PLUMBING SUBCODE
TECHNICAL SECTION

Date Received: 04/13/2007
Control #: 07-0267

Date Issued: 04/13/2007
Permit #: P07-0267

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

Block-Lot: 2015-2 _____ Qualification Code:

Work Site Location: 322 West ENGLEWOOD AVE ENGLEWOOD, NJ

Owner in Fee: SUFFERN

Tel.: 201/569-3770 E-mail:

Address: 322 W. ENGLEWOOD AVE
ENGLEWOOD, NJ 07631-

Contractor: JT OBRIEN PLUMBING Tel.: 201/931-1333

Address: 10 RAILROAD AVERIDGEFIELD, NJ 07660- E-mail:

Contractor License No.: 11633 Exp. Date:

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

Federal Emp. ID No.: 26-0006573 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:

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:_____

INSPECTIONS		Dates	(Month/	Day)
Type:	Failure	Failure	Approval	Initial
Slab	_____	_____	_____	_____
Rough	_____	_____	_____	_____
Water	_____	_____	_____	_____
Sewer	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____
LPGas Tank	_____	_____	_____	_____
Fuel Oil 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.

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
	LPGas 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

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