



PLUMBING SUBCODE
TECHNICAL SECTION



Date Received 6/24/1999
Control # 56990
Date Issued 6/24/1999
Permit # 990708

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
LAURELTON ON BASEMENT WITH EXP. NOOK, & GAS
FIRPLACELAURELTONLAURELTONLAURELTON

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>3</u>	Water Closet	<u>\$30</u>
	Urinal/Bidet	
<u>2</u>	Bath Tub	<u>\$20</u>
<u>4</u>	Lavatory	<u>\$40</u>
<u>1</u>	Shower	<u>\$10</u>
	Floor Drain	
<u>2</u>	Sink	<u>\$20</u>
<u>1</u>	Dishwasher	<u>\$10</u>
	Drinking Fountain	
<u>1</u>	Washing Machine	<u>\$10</u>
<u>2</u>	Hose Bibb	<u>\$20</u>
<u>1</u>	Water Heater	<u>\$10</u>
	Fuel Oil Piping	
<u>3</u>	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
<u>1</u>	Sewer Connector	<u>\$50</u>
<u>1</u>	Water Service Connection	<u>\$50</u>
<u>3</u>	Stacks	<u>\$30</u>
	Other <u>SPA</u>	<u>\$50</u>

☐ Private Septic
☐ Private Well

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee \$73
TOTAL FEE \$353

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

Block 129.17 Lot 10 Qualification Code _____

Work Site Location: 20 BRENTWOOD DRIVE . NJ

Owner in Fee: HOVBROS OXMEAD LLC

Address 900 BIRCHFIELD DRIVE MT. LAUREL NJ 08054-

Email _____

Tel. 609/2358444

Contractor: AQUARIAN PLUMBING

Address 266 HULMEVILLE ROAD LANGHORNE NJ 19047-

Email _____

Tel. 215/7573855 Fax. 215/7571962

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

Contractor License No. _____ Expiration Date: _____

Federal Employee No. 23-1647817

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 \$5,000

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial
☐ 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: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: _____
Approved by: _____

Truss Sys./Bracing
INSPECTIONS
Type: Failure Failure Approval Initial
Slab _____
Rough _____
Water _____ 7/20/99 SCH
Sewer _____
Fixtures _____
Gas Equipment _____
Gas Piping _____
LPGas Tank _____
Fuel Oil Piping _____
Solar _____
TCO _____
Final _____
Other _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant