CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 23 Mimi Rd Old Bridge
2. Owner Name: Agnes VALKOVICH Tel. ( ) 251-3568
   Address SAME
3. Principal Contractor: Garden State DIC Tel. ( ) 462-7800
   Address PO Box 740 Freehold
   Lic. No. or Builder Reg. No. 2745 Federal Emp. No. 21-0744087
4. Architect or Engineer: Tel. ( )
   Address
5. Responsible Person in Charge of Work Rich Holman Tel. ( ) 462-7800

II. PROPOSED WORK

A. TYPE OF WORK

- 1. ☐ Minor Work (Single Trade)
- 2. ☐ Small Job ($5,000 and no Prior Approvals)
  Complete only II.B., III and IV.A. and Page 2
- 3. ☐ New Building
- 4. ☐ Addition
- 5. ☐ Alteration
- 6. ☐ Repair, Replacement
- 7. ☐ Demolition
- 8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/ Structural	$
2. ☐ Plumbing	
3. ☐ Electrical	
4. ☐ Fire Protection	
5. ☐ Other	
6. ☐ Other	
TOTAL COST	$

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- 1. ☐ Elevators/Dumbwaiters
- 2. ☐ High-Pressure Boilers
- 3. ☐ Refrigeration Systems
- 4. ☐ Pressure Vessels
- 5. ☐ Hazardous Uses/Places of Assembly
- 6. ☐ Cross-connections/ Backflow Preventors
- 7. ☐ Sprinklers
- 8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

- 1. ☐ Hotels (R–1)
- 2. ☐ Multi-Family (R–2) HMD Reg. No.:
- 3. ☐ Two Family (R–3b)
- 4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units

If other than new construction, enter no. of dwelling units:
Before Construction:
After Construction:
Net Gain (or loss):

B. NON-RESIDENTIAL

- 5. ☐ Theatres with Stage (A–1–A)
- 6. ☐ Movie Theatres (A–1–B)
- 7. ☐ Night Clubs (A–2)
- 8. ☐ Restaurants, Libraries, Museums (A–3)
- 9. ☐ Religious Assembly (A–4)
- 10. ☐ Outdoor Assembly (A–5)
- 11. ☐ Business (B)
- 12. ☐ Educational (E)
- 13. ☐ Moderate-Hazard Factory (F–1)
- 14. ☐ Low-Hazard Factory (F–2)
- 15. ☐ High-Hazard (H)
- 16. ☐ Institutional Detention Center (I–1)
- 17. ☐ Hospitals, Infirmaries (I–2)
- 18. ☐ Group Homes (I–3)
- 19. ☐ Mercantile (M)
- 20. ☐ Moderate-Hazard Warehouse (S–1)
- 21. ☐ Low-Hazard Warehouse (S–2)
- 22. ☐ Temporary, Misc. (U)
- 23. ☐ Other

State Specific Use:

If Change in Use Group, Indicate Former:

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

- 1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
- 2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5 ☐	☐	Electric
6. ☐	☐	Solid (Wood,Coal,Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

- 10. ☐ Public or Private Company
- 11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

- 12. ☐ Public or Private Company
- 13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

- 14. No. of Stories
- 15. Height of Structure Ft.
- 16. Area–Largest Floor Sq. Ft.
- 17. Bldg. Area–All Fls. Sq. Ft.
- 18. Volume of Structure Cu. Ft.
- 19. Total Land Area Disturbed Sq. Ft.

LDS OB 10313360

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☑ **Check if contractor.**

AGENT NAME G.S.A.C. TEL.( ) 462-7800

ADDRESS PO Box 740

Freehold NJ 07728

SIGNATURE Rich Holman

Velkovich

BLOCK NO. 18008 LOT NO. 2 SUBDIVISION Gas Furnace Central A/C PERMIT NO. 8551

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ _____
PLUMBING	15.—
ELECTRICAL	15.—
FIRE PROTECTION	15.—
OTHER _____	_____
SUBTOTAL	$ _____
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____)
D.C.A. TRAINING FEE .0006 x _____	= _____
CERTIFICATE OF OCCUPANCY	_____
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 45.—

DATE 8-16-88 Collected By E. H.

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			
OTHER			
OTHER			
– LESS: Refunds			( )
TOTAL COLLECTED AFTER PERMIT ISSUED			$

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$
COLLECTED AFTER PERMIT (VB)	
TOTAL	$

TOWNSHIP OF OLD BRIDGE
MIDDLESEX COUNTY, N.J.
1 Old Bridge Plaza
Old Bridge, N.J. 08857
(201) 721-5600

CONSTRUCTION PERMIT

Block 18008 Lot 3
Subdivision

A. IDENTIFICATION

Owner Agnes Velkovich
Address 23 Mimi Rd
Old Bridge
Tel. ( ) 251-3568

Agent Garden State AC
Address PO Box 740
Freehold
Tel. ( ) 462-7800
Lic. No. 2745
Federal Emp. No. 21-0744087

Work Site Address

PAYMENTS

is hereby granted permission
to perform the following work:

- ☐ BUILDING
- ☑ ELECTRICAL
- ☑ PLUMBING
- ☑ FIRE PROTECTION
- ☐ OTHER

Description of work:

Central AC
gas furnace

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work: $ 5245.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

TOWNSHIP OF OLD BRIDGE
MIDDLESEX COUNTY, N.J.
1 Old Bridge Plaza
Old Bridge, N.J. 08857
(201) 721-5600

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 9551
DATE ISSUED 8-16-89
REVISION DATE
Block 18008 Lot 2
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

Owner Agnes Velkovich
Address 23 Mimi Rd
Old Bridge
Tel. ( ) 251-3568
Work Site Address

When changing contractors, notify this office

Contractor Garden State Mfg
Address PO Box 740
Freehold
Tel. ( ) 462-7800
Lic. No. 2745
Federal Emp. No 21-0744087

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

James Gall
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

$

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work : $

FEE $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

GAS furnace repl. $15

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP — X — Present ——— Proposed
Heating Systems – Location:
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank –Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $ 1200.00

D. COMMENTS

~~Card~~ gas furnace repl.

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140 (8/83) Green = Office Copy White = Applicant Copy Pink = Inspection Copy

TOWNSHIP OF OLD BRIDGE
MIDDLESEX COUNTY, N.J.
1 Old Bridge Plaza
Old Bridge, N.J. 08857
(201) 721-5600

FIRE SUBCODE
TECHNICAL SECTION

8551

Block 18008 Lot 2
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner Agnes Velkovich
Address 23 Mimi Rd
Old Bridge
Tel. ( ) 251-3568
Work Site Address

Contractor Garden State A/C
Address PO Box 740
Freehold
Tel. ( ) 462-7800
Lic. No. 2745
Federal Emp. No. 21-0744087

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

James Gall
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

$

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $

FEE $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

gas furnace repl.

$

Subtotal $
Minimum Fire Protection Fee (If Applicable)
Total Fire Protection Fee (*Greater of Minimum or Subtotal*)

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP R-3 Present Proposed
Heating Systems – Location:
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $ 1200.00

D. COMMENTS

~~Coal~~ gas furnace repl.

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140 (8/83) Green = Office Copy White = Applicant Copy Pink = Inspection Copy

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☒ CA

Date: 9-7-88

Inspected By: [signature]

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other _____				
☐ Other _____				
☐ Other _____				
☐ Other _____				

TOWNSHIP OF OLD BRIDGE
MIDDLESEX COUNTY, N.J.
1 Old Bridge Plaza
Old Bridge, N.J. 08857
(201) 721-5600

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 8551
DATE ISSUED 8-16-88
REVISION DATE
Block 18008 Lot 2
Subdivision

A. IDENTIFICATION

APPLICANT -- *Complete unshaded areas only*

Owner Agnes Velkovich
Address 23 Mimi Rd
Old Bridge
Tel. ( ) 251-3568
Work Site Address

When changing contractors, notify this office

Contractor Garden State AK
Address PO Box 740
Freehold
Tel. ( ) 462-7800
Lic.No./Bus. Permit. 2745
Federal Emp. No. 21-0744087

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

James Gall
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee	Fee
	Switching Outlets	$	1	H.V.A.C. Equipment	$	COLUMN 1 $ 15-
	Lighting Outlets			Switching Devices		COLUMN 2
	Receptacle Outlets			Transformers		SUBTOTAL $
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*		Minimum Electrical Fee (If applicable) $
	Dryer, Electric					Total Electrical Fee *(Greater of Minimum or Subtotal)* $
	Water Heater, Electric					
	Heating, Electric					
	Switches					
	Lighting Fixtures			Other		
	Receptacles			Other		
	Bonding, Pool/Vault			Other		
	Service/Feeders			Other		
	COLUMN 1 $			COLUMN 2 $		

C. ELECTRICAL CHARACTERISTICS

USE GROUP: X Present ____ Proposed
Service: 100 Amps ____ Phase ____ System Type
____ Wire ____ Volts ____ Wiring Method
Total No. of Meters:
Estimated Cost of Electrical Work: $ 195.00

D. COMMENTS

Central A/C

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF OLD BRIDGE
MIDDLESEX COUNTY, N.J.
1 Old Bridge Plaza
Old Bridge, N.J. 08857
(201) 721-5600

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 8551
DATE ISSUED 3-16-88
REVISION DATE
Block 1800X Lot 3
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner Agnes Velkovich
Address 23 Mimi Rd
Old Bridge
Tel. ( ) 251-3568
Work Site Address

Contractor Garden State AC
Address PO Box 740
Freehold
Tel. ( ) 462-7800
Lic.No./Bus. Permit. 2745
Federal Emp. No. 21-0744087

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.
James Gall
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data
TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$	1	H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
	Switches				
	Lighting Fixtures			Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$ 15.00
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$

C. ELECTRICAL CHARACTERISTICS

USE GROUP: X Present ____ Proposed
Service: 100 Amps ____ Phase ____ System Type
____ Wire ____ Volts ____ Wiring Method
Total No. of Meters:
Estimated Cost of Electrical Work: $ 195.00

D. COMMENTS

Central A/C

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — ELECTRICAL

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☒ CA

Date: 8/31/88

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Rough				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card		
Temporary Cut-in-Card		
Final Cut-in-Card		

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 8551
DATE ISSUED 8-16-87
REVISION DATE

Block 19008 Lot 2
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Agnes Velkovich
Address 23 Mimi Rd.
Old Bridge
Tel. ( ) 251-3568
Work Site Address

Contractor Gibson Plumbing
Address MAIN ST
Freehold
Tel. ( ) 462-0282
Lic.No./Bus. Permit 3281
Federal Emp. No. 21-0726250

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Leonard Gibson
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub		1	Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 15.00

C. PLUMBING CHARACTERISTICS

USE GROUP: X Present _____ Proposed

Drainage — Material _____ Size _____
Building Sewer — Material _____ Size _____
Water Service — Material _____ Size _____
Venting — Material _____ Size _____
Estimated Cost of Plumbing Work: $ 1225.00

D. COMMENTS

Central A/c
gas furnace

☐ Partial Releases ☐ Prototype Processing