

PERMIT REQUEST FORM

Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone numbers, Fed ID numbers etc.

[Office use only] [Please Print]

Control Number:

Date Received:

COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 2851 Lot: 32

Work Site Location: 1 MARION ST.

Owner In Fee: HALA FARRAG

Email:

Address: 4 CARLISLE CT.

EAST BRUNSWICK N.J. 08816

Fed Id Number: 347 852 0050

Telephone: 347 852 0050

Is this a rental property? [X] Yes [] No

Number of Tenants:

BUILDING SECTION

Description Of Work: Replace garage door and New Staircase for Basement and Garage as per plan

[] New Building [X] Alteration [] Demolition

[] Addition [] Demolition

[] Roofing [] Siding [] Fence Ht. (Exceeds 6')

Signs: [] Pylon(SQFT) [] Grnd/Wall(SQFT)

[] Pool [] Asbestos Abatement Subchapter 8

[] Lead hazard Abatement N.J.A.C. 5:17

[] Retaining Wall(SQFT)

[] Radon Remediation [] Other(s)

PLUMBING SECTION

Description Of Work:

No. Fixture/Equipment

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bib

Water Heater

Fuel Oil Piping

Gas Piping

Other

Other

Other

Other

Estimated Cost of Plumbing Work: \$

Office Use Only
Applicant's Signature/Contractor's Seal and Signature
Joint Plan Review Required: [] No Plans Required

[] Building [] Electric [] Elevator [] Fire [] Other

Date: Approved By:

I certify that I am the (agent of) owner of record and am authorized to make this application

Fed. Emp. No.

LicNo-ExpDt

Phone

Email

Address

Contact

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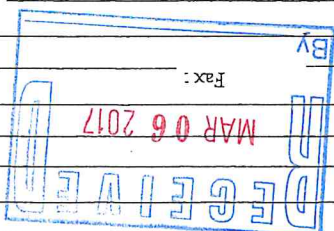
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FIRE PROTECTION SECTION

Description Of Work:

Storage Tanks : Type: [] Flamm.Liquid [] LPG [] LNG Alarm Systems [] 110V Interconnected [] System Alarm Devices (i.e, smoke, heat, pulls, waterflow) Supervisory Devices (i.e. tamper, low/high air) Signalling Devices (i.e, horn, strobes, bells) Other Devices [] Fire Pump [] GPM Type

Pre-engineered Systems Wet Chemical Dry Chemical CO2 Suppression Foam Suppression Halon Suppression Other Kitchen Hood Exh Sys Smoke Control System Gas [] or Oil [] Fired Appl Standpipes Sprinkler Heads (Dry and Wet) Pre-action Valves Dry Pipe/Alarm Valves Suppressoin Systems [] Fire Pump [] GPM Type

Estimated Cost Of Fire Protection Work : \$

ELECTRICAL SECTION

Description Of Work: INSTALL & LIGHT FIXTURES IN GARAGE & BASEMENT. CORRECT VIOLATIONS i.e. loose & broken wiring, faulty grounding of receptacles. TOTAL CHECK ON RECEPTALS, LIGHTS, SWITCHES & APPLIANCES FOR PROPER WORKING ORDER.

QTY. SIZE ITEMS

Lighting Fixtures 4 Receptacles 3 Switches 3 Detectors Light Poles Motors-Frac HP Emergency & Exit Lights Communication Points Alarm Devices F.A.C Panel Other TOTAL NUMBERS 10 Pool Permit/W Uw Lights Storable Pool/Spa/Hot Tub KW Elec Range /Receptacle KW Oven/Surface Unit KW Elec Sign/Outline Light U AMP Motor Control Center AMP SubPannels AMP Service KW Transformer/Generator HP Motors 1/4 HP KW Base Board Heat HP Garbage Disposal HP Garbage Disposal HP/KW Space Ht/Air Handler KW Central A/c Unit KW Dryer/Receptacle KW Elec. Water Heater QTY. SIZE ITEMS

I certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Elec Contractor ☐ Exempt Applicant

Office Use Only
☐ No Plans Required
☐ Electric Plans Approved
 Joint Plan Review Required: ☐ Building ☒ Electric ☐ Plumbing

Date : 2/16/17 Approved By: [Signature]

Estimated Cost Of Electric Work : \$ 1200.00

Contractor

Contact

Address

Email

Phone

Lic.No-Expt

Fed. Bmp. No.

Fire Protection Cert No.

Security Alarm Cert No.

I certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant's Signature/Contractor's Seal and Signature

Office Use Only
☐ No Plans Required
☐ Fire Plans Approved
 Joint Plan Review Required: ☐ Building ☐ Plumbing ☐ Electric

Approved By: