



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 07059-

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-2 Proposed A-2

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$11,000

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 6/23/2006
Control # _____
Date Issued 6/23/2006
Permit # 06-0437/1

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>14</u>	Water Closet	<u>\$140</u>
<u>6</u>	Urinal/Bidet	<u>\$60</u>
	Bath Tub	_____
<u>13</u>	Lavatory	<u>\$130</u>
<u>11</u>	Shower	<u>\$110</u>
<u>6</u>	Floor Drain	<u>\$60</u>
<u>2</u>	Sink	<u>\$20</u>
<u>4</u>	Dishwasher	<u>\$40</u>
	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	_____
<u>1</u>	Interceptor/Separator	<u>\$65</u>
	Backflow Preventor	_____
<u>2</u>	Greasetrap	<u>\$130</u>
	Sewer Connector	_____
	Water Service Connection	_____
<u>1</u>	Stacks	<u>\$10</u>
	Other <u>COND</u>	<u>\$130</u>

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee \$1,060
TOTAL FEE \$2,155

☐ Licensed Plumbing Contractor ☐ Exempt Applicant