



PLUMBING SUBCODE TECHNICAL SECTION



Date Received 3/11/2020
Control # C-0257
Date Issued 3/12/2020
Permit # 20-0218

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
REHAB. WORK, ELEC., PLMG, FRAMING, HVAC WORK, ADDED 2ND FLR. BATHROOM

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>2</u>	Water Closet	<u>\$40</u>
	Urinal/Bidet	
<u>1</u>	Bath Tub	<u>\$20</u>
<u>2</u>	Lavatory	<u>\$40</u>
<u>1</u>	Shower	<u>\$20</u>
	Floor Drain	
<u>1</u>	Sink	<u>\$20</u>
<u>1</u>	Dishwasher	<u>\$20</u>
	Drinking Fountain	
<u>1</u>	Washing Machine	<u>\$20</u>
	Hose Bibb	
<u>1</u>	Water Heater	<u>\$20</u>
	Fuel Oil Piping	
	Gas Piping	
<u>4</u>	LP Gas Tank	<u>\$260</u>
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
<u>2</u>	Stacks	<u>\$40</u>
	Other <u>Condensate Line</u>	<u>\$20</u>

☐ Private Septic

☐ Private Well

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$10

TOTAL FEE \$530

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

Block 19 Lot 16 Qualification Code _____

Work Site Location: 20 CENTRAL AVENUE Burlington Township, NJ

Owner in Fee: EASTERN REAL ESTATE, LLC

Address 8001 CASTOR AVENUE SUITE 377 PHILADELPHIA PA 19152

Email xxxxxxxx@xxxxx.xxx

Tel. (215) 913-7700

Contractor: DENNIS LASASSA JR.

Address 895 12TH STREET HAMMONTON NJ 08037-

Email _____

Tel. 609/8689024 Fax. / -

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

Contractor License No. 11790 Expiration Date: _____

Federal Employee No. -

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$5,000

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing					
PLAN REVIEW	Date	Initial	INSPECTIONS				
☐ No Plan Required			Type:	Failure	Failure	Approval	Initial
☐ Partial Underslab Utilities Approved	Date: _____ by: _____		Slab	_____	_____	_____	_____
☐ Plumbing Plans Approved	Date: _____		Rough	_____	_____	<u>3/16/20</u>	<u>MC</u>
Approved by: _____			Water	_____	_____	_____	_____
Joint Plan Review Required			Sewer	_____	_____	_____	_____
☐ Building ☐ Electrical			Fixtures	_____	_____	_____	_____
☐ Fire ☐ Elevator			Gas Equipment	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Gas Piping	_____	_____	_____	_____
Date: _____			LPGas Tank	_____	_____	_____	_____
Approved by: _____			Fuel Oil Piping	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Solar	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA			TCO	_____	_____	_____	_____
Date: _____			Final	_____	_____	<u>10/6/20</u>	<u>MC</u>
Approved by: _____			Other	_____	_____	_____	_____

☐ 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.



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☐ 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: _____						
Approved by: _____						
SUBCODE APPROVAL for CERTIFICATE						
☐ CO	☐ CCO	☐ CA				
Date: _____						
Approved by: _____						

INSPECTIONS		Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial	
Slab					
Rough			<u>3/16/20</u>	<u>MC</u>	
Water					
Sewer					
Fixtures					
Gas Equipment					
Gas Piping					
LPGas Tank					
Fuel Oil Piping					
Solar					
TCO					
Final			<u>10/6/20</u>	<u>MC</u>	
Other					

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