Entered

CONSTRUCTION PERMIT

Date Issued 04-29-02
Control #
Permit # 4-1-02

IDENTIFICATION Block 74 Lot 11
Work Site Location 304 Maple St. Pinkerton N.J. 08087
Owner In Fee [illegible] 304 Maple St.
Address [illegible] Pinkerton NJ 08087
Tel.

Contractor Thomas Smith
Address 207 Elm Ave. Pinkerton N.J. 08087
Tel. (.
Lic. No. or Reg. Reg. No.
Fed. Emp. 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: reroof & vinyl siding

NOTE: If construction 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 $ 4,000.00

David Dotan 4-1-02
Construction Official Date

PAYMENTS (Office Use Only)
Building 70
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 3
Cert. of Occupancy
Other
Total 73
Check No. 104
Cash
Collected by C.M.

U.C.C. F170
(rev. 2000)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4-1-02
Date Issued
Control # Permit # 079-02

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

Block 74 Lot 11
Work Site Location 304 Maine St. Tuckerton N.J. 08087
Owner in Fee
Address 304 Maine St. Tuckerton N.J. 08087
Tele. ( )
Contractor Thomas Smith
Address 207 otis Ave. Tuckerton N.J. 08087
Tele. Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

reroof over existing
new vinyl siding

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	4-1-2	DBH
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 4-25-02
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			4-25-2	DBH
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 4000
3. Total (1+ 2) $ 4000

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[✓] Roofing reroof
[✓] Siding vinyl siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

FEE (Office Use Only)

$	
	35
	35
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 3
TOTAL FEE	$

U.C.C. F110 (rev. 3/98)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

☐ NOTICE OF VIOLATION AND ORDER TO TERMINATE

☒ NOTICE AND ORDER OF PENALTY

Date Issued
Control #
Permit #

IDENTIFICATION

Work Site Location 304 Maine ST Tuckerton NJ 08087 Block 74 Lot 11

Owner in Fee _____ Agent/Contractor _____

Address _____ Address _____

ACTION

DATE OF NOTICE: 4-1-02 COMPLIANCE DUE DATE: Immediately DATE OF INSPECTION: 4-1-02

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that: NJAC 5:23-2.14 (a) construction without a permit

You are hereby ordered to terminate the said violations on or before _____.
No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

☐ Failure to comply with this Order will subject you to a penalty of $ _____ per week.

☐ You are hereby ordered to pay a penalty in the amount of $ 100 for each violation for a total penalty of $ 100. Each week that any of the said violations remain outstanding after 4-15-02 shall result in an additional penalty of $ 100 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the COUNTY of OCEAN, within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ 100.00 to be forwarded with your application to the Construction Board of Appeals office at 2 HOFF PLACE, TOMS RIVER, N.J. 08753.

If you have any questions concerning this matter, please call: _____.

Notice of Violation and Order to Terminate: _____ Date: _____

Notice and Order of Penalty: David B Hand SCO CO Date: 4-1-02

UCC F210
(rev 3/98)

pd. 4-1-02 check #104
$100

CONSTRUCTION PERMIT

PERMIT NO. 363-83

Block 24 Lot 11

Subdivision

A IDENTIFICATION

Owner

Address 304 Marine Tuckerton

Tel. ( )

Work Site Address same

Applicant Sonny Plumbing Htg

Address PO Box 284 Tuckerton

Tel. ( )

Lic. No.

Federal Emp. No.

PAYMENTS

Permit Fee $ 15

Permit Issued $ 15

Check No. 3607

Cash

Other

is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ ELECTRICAL
- ☑ PLUMBING
- ☐ FIRE PROTECTION
- ☐ OTHER

Description of work:

replace boiler with one supplied by owner.

NOTE: If construction 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: $ 400.

Karl Graham Jr.
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

DATE: December 6 2001

RE: BLOCK/LOT 74/11
ADDRESS: 304 Marshall St.

I, Robert E Haas, OWNER/AGENT OF THE ABOVE PROPERTY, DO HEREBY CERTIFY THAT THE HOT WATER AND/OR HEATING SYSTEM FOR THIS UNIT IS SAFE AND ADEQUATE.

I, Robert E Haas, OWNER/AGENT DO HEREBY CERTIFY THAT THE FIREPLACE DAMPER AND FLUE MEET CODE REQUIREMENTS AND IS SAFE TO USE.

Robert E Haas
(SIGNATURE OF OWNER/AGENT

December 6 2001
(DATE)

GRACE DI ELHO, RMC/CMC
BOROUGH CLERK
609-296-2701

WANDA M. HOLMAN
CHIEF FINANCIAL OFFICER
609-296-0607

FAX 609-296-4708

BOROUGH OF TUCKERTON

COUNTY OF OCEAN
140 E. MAIN STREET
TUCKERTON, NEW JERSEY 08087

RESALES.....$40....PAYABLE TO BOROUGH OF TUCKERTON

DATE December 6, 01 BLOCK 74 LOT 11

LOCATION OF PROPERTY 304 MARINE STREET

SELLER _____ PHONE _____

ADDRESS 304 Marine Street

BUYER _____ PHONE _____

ADDRESS 304 Marina Street Tuckerton NJ

WATER (check one)_____WELL PUBLIC SUPPLY _____

SEWER (check one)_____PRIVATE SYSTEM PUBLIC SYSTEM ✓

---

office use only

PAID BY CHECK # 1248 CASH _____ NOT PAID_____

APPLICATION # 104-01

(For Inspector use only)

1) Railings on both sides of front steps
2) " missing on front porch
3) no Anti-Tilt bracket on stove
4) no smoke detector on 1st floor
5) hand rail down basement needs to be secured
6) vented dryer vent hose
7) Hot water relief valve discharge pipe 6" from floor
8) no smoke detector in basement.
9) hand rail going up stairs 34" - 36" from edge of step

GRACE DI ELMO, RMC/CMC
BOROUGH CLERK
609-296-2701

WANDA M. HOLMAN
CHIEF FINANCIAL OFFICER
609-296-0087

FAX 609-296-4708

BOROUGH OF TUCKERTON

COUNTY OF OCEAN
140 E. MAIN STREET
TUCKERTON, NEW JERSEY 08087

RESALES.....$40....PAYABLE TO BOROUGH OF TUCKERTON

DATE December 6, 01 BLOCK 74 LOT 11

LOCATION OF PROPERTY 304 MARINE STREET

SELLER _____ PHONE _____

ADDRESS 304 MARINE STREET

BUYER _____ PHONE _____

ADDRESS 304 MARINE STREET TUCKERTON N.J.

WATER (check one)_____WELL PUBLIC SUPPLY _____

SEWER (check one)_____PRIVATE SYSTEM PUBLIC SYSTEM ✓

---

office use only

PAID BY CHECK # 1248 CASH _____ NOT PAID_____

APPLICATION # 104-01

(For Inspector use only)

X Railings on both sides of front steps
X " missing on front porch
X no Anti Tilt bracket on stove
X no smoke detector on 1st floor
X handrail down basement needs to be secured
X metal dryer vent loose
X Hot water relief valve is no more than 6" ~~above~~ from floor
X no smoke detector in basement.
X handrail going up stairs 34" to 36" off front edge of step

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 9-13-04
Permit # 353-04

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

Block 74 Lot 11 Qualification Code
Work Site Location 304 MARINE ST.
TUCKERTON 08087
Owner In Fee
Address SAME
Tel
Contractor P&L PLUMBING
Address 105 NEWFIELD AVENUE
EDISON, NEW JERSEY 08837
Tel (732) 417-0099 FAX (732) 417-0695
Contractor License No. 12108
Federal Emp. No. 22-3591068

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 $ 638 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9/14
Approved by: CF

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9/21
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	10/12	10/17		
FINAL	9/30		9/21	ED

10/17 — flue on outside make double wall

NO One Home

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's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
1	Water Heater R+R
	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
	Other

FEE (Office Use Only)

Administrative Surcharge	$
Minimum Fee	$ 35.00
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F130 (rev 1/04)
Internet version

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

Entered

CONSTRUCTION PERMIT

Date Issued 9-13-04
Permit # 353-04

IDENTIFICATION Block 74 Lot 11 Qualification Code

Work Site Location 304 MARINE ST TUCKERTON NJ 08087

Owner In Fee

Address

Tel. ( )

Contractor P&L PLUMBING
Address 105 NEWFIELD AVENUE
EDISON, NEW JERSEY 08837 #3
Tel. (732) 417-0099 Fax: (732) 417-0895
12108
3501088 105

In hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Replace Water Heater

NOTE: If construction 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 $ 635.—

Construction Official (Left 4 Dave Hand) Date 9/9/04

PAYMENTS (Office Use Only)
Building
Electrical
Plumbing 35.00
Fire Protection
Elevator Devices
Other
DCA State Permit Fee 1.00
Cert. of Occupancy
Other
Total 36
Check No. 30414
Cash
Collected by OEM

(see reverse side)

U.C.C. P170 (rev. 01/99)

1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT

BLOCK 74 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 304 MARINE ST. PERMIT NO. _____

71

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 304 MAR ST. TUCKERTON 08087
2. Name of Owner in Fee: _____ Tel. _____
   Address SAME (street) TUCKERTON BORO (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: P&L Plumbing Tel. _____
   Address 105 Newfield Ave. • Edison, New Jersey 08837
   License No. OR, if new home, Builder Reg. No. 12108 Exp. Date _____
   Federal Employee No. 22-3591088 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Philip Del Monaco
   Tel. (732) 417-0099 Ext.105 or 107 FA _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		35.80	
4. Fire Protection			
5. Elevator Devices			
8. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
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. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK — OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates: Approval	Resubmission Dates: Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☑ Plumbing					9/9/11	OTC			
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: All Units / Income-restricted
   Before Construction
   After Construction
   Net Gain or Loss

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)
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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

BLOCK 74 LOT 11 QUALIFICATION CODE ______ ADDRESS (SITE) ______ PERMIT NO. ______

CONSTRUCTION PERMIT APPLICATION

Application Complete: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 304 Marine street Tuckerton N.J. 08087
2. Name of Owner in Fee: Sean Deschamps Tel. ( )
   Address 304 Marine st. Tuckerton
   street / municipality / zip code
3. Ownership in Fee: Public ______ Private ✓
4. Principal Contractor: Thomas Smith Tel. ( )
   Address 207 otis Ave. Tuckerton N.J. 08087
   License No. OR, if new home, Builder Reg. No ______ Exp. Date ______
   Federal Employee No ______ FAX: ( )
5. Architect or Engineer ______ Tel. ( )
   Address ______
6. Responsible Person in Charge of Work Thomas Smith
   Tel. (609) ______ ( )

4-1-02

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 70		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	3		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 73		

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. Construction Classification ______
7. Total Land Area Disturbed ______ sq. ft.
8. Flood Hazard Zone ______
9. Base Flood Elevation ______ ft.
10. Wetlands yes ______ no ______
11. Max. Live Load ______
12. Max. Occupancy Load ______

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
		OPTIONAL (for office use only)							
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☒ Alteration	4000				4-1-02	[illegible]			
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction ______
After Construction ______
Net Gain or Loss ______

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. F100-1 (rev. 2/99)

PLUMBING SUBCODE
TECHNICAL SECTION

Block 74 Lot 11
Subdivision

A. IDENTIFICATION

APPLICANT ... ed areas only — When changing contractors, notify this office

Owner
Address 304 Marine St.
Tel. ( )
Work Site Address SAME

Contractor Sonny Plumbing
Address P.O. Box 292
Tuckerton
Tel. (
Lic.No./Bus. Permit 6113
Federal Emp. No. 156-36-5045

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures
TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal			Garbage Disposal	
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace	15.00		Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1			COLUMN 2	

	Fee
COLUMN 1	$ 15
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee (Greater of Minimum or Subtotal)	$ 15

C. PLUMBING CHARACTERISTICS

USE GROUP: ____ Present ____ Proposed
Drainage — Material ____ Size ____
Building Sewer — Material ____ Size ____
Water Service — Material ____ Size ____
Venting — Material ____ Size ____
Estimated Cost of Plumbing Work: $ 900.00

D. COMMENTS

Change Boiler Supplies
By Home Owner.

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green - Office Copy White - Applicant Copy Blue - Inspector Copy