



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

5/14/06
06-1471

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

Block 210.32 Lot 15 Qualification Code _____
Work Site Location 39 Holly Crest Drive, Brick NJ 08723

Owner in Fee Pamela DiCarlo
Address Same AS Above

Tel _____

Contractor _____

Address _____

Tel (____) _____ FAX (____) _____

Contractor License No. _____

Federal Emp. No. _____

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 \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)			
		Type:	Failure	Failure	Approval	Initial	
☒ No Plans Required		Slab	_____	_____	_____	_____	
Joint Plan Review Required:		Rough	_____	_____	_____	_____	
☐ Building	☐ Electric	Water	_____	_____	_____	_____	
☐ Fire	☐ Elevator	Sewer	_____	_____	_____	_____	
☐ Plumbing Plans Approved		Fixtures	_____	_____	_____	_____	
Date: <u>5-9-06</u>		Gas Equipment	_____	_____	_____	_____	
Approved by: _____		Gas Piping	_____	_____	_____	_____	
SUBCODE APPROVAL		LPGas Tank	_____	_____	_____	_____	
☐ CO	☐ CCO	Fuel Oil Piping	_____	_____	_____	_____	
Date: _____		Solar	_____	_____	_____	_____	
Approved by: _____		TCO	_____	_____	_____	_____	

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.

Pamela DiCarlo
Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

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	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other <u>aux meter</u>	_____
_____	Other _____	_____

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

U.C.C. F130
(rev. 01/04)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy