



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 25.01 Qualification Code _____

Work Site Location: 50 STIRLING ROAD WARREN, NJ

Owner in Fee: WARREN CATERING

Address 50 STIRLING ROAD JERSEY CITY NJ 07305-

Email _____

Tel. 201/7610025

Contractor: PERTH AMBOY PLUMBING & HEATING

Address 442 BRUCK AVENUE PERTH AMBOY NJ 08861-

Email _____

Tel. / - Fax. 732/3243432

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

Contractor License No. _____ Expiration Date: _____

Federal Employee No. 15-0563529

B. PLUMBING CHARACTERISTICS

Use Group Present A-3 Proposed A-3

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$1

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				

Dates (Month/Day)

Date Received 11/15/2006
Control # _____
Date Issued 11/15/2006
Permit # 06-0437+E

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 RENOVATIONS- DOES NOT INCLUDE STRUCTURAL
REVISIONS OR OPEN ITEMS PARTIAL ONLYPLAN REVISIONPLAN
REVISION

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
<u>5</u>	Lavatory	<u>\$50</u>
_____	Shower	_____
_____	Floor Drain	_____
<u>2</u>	Sink	<u>\$20</u>
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
<u>1</u>	Gas Piping	<u>\$10</u>
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
_____	Sewer Connector	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other <u>STOVE GRILL</u>	<u>\$20</u>

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee _____

TOTAL FEE \$100

☐ Licensed Plumbing Contractor ☐ Exempt Applicant