



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 86 Lot 15 Qualification Code _____

Work Site Location: 39-41 E 44TH ST Bayonne City, NJ

Owner in Fee: _____

Address _____

Email _____

Tel: _____

Contractor: WILLIAM J GUARINI

Address 132 MALLORY AVENUE JERSEY CITY NJ 07304

Email _____

Tel. (201) 365-6124 / Cell: _____ Fax (201) 365-6119

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Contractor License No: 36B100996100 Expiration Date: 6/30/2019

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work: \$4,300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

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: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

Failure

Dates (Month/Day)

Failure

Approval

Initial

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.

Date Received 6/13/2019

Control # C19-06-2476

Date Issued 6/17/2019

Permit # 19-06-064

Applicant's Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: SEWER CONNECTION, WATER SERVICE,

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	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
<u>1</u>	Sewer Connector	<u>\$80</u>
<u>1</u>	Water Service Connection	<u>\$85</u>
_____	Stacks	_____
_____	Other	_____

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee \$8

TOTAL FEE \$173

☐ 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.



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 207 Lot 6 Qualification Code _____

Work Site Location: 157 W 21ST ST Bayonne City, NJ

Owner in Fee: [REDACTED] CEO

Address [REDACTED]

Email _____

Tel. _____

Contractor: C & L PLUMBING & HEATING

Address 534 KEARNEY AVE 143 FRANKLIN AVE CLIFFSIDE PARK/OAKLAND NJ 07010

Email _____

Tel. (201) 914-0303 Fax _____

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

Contractor License No. 8386 Expiration Date: 6/1/2019

Federal Employee No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-4

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$7,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

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: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab	_____	_____	_____	_____
Rough	_____	_____	_____	_____
Water	_____	_____	_____	_____
Sewer	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____
LPGas Tank	_____	_____	_____	_____
Fuel Oil Piping	_____	_____	_____	_____
Solar	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Final	_____	_____	_____	_____

Dates (Month/Day)

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 AND SEWER DISCONNECT AND EXISTING SERVICE

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	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
<u>1</u>	Sewer Connector	<u>\$80</u>
<u>1</u>	Water Service Connection	<u>\$85</u>
_____	Stacks	_____
_____	Other <u>EXISTING SERVICE</u>	<u>\$85</u>

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee \$14

TOTAL FEE \$264

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

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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 84 Lot 6.01 Qualification Code _____

Work Site Location: 140 AVENUE B Bayonne City, NJ

Owner in Fee: [REDACTED]

Address: [REDACTED]

Email: _____

Tel. _____

Contractor: VITA PLUMBING INC

Address P.O. BOX 1104 LITTLE FALLS NJ 07424

Email: _____

Tel. (973) 204-9939 Fax: _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Contractor License No. 6953 Expiration Date: 6/30/2019

Federal Employee No. [REDACTED]

B: PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

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: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LPG Gas Tank

Fuel Oil Piping

Solar

TCO

Final

Failure Failure Approval Initial

Dates (Month/Day)

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 DISCONNECT WATER/SEWER

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	_____
_____	Water Heater	_____
_____	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	_____
<u>1</u>	Other <u>DISCONNECT</u>	_____

Administrative Surcharge _____
Minimum Fee \$100
State Permit Surcharge Fee \$11
TOTAL FEE \$111

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



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 24 Lot 3 Qualification Code _____

Work Site Location: 1209-1211 JF KENNEDY BLVD Bayonne City, NJ 07002

Owner in Fee: _____

Address: _____

Email: _____

Tel. _____

Contractor: FLEX PLUMBING AND HEATING LLC

Address 96 DEWITT STREET GARFIELD NJ 07026

Email _____

Tel. (973) 486-0685 Fax _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Contractor License No. 36BI00951100 Expiration Date: 6/30/2021

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-3

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$250

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

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: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LPGas Tank

Fuel Oil Piping

Solar

TCO

Final

Failure

Dates (Month/Day)

Failure

Approval

Initial

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 SERVICE DISCONNECTION

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	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
_____	Sewer Connector	_____
<u>1</u>	Water Service Connection	<u>\$85</u>
_____	Stacks	_____
_____	Other	_____

Administrative Surcharge

Minimum Fee \$100

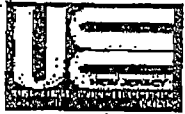
State Permit Surcharge Fee \$1

TOTAL FEE \$101

☐ 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.



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 24 Lot 2 Qualification Code _____

Work Site Location: 1207 JF KENNEDY BLVD Bayonne City, NJ 07002

Owner In Fee: _____

Address: _____

Email: _____

Tel. _____

Contractor: FLEX PLUMBING AND HEATING LLC

Address 96 DEWITT STREET GARFIELD NJ 07026

Email _____

Tel. (973) 486-0885 Fax _____

Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Contractor License No. 36BI00951100 Expiration Date: 6/30/2021

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-3

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$250

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

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: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab	_____	_____	_____	_____
Rough	_____	_____	_____	_____
Water	_____	_____	_____	_____
Sewer	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____
LP Gas Tank	_____	_____	_____	_____
Fuel Oil Piping	_____	_____	_____	_____
Solar	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Final	_____	_____	_____	_____

Dates (Month/Day)

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 DISCONNECT

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	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
_____	Sewer Connector	_____
<u>1</u>	Water Service Connection	<u>\$85</u>
_____	Stacks	_____
_____	Other	_____

Administrative Surcharge

Minimum Fee \$100

State Permit Surcharge Fee \$1

TOTAL FEE \$101

☐ 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.



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 24 Lot 3 Qualification Code _____

Work Site Location: 1209-1211 JF KENNEDY BLVD Bayonne City, NJ

Owner in Fee: [REDACTED]

Address 1 [REDACTED]

Email _____

Tel. _____

Contractor: FLEX PLUMBING AND HEATING LLC

Address 96 DEWITT STREET GARFIELD NJ 07026

Email _____

Tel. (973) 486-0685 Fax _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Contractor License No. 36BI00951100 Expiration Date: 6/30/2021

Federal Employee No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

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: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type: Failure Failure Approval Initial

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Final _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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 SERVICE DISCONNECTION

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	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
_____	Sewer Connector	_____
<u>1</u>	Water Service Connection	<u>\$85</u>
_____	Stacks	_____
_____	Other _____	_____

Administrative Surcharge _____
Minimum Fee \$100
State Permit Surcharge Fee \$1
TOTAL FEE \$101



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 31 Lot 28 Qualification Code 1

Work Site Location: 32 W 55TH ST Bayonne City NJ

Owner in Fee: [REDACTED]

Address: [REDACTED]

Email: [REDACTED]

Tel: [REDACTED]

Contractor: EDWARD C. GUENTHER

Address: 243 WEST LAIGSHORE DRIVE ROCKAWAY/JERSEY CITY NJ 07866 - 07307

Email: [REDACTED]

Tel: (201) 988-5789 Fax: [REDACTED]

Home Improvement Contractor Registration No. or Exemption Reason (is applicable): [REDACTED]

Contractor License No. 36B101207400 Expiration Date: 6/30/2019

Federal Employee No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group: Present Proposed R-3

Building Sewer Size [REDACTED] ☐ Public Sewer ☐ Private Septic

Water Service Size [REDACTED] ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required
Partial Underslab Utilities Approved
Date: [REDACTED] by: [REDACTED]

☐ Plumbing Plans Approved
Date: [REDACTED]
Approved by: [REDACTED]

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: [REDACTED] by: [REDACTED]

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: [REDACTED]
Approved by: [REDACTED]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LP Gas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

Dates (Month/Day)

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 AND SEWER DISCONNECT

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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
1	Sewer Connector	\$80
1	Water Service Connection	\$85
	Stacks	
	Other	

Administrative Surcharge [REDACTED]
Minimum Fee [REDACTED]
State Permit Surcharge Fee \$11
TOTAL FEE \$176

☐ 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.



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 68 Lot 22 Qualification Code _____

Work Site Location: 7-9 PLANK RD Bayonne, NJ 07002

Owner in Fee: _____

Address _____

Email _____

Tel. _____

Contractor: NORM SMITH PLUMBING & HEATING

Address 34 CRANFORD TERRACE CRANFORD NJ 07016

Email _____

Tel. 908/2721270 / Cell: (_____) _____ Fax: 908/2720078

Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Contractor License No. 10153 Expiration Date: 6/30/2017

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-3

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

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: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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 SEWER CONNECTION, WATER SERVICE, WATER AND SEWER DISCONNECT

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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
<u>1</u>	Sewer Connector	<u>\$80</u>
<u>1</u>	Water Service Connection	<u>\$85</u>
	Stacks	
	Other	

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee \$5

TOTAL FEE \$170

☐ 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.



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 262 Lot 3 Qualification Code _____

Work Site Location: 123-125 W 12TH ST Bayonne, NJ 07002

Owner in Fee: _____

Address _____

_____ Email _____

Tel. _____

Contractor: AUBREY FRIERSON

Address 17 GARY LN WILLINGBORO NJ

_____ Email _____

Tel. 609 5569089 Fax _____

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

Contractor License No. 9483 Expiration Date: 6/30/2021

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-3

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required
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: _____ by: _____

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

INSPECTIONS

Type:	Dates (Month/Day)				
	Failure	Failure	Approval	Initial	
Slab					
Rough					
Water					
Sewer					
Fixtures					
Gas Equipment					
Gas Piping					
LPGas Tank					
Fuel Oil Piping					
Solar					
TCO					
Final					

Date Received 9/24/2019
Control # C19-09-3714
Date Issued 9/25/2019
Permit # 19-09-122

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 SEWER CONNECTION, WATER SERVICE, WATER AND SEWER DISCONNECT

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	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
<u>1</u>	Sewer Connector	<u>\$80</u>
<u>1</u>	Water Service Connection	<u>\$85</u>
_____	Stacks	_____
_____	Other _____	_____

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee \$6
TOTAL FEE \$171

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



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 339 Lot 12 Qualification Code _____

Work Site Location: 61 W 4TH ST Bayonne City, NJ

Owner in Fee: [REDACTED]

Address [REDACTED]

Email _____

Tel. _____

Contractor: TRI-STATE PLUMBING & HEATING

Address 61 WEST 4TH BAYONNE NJ 07002

Email _____

Tel. (201) 852-2069 Fax _____

Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Contractor License No. 4991 Expiration Date: 6/30/2017

Federal Employee No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-3

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$4,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

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: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LPGas Tank

Fuel Oil Piping

Solar

TCO

Final

Failure Failure Approval Initial

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 AND SEWER DISCONNECT

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	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrapp	_____
1	Sewer Connector	\$80
1	Water Service Connection	\$85
_____	Stacks	_____
_____	Other	_____

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$9

\$174

☐ 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.



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 360 Lot 1 Qualification Code _____

Work Site Location: AVENUE A Bayonne NJ 07002

Owner in Fee: [REDACTED]

Address 206 AVENUE F 88 E 21ST BAYONNE NJ 07002

Email _____

Tel. _____

Contractor: PETE MANLEY PLUMBING & HEATING

Address 206 AVENUE F 88 E 21ST BAYONNE NJ 07002

Email _____

Tel. 201/4368750 / Cell: [REDACTED] Fax. 201/ -

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Contractor License No. 11821 Expiration Date: 6/30/2017

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-3

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$750

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

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: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

Failure

Dates (Month/Day)

Failure

Approval

Initial

DESCRIPTION OF WORK CAP OFF WATER LINE

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	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
_____	Sewer Connector	_____
<u>1</u>	Water Service Connection	<u>\$85</u>
_____	Stacks	_____
_____	Other	_____

Administrative Surcharge

Minimum Fee \$100

State Permit Surcharge Fee \$1

TOTAL FEE \$101

☐ 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.



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 191 Lot 5.02 Qualification Code _____

Work Site Location: 317 AVENUE F Bayonne NJ 07002

Owner in Fee: _____

Address: _____

Email: _____

Tel. _____

Contractor: NEW C&L PLUMBING & HEATING CO.

Address 143 FRANKLIN AVE OAKLAND NJ 07436

Email: _____

Tel. 201/9140303 Fax: _____

Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Contractor License No. 8386 Expiration Date: 6/30/2012

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed A-1

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)

PLAN REVIEW

☐ No Plan Required

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: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LPG Gas Tank

Fuel Oil Piping

Solar

TCO

Final

Failure

Dates (Month/Day)

Failure

Approval

Initial

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 & SEWER DISCONNECT.

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	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
<u>1</u>	Sewer Connector	<u>\$80</u>
<u>1</u>	Water Service Connection	<u>\$85</u>
_____	Stacks	_____
_____	Other	_____

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee \$10

TOTAL FEE \$175

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



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 191 Lot 5.02 Qualification Code _____

Work Site Location: 317 AVENUE E Bayonne, NJ 07002

Owner in Fee: _____

Address _____

Email _____

Tel. _____

Contractor: NEW C&I PLUMBING & HEATING, CO.

Address 143 FRANKLIN AVE. OAKLAND NJ 07436

Email _____

Tel. 201/9140303 Fax _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Contractor License No. 8386 Expiration Date: 6/30/2012

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed A-1

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)

PLAN REVIEW

☐ No Plan Required

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: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LPGas Tank

Fuel Oil Piping

Solar

TCO

Final

Failure

Dates (Month/Day)

Failure

Approval

Initial

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.

Date Received 10/7/2019

Control # C19-10-3841

Date Issued 10/17/2019

Permit # 19-10-072

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK WATER AND SEWER DISCONNECT

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	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
<u>1</u>	Sewer Connector	<u>\$80</u>
<u>1</u>	Water Service Connection	<u>\$85</u>
_____	Stacks	_____
_____	Other	_____

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee \$10

TOTAL FEE \$175

☐ 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.



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 191 Lot 5.02 Qualification Code _____

Work Site Location: 317 AVENUE E Bayonne, NJ 07002

Owner in Fee: _____

Address _____

Email _____

Tel. _____

Contractor: NEW C&L PLUMBING & HEATING CO.

Address 143 FRANKLIN AVE OAKLAND NJ 07436

Email _____

Tel. 201/9140303 Fax _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Contractor License No. 8386 Expiration Date: 6/30/2012

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed A-1

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)

PLAN REVIEW

☐ No Plan Required

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: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LP Gas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

Dates (Month/Day)

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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
<u>1</u>	Sewer Connector	<u>\$80</u>
<u>1</u>	Water Service Connection	<u>\$85</u>
	Stacks	
	Other _____	

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee \$10

TOTAL FEE \$175

☐ 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.

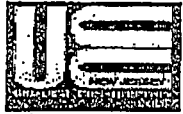
Date Received 10/7/2019
Control # C19-10-3840
Date Issued 10/17/2019
Permit # 19-10-073

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
SEWER CONNECTION, WATER SERVICE, 1 WATER DISCONNECT
1 SEWER DISCONNECT



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 223 Lot 45 Qualification Code _____

Work Site Location: 120 W 19TH ST Bayonne City, NJ

Owner in Fee: _____

Address 140 E 19TH ST VERONA, NJ 07093

Email _____

Tel. _____

Contractor: WILLIAM J GUARINI

Address 132 MALLORY AVENUE JERSEY CITY NJ 07304

Email _____

Tel. (201) 365-6124 / Cell: _____ Fax: (201) 365-6119

Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Contractor License No. 36BI00996100 Expiration Date: 6/30/2019

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-3

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$7,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

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: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

Dates (Month/Day)

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 AND SEWER DISCONNECT

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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
<u>1</u>	Sewer Connector	<u>\$80</u>
<u>1</u>	Water Service Connection	<u>\$85</u>
	Stacks	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	<u>\$15</u>
TOTAL FEE	<u>\$180</u>

☐ 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.



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 257 Lot 12 Qualification Code _____

Work Site Location: 309-311 BROADWAY Bayonne City, NJ 07002

Owner in Fee: _____

Address: _____

Email: _____

Tel. _____

Contractor: JACINTO PLUMBING INC.

Address: 411 PARK AVENUE, BERKELEY HEIGHTS NJ 07922

Email: _____

Tel. (973) 242-2412 Fax: _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Contractor License No. 11907 Expiration Date: 6/30/2021

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ 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)

PLAN REVIEW

☐ No Plan Required

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: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

Dates (Month/Day)

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

Date Received 11/21/2019
Control # C19-11-4349
Date Issued 11/22/2019
Permit # 19-11-107

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 AND SEWER DISCONNECTION

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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
<u>1</u>	Sewer Connector	<u>\$80</u>
<u>1</u>	Water Service Connection	<u>\$85</u>
	Stacks	
	Other	

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee \$10
TOTAL FEE \$175

Applicant When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.