



PLUMBING SUBCODE TECHNICAL SECTION



Date Received 3/29/2019
Control # C-0206
Date Issued 4/1/2019
Permit # 18-1104+A

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
FURNACE, A/C UNIT & WATER HEATER

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	_____
<u>1</u>	Water Heater	<u>\$20</u>
_____	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>GAS FURNACE</u>	<u>\$65</u>

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee \$6
TOTAL FEE \$111

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

Block 147.06 Lot 1 Qualification Code _____

Work Site Location: 49 FOXCHASE DRIVE Burlington Township, NJ 08016

Owner in Fee: US BANK TRUST %WRI PROP. MNGMNT

Address 3525 PIEDMONT RD,#7;ST700 ATLANTA GA 30305

_____ Email _____

Tel. _____

Contractor: WILSON MECHANICAL

Address 240 ERIAL ROAD PINE HILL NJ 08021-

_____ Email _____

Tel. 609/7701160 Fax. / -

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

Contractor License No. 12615 Expiration Date: _____

Federal Employee No. 26-0245801

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$3,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
☐ No Plan Required	Type:	Failure	Failure	Approval	Initial
Partial Underslab Utilities Approved	Slab	_____	_____	_____	_____
Date: _____ by: _____	Rough	_____	_____	_____	_____
☐ Plumbing Plans Approved	Water	_____	_____	_____	_____
Date: _____	Sewer	_____	_____	_____	_____
Approved by: _____	Fixtures	_____	_____	_____	_____
Joint Plan Review Required	Gas Equipment	_____	_____	_____	_____
☐ Building ☐ Electrical	Gas Piping	_____	_____	_____	_____
☐ Fire ☐ Elevator	LPGas Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Fuel Oil Piping	_____	_____	_____	_____
Date: _____ by: _____	Solar	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	TCO	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA	Final	_____	_____	_____	_____
Date: _____	_____	_____	_____	_____	_____
Approved by: _____	_____	_____	_____	_____	_____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

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