



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 300.07 Lot 5 Qualification Code _____
Work Site Location SICKLEVILLE, 10 TAVAN LN 08081
Owner in Fee: [REDACTED] e-mail _____
Tel. [REDACTED] e-mail _____
Address [REDACTED] municipality _____
Contractor: 1 800 Heaters Inc Tel. 732 970-8074 zip code _____
Address 2 Gourmet Lane, Unit G & H e-mail _____
Edison, NJ 08837

Contractor License No. 12352 Exp. Date 06/30/2019
Home Improvement Contractor Registration No. or Exemption Reason 13VH05509300
Federal Emp. ID No. 20-4463685 FAX: 732 417-0695

B. PLUMBING CHARACTERISTICS
Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 1254

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☐ No Plans Required	Slab				
☐ Partial - Under Slab Utilities Approved	Rough				
Date <u>2/24/19</u> Approved by: <u>[Signature]</u>	Water				
☐ Plumbing Plans Approved	Sewer				
Date: _____ Approved by: _____	Fixtures				
Joint Plan Review Required:	Gas Equipment				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Gas Piping				
SUBCODE APPROVAL for PERMIT					
Date: _____	LP Gas Tank				
Approved by: _____	Fuel Oil Piping				
SUBCODE APPROVAL for CERTIFICATE					
☐ CO ☐ CCO ☐ CA	Solar				
Date: _____	TCO				
Approved by: _____	Final				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor

sign and seal here:

Print name here: Leonard Cerardo

☒ Licensed Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

**Replacement
Hot Water Heater**

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 300-07 Lot 5 Qualification Code _____
Work Site Location SICKLEVILLE TAVERN 10
Owner in Fee [REDACTED]
Tel. [REDACTED] e-mail [REDACTED]
Address same municipality WINSTON Twp
Contractor: 1800 Heaters Inc. Tel. 732 970-8074
Address 2 Gourmet Lane, Unit H e-mail _____

B. FIRE PROTECTION CHARACTERISTICS

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. License # 12352 Exp. Date 6/30/2019
Home Improvement Contractor Registration No. or Exemption Reason 13VH05509300
Federal Emp. ID No. 20-4463685 FAX: 732 417-0695

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable OR [] Combustible
Heating System: [] New OR [] Modification to Existing Fire Alarm System: [] New OR [] Existing
OR [] Conversion OR [] Replacement Location of Panel: _____
Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____
[] Other Location of Main Control Valve: _____

Location: _____
Total Cost of Fire Protection Work \$ 50.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required	Alarm System				
[] Partial - Underslab Utilities Approved	Suppression Sys.				
Date: _____ Approved by: _____	Standpipe				
[] Fire Protection Plans Approved	Fire Pump				
Date: _____ Approved by: _____	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL for PERMIT		TCO			
Date: _____	Flam/Combust Tanks				
Approved by: _____	Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE		Final			
[] CO [] CCO [] CA	Other				
Date: _____					
Approved by: _____					

Date Received _____
Control # _____
Date Issued _____
Permit # _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: _____

Print name here: Leonard Gerardo

D. TECHNICAL SITE DATA ☒ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK: Replacement

Water Supply Source Hot Water Heater

Method of Alarm/Suppression System Hot Water Heater

NUMBER _____ FEE (Office Use Only) \$ _____

Flammable/Combustible Tanks _____
Alarm Systems _____
[] System _____
[] 110v Interconnected _____
[] CO Detectors/110v _____
Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____
Supervisory Devices (i.e., tampers, low/high air) _____
Signaling Devices (i.e., horn/strobes, bells) _____
Other Devices _____
TOTAL _____
Suppression Systems _____
Fire Pump _____ GPM Type _____
Dry Pipe/Alarm Valves _____
Pre-action Valves _____
Sprinkler Heads (Dry and Wet) _____
Standpipes _____
Pre-engineered Systems _____
Wet Chemical _____
Dry Chemical _____
CO₂ Suppression _____
Foam Suppression _____
FM200 Suppression _____
Other _____
Other Systems _____
Kitchen Hood Exhaust System _____
Smoke Control System _____
Fuel-Fired Appliances [] Gas [] Oil [] Solid _____
Fireplace Venting/Metal Chimney _____
Other _____

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

To Reorder call:
Allegra Marketing Print & Mail
609-390-1400