



PLUMBING SUBCODE TECHNICAL SECTION



Date Received 8/20/2013
Control # 41581
Date Issued 8/20/2013
Permit # 130775

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 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 _____	_____

Administrative Surcharge _____

Minimum Fee \$60

State Permit Surcharge Fee \$2

TOTAL FEE \$62

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 , NJ

Owner in Fee: FOWLER, MARVIN

Address 49 FOXCHASE DRIVE BURLINGTON NJ 08016-

_____ Email _____

Tel. 609/3538806

Contractor: PR SANDERS, INC.

Address 100 PARK DRIVE VOORHEES NJ 08043-

_____ Email _____

Tel. 856/4293086 Fax. 856/4296806

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

Contractor License No. 6726 Expiration Date: _____

Federal Employee No. 22-2769644

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$1,199

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.