# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received: 01/10/2022
Control #: 22-000052

Date Issued: 04/07/2022
Permit #: P22-295

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

Block-Lot: 03702-00011 _____Qualification Code:

Work Site Location: 401 GLOUCESTER Street ,

Owner in Fee: HABER, GREG & YONINA

Tel.: (917) 613-9639 E-mail:

Address: 401 GLOUCESTER ST
ENGLEWOOD, NJ 07631-4707

Contractor: ELITE SERVICES GROUP, LLC Tel.: (973) 882-5333

Address: PO BOX 562WEST CALDWELL, NJ 07007 E-mail: DREWTULANOWSKI@GMAIL.COM

Contractor License No.: 10414 Exp. Date:

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

Federal Emp. ID No.: 22-383364 FAX:

**B. BUILDING CHARACTERISTICS**

**Use Group:** Present: Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

Est. Cost of Plumbing Work: $2,500.00

**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: 03/03/2022

Aproved By: Giuseppe LaMastra

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 | 75.00 |
| 0 | Fuel Oil Piping | 0.00 |
| 0 | Gas Piping | 0.00 |
| 0 | LPGas Tank | 0.00 |
| 0 | 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 |
| 0_ | Other: | 0.00 |
| 0 | Other: Fixtures | 0.00 |

| | |
|---|---|
| Administrative Surcharge | $0.00 |
| Minimum Fee | 0.00 |
| State Permit Surcharge Fee | 0.00 |
| TOTAL FEE | 79.75 |

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

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