



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 212 Lot 20.01 Qualification Code _____

Work Site Location: 50 STIRLING RD. WARREN, NJ

Owner in Fee: WARREN CATERING LLC

Address 675 GARFIELD AVE JERSEY CITY NJ -

Email _____

Tel. 201/7610025

Contractor: WARRENVILLE PLUMBING & COMPANY

Address 326 WARRENVILLE ROAD GREEN BROOK NJ 08823-

Email _____

Tel. 908/8228510 Fax. 908/7559382

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Contractor License No. _____ Expiration Date: _____

Federal Employee No. 75-3127876

B. PLUMBING CHARACTERISTICS

Use Group Present A-2 Proposed A-2

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$1,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: _____ by: _____

☐ Plumbing Plans Approved

Date: _____

Approved by: _____

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab	_____	_____	_____	_____
Rough	_____	_____	_____	_____
Water	_____	_____	_____	_____
Sewer	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____
LPGas Tank	_____	_____	_____	_____
Fuel Oil Piping	_____	_____	_____	_____
Solar	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Final	_____	_____	_____	_____

Date Received 12/30/2009
Control # _____
Date Issued 12/30/2009
Permit # 09-1060

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 Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK INTERIOR ALTERATIONS

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>1</u>	Water Closet	<u>\$9</u>
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
<u>1</u>	Lavatory	<u>\$9</u>
_____	Shower	_____
_____	Floor Drain	_____
<u>1</u>	Sink	<u>\$9</u>
_____	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	_____
<u>1</u>	Stacks	<u>\$9</u>
_____	Other _____	_____

Administrative Surcharge \$5

Minimum Fee _____

State Permit Surcharge Fee \$38

TOTAL FEE \$79

☐ Licensed Plumbing Contractor ☐ Exempt Applicant