
0	Stacks:	0.00
-	Other:	0.00
	Other: Fixtures	0.00

JOB SUMMARY (Office Use Only)

Plan Review	INSPECTIONS	Dates	(Month/ Day)
☐ No Plans Required	Type:	Failure	Approval
☐ Partial -Underslab Utilities Approved	Slab	_____	_____
Date: _____ Approved by: _____	Rough	_____	_____
☐ Plumbing Plans Approved	Water	_____	_____
Date: _____ Approved by: _____	Sewer	_____	_____
Joint Plan Review Required:	Fixtures	_____	_____
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Gas Equipment	_____	_____
SUBCODE APPROVAL for PERMIT	Gas Piping	_____	_____
Date: _____	LP Gas Tank	_____	_____
Approved by: _____	Fuel Oil Piping	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Solar	_____	_____
☐ CO ☐ CCO ☐ CA	TCO	_____	_____
Date: _____	_____	_____	_____
Approved By: _____	_____	_____	_____

Administrative Surcharge	\$0.00
Minimum Fee	0.00
State Permit Surcharge Fee	0.00
TOTAL FEE	31.00