BLOCK 522 LOT 6 QUALIFICATION CODE ____ ADDRESS (SITE) 968 Midvale Ave PERMIT NO. 11-2286

# CONSTRUCTION PERMIT APPLICATION

C11-003771

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

**I. IDENTIFICATION**

1. Proposed Work Site at: 968 Midvale Avenue
2. Name of Owner in Fee: Gabriel Cerezo
   [redacted] e-mail ____
   Address 968 Midvale Avenue (street) (municipality) (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: owner Tel. ( ) ____
   Address Same as above e-mail ____
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. ____ FAX: ( ) ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Re[redacted]as Begun owner
   Tel. [redacted] FAX: ( ) ____

**V. FEE SUMMARY (for office use only)**

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ | | |
| 2. Electrical | | | |
| 3. Plumbing | 50 | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | | | |
| 7. Less 20% for State Plan Review | $ | | |
| 8. Subtotal | $ | | |
| 9. State Permit Surcharge Fee | | | |
| 10. Subtotal | $ 1 | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | 51 | | |
| 13. TOTAL | $ | | |

**VI. BUILDING/SITE CHARACTERISTICS** (office use only)

1. Number of Stories ____
2. Height of Structure ____ ft.
3. Area — Largest Floor ____ sq. ft.
4. New Building Area ____ sq. ft.
5. Volume of New Structure ____ cu. ft.
6. Max. Live Load ____
7. Max. Occupancy Load ____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ____ sq. ft.
10. Flood Hazard Zone ____
11. Base Flood Elevation ____ ft.
12. Wetlands yes ____ no ____

**IIa. PROPOSED WORK**

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

**IIb. SUBCODES** (Check all that apply)

FOR OFFICE USE ONLY (Optional)

| | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| ☐ Building | | | | | | | | | |
| ☐ Electrical | | | | | | | | | |
| ☒ Plumbing | 200 | [signature] | 7/27/11 | | 7-27-11 | [signature] | | | |
| ☐ Fire Protection | | | | | | | | | |
| ☐ Elevator | | | | | | | | | |
| TOTAL COST | | | | | | | | | |

**VII. DESCRIPTION OF BUILDING USE**

A. RESIDENTIAL *(primary use)*
1. State Specific Use: ____
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: ____
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): ____

D. Construct. Classification: Present ____ Proposed ____

**III. PLAN REVIEW** (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

**IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?**

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

**CERTIFICATION IN LIEU OF OATH**

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. (X) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature Gabriel Reyes Date 7-27-11

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone ( _____ ) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

| VIII. PRIOR APPROVALS CHECKLIST (office use only) | LOCAL APPROVAL | | COUNTY APPROVAL | | REGIONAL APPROVAL | | STATE APPROVAL | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | |
| ☐ Zoning Officer | | | X | X | X | X | X | X | |
| ☐ Planning Board | | | | | | | X | X | |
| ☐ Zoning Board | | | X | X | X | X | X | X | |
| ☐ Sewer Authority | | | | | | | X | X | |
| ☐ Water Authority | | | | | | | X | X | |
| ☐ Police Department | | | X | X | X | X | X | X | |
| ☐ Health Department | | | | | X | X | | | |
| ☐ Soil Conservation | | | | | | | | | |
| ☐ N.J. Department of Community Affairs | X | X | X | X | X | X | | | |
| ☐ N.J. Department of Transportation | X | X | X | X | X | X | | | |
| ☐ N.J. Department of Environmental Protection | X | X | X | X | X | X | | | |
| ☐ Utility Dig No. | | | X | X | X | X | X | X | |
| ☐ | | | | | | | | | |
| ☐ | | | | | | | | | |

**IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE** (office use only—optional)

| Name of Code & Edition | | Name of Code & Edition | | |
|---|---|---|---|---|
| Building | _____ | Energy | _____ | Other _____ |
| Electrical | _____ | Barrier Free | _____ | _____ |
| Plumbing | _____ | Flood Hazard | _____ | _____ |
| Fire Protection | _____ | As Built Elevation Cert. | _____ | _____ |
| Mechanical | _____ | Other | _____ | _____ |

**X. CERTIFICATES ISSUED** (office use only)

| | | DATE ISSUED | DATE EXPIRED | DATE REISSUED | DATE EXPIRED |
|---|---|---|---|---|---|
| ☐ Temporary Certificate of Occupancy | No. _____ | _____ | _____ | _____ | _____ |
| ☐ Temporary Certificate of Compliance | No. _____ | _____ | _____ | _____ | _____ |
| ☐ Continued Certificate of Occupancy | No. _____ | _____ | _____ | _____ | _____ |
| ☐ Certificate of Compliance | No. _____ | _____ | _____ | _____ | _____ |
| ☐ Certificate of Occupancy | No. _____ | _____ | _____ | | |
| ☐ Certificate of Approval | No. _____ | _____ | _____ | | |
| ☐ Lead Abatement Clearance Certificate | No. _____ | _____ | _____ | _____ | _____ |

# OFFICE USE ONLY

| DATE: | COMMENTS: | INITIALS: |
|---|---|---|
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# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received / Control # 7-29-2011

Date Issued / Permit # 11-2286

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

Block 522 Lot 6 Qualification Code

Work Site Location 968 Mt Vale Avenue

Owner in Fee: Gabriel Cerezo

Tel [redacted] il

Address same as above (street) Brick (municipality) 08723 (zip code)

Contractor: owner Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 200

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant sign/Contractor sign and seal here: Gabriel Cerezo

Print name here: Gabriel Cerezo

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: Aux Meter for EXISTING Sprinkler System

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 7-27-11 Approved by:

[ ] Plumbing Plans Approved

Date: 7-27-11 Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 7-27-11

Approved 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 | | | | |
| | | | | |

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

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| State Permit Surcharge Fee | $ |
| TOTAL FEE | $ |

# CONSTRUCTION PERMIT

Date Issued 7-29-2011
Control # C-11-002771
Permit # 11-2286

IDENTIFICATION Block: 522 Lot: 6 Qualifier
Work Site Location: 968 MIDVALE AVE Brick Township, NJ
Owner in Fee: CEREZO, GABRIEL
968 MIDVALE AVE BRICK NJ 08723
Telephone:

Contractor: CEREZO, GABRIEL
Address: 968 MIDVALE AVE BRICK NJ 08723
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

**Is hereby granted permission to perform the following work:**

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
AUXILIARY METER

**Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.**
**Estimated Cost of Work** $200

Construction Official
Date 7-29-11

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $0 |
| Electrical | $0 |
| Plumbing | $50 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $1 |
| CO Fee | |
| Other | $0 |
| Total | $51 |
| Check No. | |
| Cash | $0 |
| Credit | $0 |
| Collected By | |

CASH

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems; heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received: 7-29-2011
Control #
Date Issued
Permit # 11-2286

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

Block 522 Lot 6 Qualification Code

Work Site Location 965 Mizzle Avenue

Owner in Fee: Gabriel Cerezo

T [redacted]

Address same as above (street) Brick (municipality) 08723 (zip code)

Contractor: owner Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 200

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant sign/Contractor sign and seal here: Gabriel Cerezo

Print name here: Gabriel Cerezo

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: Aux Meter for existing sprinkler system

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 7-27-11 Approved by:

[ ] Plumbing Plans Approved

Date: 7-27-11 Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 7-27-11

Approved 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 | | | | |

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received: 7-29-2011
Control #
Date Issued
Permit #: 11-2286

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

Block 522 Lot 6 Qualification Code

Work Site Location 965 Hillside Avenue

Owner in Fee: Gabriel Cerezo

[redacted]

Address same as above (street) Brick (municipality) 08723 (zip code)

Contractor: owner Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 200

**C. CERTIFICATION IN LIEU OF OATH**

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Applicant sign/Contractor sign and seal here: Gabriel Cerezo

Print name here: Gabriel Cerezo

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: Aux meter for existing sprinkler system

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 7-27-11 Approved by:
[ ] Plumbing Plans Approved
Date: 7-27-11 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-27-11
Approved 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 | | | | |
| | | | | |

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

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| State Permit Surcharge Fee | $ |
| TOTAL FEE | $ |