



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 432 Lot 2 Qualification Code _____

Work Site Location: 75 E 26TH ST. Bayonne City, NJ

Owner in Fee: _____

Address _____

Email _____

Tel. _____

Contractor: EDWARD C. GUENTHER

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

Email _____

Tel. (201) 988-5789 Fax _____

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

Contractor License No. 36BI01207400 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 \$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	_____	_____	_____	_____

Date Received 6/7/2019
Control # C19-06-2349
Date Issued 6/7/2019
Permit # 19-06-027

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 \$5
TOTAL FEE \$170

☐ 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 365 Lot 9 Qualification Code _____

Work Site Location: 115-117 W 2ND 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-3

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$2,300

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

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 AND SEWER CUT AND CAP

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 \$4

TOTAL FEE \$169

☐ 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



Date Received: 6/13/2019
Control #: C19-06-2476
Date Issued: 6/17/2019
Permit #: 19-06-064

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: [REDACTED]

Address [REDACTED]

Email _____

Tel: _____

Contractor: WILLIAM J GUARINI

Address 132 MALLORY AVENUE JERSEY CITY NJ 07304

Email _____

Tel. (201) 365-6124 / Cell: [REDACTED] 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.: [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: \$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

Dates (Month/Day)

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:
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	_____
_____	Sewer Connector	\$80
_____	Water Service Connection	\$85
_____	Stacks	_____
_____	Other	_____

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

☐ 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:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)

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 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 (Is 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

LPGas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)

Failure

Failure

Approval

Initial

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 WATER/SEWER</u>	_____

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

Date Received 7/26/2019
Control # C19-07-3058
Date Issued 7/30/2019
Permit # 19-07-118

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

☐ 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 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(is applicable): _____

Contractor License No. 36RI00951100 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

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)

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 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	_____
_____	Water Service Connection	\$85
_____	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) 486-0685 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:	Dates (Month/Day)				Initial
Failure	Failure	Approval			
Slab	_____	_____	_____	_____	_____
Rough	_____	_____	_____	_____	_____
Water	_____	_____	_____	_____	_____
Sewer	_____	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____	_____
LPGas Tank	_____	_____	_____	_____	_____
Fuel Oil Piping	_____	_____	_____	_____	_____
Solar	_____	_____	_____	_____	_____
TCO	_____	_____	_____	_____	_____
Final	_____	_____	_____	_____	_____

Date Received 8/8/2019
Control # C19-08-3233
Date Issued 8/15/2019
Permit # 19-08-083

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 95 DEWITT STREET GARFIELD NJ 07026

Email _____

Tel. (973) 486-0685 Fax _____

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

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LPGas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)

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 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



Date Received 9/6/2019
Control # C19-09-3573
Date Issued 9/6/2019
Permit # 19-09-023

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 _____

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

Owner in Fee: _____

Address _____

Email _____

Tel. _____

Contractor: EDWARD C. GUENTHER

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

Email _____

Tel. (201) 988-5789 Fax _____

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

Contractor License No. 36BI01207400 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 \$6,000

JOB SUMMARY (Office Use Only)						
PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
☐ No Plan Required		Slab	_____	_____	_____	_____
Partial Underslab Utilities Approved		Rough	_____	_____	_____	_____
Date: _____ by: _____		Water	_____	_____	_____	_____
☐ Plumbing Plans Approved		Sewer	_____	_____	_____	_____
Date: _____		Fixtures	_____	_____	_____	_____
Approved by: _____		Gas Equipment	_____	_____	_____	_____
Joint Plan Review Required		Gas Piping	_____	_____	_____	_____
☐ Building ☐ Electrical		LPGas Tank	_____	_____	_____	_____
☐ Fire ☐ Elevator		Fuel Oil Piping	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Solar	_____	_____	_____	_____
Date: _____ by: _____		TCO	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Final	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA			_____	_____	_____	_____
Date: _____			_____	_____	_____	_____
Approved by: _____			_____	_____	_____	_____

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		FEE (Office Use Only)
NO.	FIXTURE/EQUIPMENT	
_____	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>\$11</u>
TOTAL FEE		<u>\$176</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 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(is 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:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)

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

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	_____
1	Sewer Connector	\$80
1	Water Service Connection	\$85
_____	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 (if 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:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LPGas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)

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
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

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)

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	_____
_____	Greasetrap	_____
<u>1</u>	Sewer Connector	<u>\$80</u>
<u>1</u>	Water Service Connection	<u>\$85</u>
_____	Stacks	_____
_____	Other	_____

Administrative Surcharge

Minimum Fee

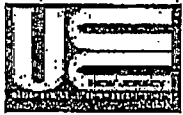
State Permit Surcharge Fee \$9

TOTAL FEE \$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 F 21ST BAYONNE NJ 07002

Email _____

Tel. _____

Contractor: PETE MANLEY PLUMBING & HEATING

Address 206 AVENUE F 88 F 21ST BAYONNE NJ 07002

Email _____

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

Home improvement Contractor Registration No. or Exemption Reason (is 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:	Dates (Month/Day)				Initial
Failure	Failure	Approval			
Slab	_____	_____	_____	_____	_____
Rough	_____	_____	_____	_____	_____
Water	_____	_____	_____	_____	_____
Sewer	_____	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____	_____
LP Gas Tank	_____	_____	_____	_____	_____
Fuel Oil Piping	_____	_____	_____	_____	_____
Solar	_____	_____	_____	_____	_____
TCO	_____	_____	_____	_____	_____
Final	_____	_____	_____	_____	_____

Date Received 9/26/2019
Control # C19-09-3739
Date Issued 9/26/2019
Permit # 19-09-106-A

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 CAP OFF WATER LINE

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Blidet	_____
_____	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



PLUMBING SUBCODE **TECHNICAL SECTION**



Date Received 10/7/2019
Control # C19-10-3839
Date Issued 10/17/2019
Permit # 19-10-071

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(is 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				
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 & 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 \$10

TOTAL FEE \$175

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



PLUMBING SUBCODE TECHNICAL SECTION



Date Received 10/7/2019
Control # C19-10-3841
Date Issued 10/17/2019
Permit # 19-10-072

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

Block 181 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 Underlab 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 \$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



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

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:	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.

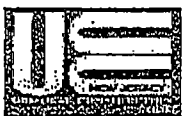
Applicant's Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SEWER CONNECTION, WATER SERVICE, 1 WATER DISCONNECT
1 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 _____
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 223 Lot 45 Qualification Code _____

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

Owner In Fee: _____

Address 14 _____

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 (is 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:	Dates (Month/Day)				
	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 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 \$15

TOTAL FEE \$180

☐ 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 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				
LP Gas 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	
WATER AND SEWER DISCONNECTION	
NO.	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	
Minimum Fee	
State Permit Surcharge Fee \$10	
TOTAL FEE \$175	

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

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