



PLUMBING SUBCODE
TECHNICAL SECTION



Date Received 7/7/2014
Control # 40539
Date Issued 7/7/2014
Permit # 140775

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

Block 94.07 Lot 15 Qualification Code _____

Work Site Location 3 LINDEN ROAD , NJ

Owner in Fee: RAZIK, STEVE

Tel. 336/6691478 e-mail _____

Address 3 LINDEN ROAD BURLINGTON NJ 08016-

Street Municipality zip code
Contractor: WINDSOR MECHANICAL Tel. / -

Address 46 REMBRANDT WAY EAST WINDSOR NJ 08520-

e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 27-2180950 FAX / -

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-3

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Est. Cost of Plumbing Work \$ \$3,000

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing			
PLAN REVIEW		INSPECTIONS			
☐ No Plan Required		Dates (Month/Day)			
☐ Partial Underslab Utilities Approved		Type:	Failure	Failure	Approval
Date: _____ Approved by: _____		Slab	_____	_____	_____
☐ Plumbing Plans Approved		Rough	_____	_____	_____
Date: _____ Approved by: _____		Water	_____	_____	_____
Joint Plan Review Required		Sewer	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Fixtures	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Gas Equipment	_____	_____	_____
Date: _____		Gas Piping	_____	_____	_____
Approved by: _____		LPGas Tank	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Fuel Oil Piping	_____	_____	_____
☐ CO ☐ CCO ☐ CA		Solar	_____	_____	_____
Date: _____		TCO	_____	_____	_____
Approved by: _____		Final	_____	_____	_____
		Other	_____	_____	_____

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 sign/Contractor sign _____
and seal here: Print name here: _____

☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
WATER DAMAGE REPAIR

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>2</u>	Water Closet	\$ <u>\$40</u>
	Urinal/Bidet	_____
<u>1</u>	Bath Tub	<u>\$20</u>
<u>2</u>	Lavatory	<u>\$40</u>
	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>2 A.A.V.</u>	<u>\$40</u>

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ \$17

TOTAL FEE \$ \$157

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

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