



APPLICANT LEFT BLANK
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 100 Lot 2 Qualification Code _____
Work Site Location 266 Creek Rd., Bellmawr, NJ

Owner in Fee: US Bank Trust

Tel. (214) 754-8355 e-mail _____

Address 13081 Wireless Way Oklahoma City 73134

Contractor: Wilson Mechanical street municipality Tel. (609) 388-8747 zila code

Address 240 Erial Rd., Pine Hill, NJ, 08021 e-mail wilsonoffice@gmail.com

Contractor License No. 12615 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 260245801 FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

☐ Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: _____ Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

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.

Applicant sign/Contractor sign and seal here: _____

Print name here: Michael Wilson

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Condensate drain

QTY. _____

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 Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks _____

Other cond drain

FEE (Office Use Only)
\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



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ELECTRICAL 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 109 Lot 9 Qualification Code _____
Work Site Location 266 Creek Rd., Bellmawr, NJ

Owner In Fee: US Bank Trust
Tel. (214) 754-8355 e-mail _____

Address 13081 Wireless Way Oklahoma City 73134
street municipality zip code

Contractor: Wilson Mechanical Tel. (609) 388-8747
Address 240 Erial Rd., Pine Hill, NJ, 08021 e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 260245801 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	Type: _____	Failure Failure Approval Initial
[] Partial Under-slab Utilities Approved	Rough _____	_____
Date: _____	Barrier-Free _____	_____
[] Electric Plans Approved	Trench _____	_____
Date: _____	Temp. Serv. _____	_____
Date: _____	Const. Serv. _____	_____
Joint Plan Review Required: _____	TCO _____	_____
[] Bldg. [] Plumb. [] Fire. [] Elev.	Other _____	_____
SUBCODE APPROVAL FOR PERMIT	Service _____	_____
Date: _____	Final _____	_____
Approved by: _____	Barrier-Free _____	_____
SUBCODE APPROVAL FOR CERTIFICATE	Temp. Cut-in-Card Date Issued _____	_____
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued _____	_____
Date: _____	Annual Pool Inspection _____	_____
Approved by: _____	Date of Grounding and Bonding _____	_____
	Certification _____	_____

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.
Applicant sign/Contractor sign and seal here: _____
Print name here: Michael Wilson

D. TECHNICAL SITE DATA

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [X] Exempt Applicant

DESCRIPTION OF WORK:	QTY.	SIZE	ITEMS	FEES (Office Use Only)
Furnace and ac			Lighting Fixtures	
			Receptacles	
			Switches	
			Detectors	
			Light Poles	
			Motors—Fract. HP	
			Emergency & Exit Lights	
			Communications Points	
			Alarm Devices/F.A.C. Panel	
			TOTAL NUMBERS	\$ _____
			Pool Permit/with UW Lights	
			Storable Pool/Spa/Hot Tub	
			KW Elec. Range/Receptacle	
			KW Oven/Surface Unit	
			KW Elec. Water Heater	
			KW Elec. Dryer/Receptacle	
			KW Dishwasher	
			HP Garbage Disposal	
			KW Central A/C Unit	
			HP/KW Space Heater/Air Handler	
			KW Baseboard Heat	
			HP Motors 1/4+ HP	
			KW Transformer/Generator	
			AMP Service	
			AMP Subpanels	
			AMP Motor Control Center	
			KW Elec. Sign/Outline Light	
			furnace	

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



APPLICANT LEFT BLANK MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 109 Lot 2 Qualification Code _____
Work Site Location 266 Creek Rd., Bellmawr, NJ

Owner in Fee: US Bank Trust

Tel. (214) 754-8355 e-mail _____

Address 13081 Wireless Way Oklahoma City 73134

Contractor: Wilson Mechanical Tel. (609) 388-8747

Address 240 Erial Rd., Pine Hill, NJ, 08021 e-mail wilsonofficenj@gmail.com

Contractor License No. 12615 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 260245801 FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: ☐ New OR ☐ Modification to Existing OR ☐ Conversion OR ☒ Replacement

Type: ☐ Hydronic ☒ Hot Air

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work \$ 3,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES	
		Type:	Failure	Failure	Approval Initial
☐ No Plans Required					
☐ Mechanical Plans Approved		Gas Piping			
Date: _____	Approved by: _____	Appliance			
Joint Plan Review Required:		Chimney/Vent			
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.		Oil Piping			
☐ Elev.		Oil Tank			
SUBCODE APPROVAL for PERMIT		LPG Tank			
Date: _____		Hydronic Piping			
Approved by: _____		Fireplace			
SUBCODE APPROVAL for CERTIFICATE		Chimney Cert.			
☐ CA ☐ CCO		Other			
Date: _____					
Approved by: _____					

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.

Sign here: Michael Wilson
Print name here: Michael Wilson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Furnace, ac, water heater

Date Received 7-22-19
Control # 19-270
Date Issued
Permit #

NO.	FIGURE/EQUIPMENT	FEE (Office Use Only)
1	Water Heater	\$ _____
	Fuel Oil Piping Connections	_____
	Gas Piping Connections	_____
	Steam Boiler	_____
1	Hot Water Boiler	_____
	Hot Air Furnace	_____
	Oil Tank	_____
	LPG Tank	_____
	Fireplace	_____
1	Generator	_____
	Other	_____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____