



PLUMBING SUBCODE
TECHNICAL SECTION



Date Received 7/22/2015
Control # 39239
Date Issued 7/22/2015
Permit # 150650

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: AIR TIGHT DESIGN CORP. Tel. 856/3970441

Address 36 N. KING STREET GLOUSTER CITY NJ 08030-

e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 26-4036660 FAX / - _____

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Est. Cost of Plumbing Work \$ \$1,000

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: _____		LP Gas Tank	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Fuel Oil Piping	_____	_____	_____
☐ CO ☐ CCO ☐ CA		Solar	_____	_____	_____
Date: _____		TCO	_____	_____	_____
Approved by: _____		Final	_____	_____	_____
		Other	_____	_____	_____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

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
FRENCH DRAIN SYSTEM WITH TWO SUMP PUMPS

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	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
_____	Sewer Connector	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other <u>2 SUMP PUMPS</u>	<u>\$40</u>

Administrative Surcharge \$ _____

Minimum Fee \$ \$60

State Permit Surcharge Fee \$ \$4

TOTAL FEE \$ \$64

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