

# PERMIT REQUEST FORM

Date Received: \_\_\_\_\_

[Office use Only] [Please Print]

Control Number: \_\_\_\_\_

Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone Numbers, Fed ID numbers etc.

**COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Block : \_\_\_\_\_ Lot : \_\_\_\_\_ Agent: \_\_\_\_\_

Work Site Location: \_\_\_\_\_ Address : \_\_\_\_\_

Owner In Fee : \_\_\_\_\_

Address : \_\_\_\_\_ Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_

LicenseNo : \_\_\_\_\_ Fed Id Number: \_\_\_\_\_

Telephone : \_\_\_\_\_ Is this a rental property ?  -Yes  - No Number of Tenants: \_\_\_\_\_

## BUILDING SECTION

Description Of Work:

- |                                       |   |                                    |
|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Sign _____ Sq.Ft                       | Contractor _____                   |
| <input type="checkbox"/> Addition     | <input type="checkbox"/> Pool                                   | Address _____                      |
| <input type="checkbox"/> Alteration   | <input type="checkbox"/> Asbestos Abatement<br>Subchapter 8     | Phone _____                        |
| <input type="checkbox"/> Roofing      | <input type="checkbox"/> Lead hazard Abatement<br>N.J.A.C. 5:17 | Lic. No. _____ Fed. Emp. No. _____ |
| <input type="checkbox"/> Siding       | <input type="checkbox"/> Demolition                             |                                    |
| <input type="checkbox"/> Fence        | <input type="checkbox"/> Other                                  |                                    |

Est Cost Of Bldg. Work:	
1. New Bldg \$ _____	3. Demolition \$ _____
2. Alteration \$ _____	4. Total(1+2+3) \$ _____

**Office Use Only**

Plan Review Date Initial \_\_\_\_\_

No Plans Req'd \_\_\_\_\_

All \_\_\_\_\_

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Frame \_\_\_\_\_

Other \_\_\_\_\_

Joint Plan review Required:

Elec  Plumb  Fire

Cubic Ft: \_\_\_\_\_

Square Ft: \_\_\_\_\_

% Land Distributed \_\_\_\_\_

Ht \_\_\_\_\_ ( Exceeds 6' )

I certify that I am the (agent of) owner of record and am authorised to make this application.

X \_\_\_\_\_  
(Signature)

## PLUMBING SECTION

Description Of Work:

- |  |                                |                           |                    |                  |                    |                    |                |                        |                |                  |              |                             |                   |                           |            |                  |                  |                            |                         |                        |                       |                                |                |              |                    |                   |                       |                   |                  |                   |   |
|--|--------------------------------|---------------------------|--------------------|------------------|--------------------|--------------------|----------------|------------------------|----------------|------------------|--------------|-----------------------------|-------------------|---------------------------|------------|------------------|------------------|----------------------------|-------------------------|------------------------|-----------------------|--------------------------------|----------------|--------------|--------------------|-------------------|-----------------------|-------------------|------------------|-------------------|---|
| <table border="0"> <tr><td>_____ No. Fixture/Equipmt</td><td>_____ No. Fixture/Equipmt</td></tr> <tr><td>_____ Water Closet</td><td>_____ LPGas Tank</td></tr> <tr><td>_____ Urinal/Bidet</td><td>_____ Steam Boiler</td></tr> <tr><td>_____ Bath Tub</td><td>_____ Hot water Boiler</td></tr> <tr><td>_____ Lavatory</td><td>_____ Sewer Pump</td></tr> <tr><td>_____ Shower</td><td>_____ Interceptor/Separator</td></tr> <tr><td>_____ Floor Drain</td><td>_____ Back flow Preventor</td></tr> <tr><td>_____ Sink</td><td>_____ Greasetrap</td></tr> <tr><td>_____ Dishwasher</td><td>_____ Residential A/C Unit</td></tr> <tr><td>_____ Drinking Fountain</td><td>_____ Sewer Connection</td></tr> <tr><td>_____ Washing Machine</td><td>_____ Water Service Connection</td></tr> <tr><td>_____ Hose Bib</td><td>_____ Stacks</td></tr> <tr><td>_____ Water Heater</td><td>_____ Other _____</td></tr> <tr><td>_____ Fuel Oil Piping</td><td>_____ Other _____</td></tr> <tr><td>_____ Gas Piping</td><td>_____ Other _____</td></tr> </table> | _____ No. Fixture/Equipmt      | _____ No. Fixture/Equipmt | _____ Water Closet | _____ LPGas Tank | _____ Urinal/Bidet | _____ Steam Boiler | _____ Bath Tub | _____ Hot water Boiler | _____ Lavatory | _____ Sewer Pump | _____ Shower | _____ Interceptor/Separator | _____ Floor Drain | _____ Back flow Preventor | _____ Sink | _____ Greasetrap | _____ Dishwasher | _____ Residential A/C Unit | _____ Drinking Fountain | _____ Sewer Connection | _____ Washing Machine | _____ Water Service Connection | _____ Hose Bib | _____ Stacks | _____ Water Heater | _____ Other _____ | _____ Fuel Oil Piping | _____ Other _____ | _____ Gas Piping | _____ Other _____ | <p>Contractor _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Lic. No. _____ Fed. Emp. No. _____</p> <p>I certify that I am the (agent of) owner of record and am authorised to make this application.</p> <p>X _____</p> <p style="text-align: center;">Applicant's Signature/Contractor's Seal and Signature</p> |
| _____ No. Fixture/Equipmt  | _____ No. Fixture/Equipmt      |                           |                    |                  |                    |                    |                |                        |                |                  |              |                             |                   |                           |            |                  |                  |                            |                         |                        |                       |                                |                |              |                    |                   |                       |                   |                  |                   |   |
| _____ Water Closet   | _____ LPGas Tank               |                           |                    |                  |                    |                    |                |                        |                |                  |              |                             |                   |                           |            |                  |                  |                            |                         |                        |                       |                                |                |              |                    |                   |                       |                   |                  |                   |   |
| _____ Urinal/Bidet   | _____ Steam Boiler             |                           |                    |                  |                    |                    |                |                        |                |                  |              |                             |                   |                           |            |                  |                  |                            |                         |                        |                       |                                |                |              |                    |                   |                       |                   |                  |                   |   |
| _____ Bath Tub   | _____ Hot water Boiler         |                           |                    |                  |                    |                    |                |                        |                |                  |              |                             |                   |                           |            |                  |                  |                            |                         |                        |                       |                                |                |              |                    |                   |                       |                   |                  |                   |   |
| _____ Lavatory   | _____ Sewer Pump               |                           |                    |                  |                    |                    |                |                        |                |                  |              |                             |                   |                           |            |                  |                  |                            |                         |                        |                       |                                |                |              |                    |                   |                       |                   |                  |                   |   |
| _____ Shower   | _____ Interceptor/Separator    |                           |                    |                  |                    |                    |                |                        |                |                  |              |                             |                   |                           |            |                  |                  |                            |                         |                        |                       |                                |                |              |                    |                   |                       |                   |                  |                   |   |
| _____ Floor Drain  | _____ Back flow Preventor      |                           |                    |                  |                    |                    |                |                        |                |                  |              |                             |                   |                           |            |                  |                  |                            |                         |                        |                       |                                |                |              |                    |                   |                       |                   |                  |                   |   |
| _____ Sink   | _____ Greasetrap               |                           |                    |                  |                    |                    |                |                        |                |                  |              |                             |                   |                           |            |                  |                  |                            |                         |                        |                       |                                |                |              |                    |                   |                       |                   |                  |                   |   |
| _____ Dishwasher   | _____ Residential A/C Unit     |                           |                    |                  |                    |                    |                |                        |                |                  |              |                             |                   |                           |            |                  |                  |                            |                         |                        |                       |                                |                |              |                    |                   |                       |                   |                  |                   |   |
| _____ Drinking Fountain  | _____ Sewer Connection         |                           |                    |                  |                    |                    |                |                        |                |                  |              |                             |                   |                           |            |                  |                  |                            |                         |                        |                       |                                |                |              |                    |                   |                       |                   |                  |                   |   |
| _____ Washing Machine  | _____ Water Service Connection |                           |                    |                  |                    |                    |                |                        |                |                  |              |                             |                   |                           |            |                  |                  |                            |                         |                        |                       |                                |                |              |                    |                   |                       |                   |                  |                   |   |
| _____ Hose Bib   | _____ Stacks                   |                           |                    |                  |                    |                    |                |                        |                |                  |              |                             |                   |                           |            |                  |                  |                            |                         |                        |                       |                                |                |              |                    |                   |                       |                   |                  |                   |   |
| _____ Water Heater   | _____ Other _____              |                           |                    |                  |                    |                    |                |                        |                |                  |              |                             |                   |                           |            |                  |                  |                            |                         |                        |                       |                                |                |              |                    |                   |                       |                   |                  |                   |   |
| _____ Fuel Oil Piping  | _____ Other _____              |                           |                    |                  |                    |                    |                |                        |                |                  |              |                             |                   |                           |            |                  |                  |                            |                         |                        |                       |                                |                |              |                    |                   |                       |                   |                  |                   |   |
| _____ Gas Piping   | _____ Other _____              |                           |                    |                  |                    |                    |                |                        |                |                  |              |                             |                   |                           |            |                  |                  |                            |                         |                        |                       |                                |                |              |                    |                   |                       |                   |                  |                   |   |

Estimated Cost of Plumbing Work: \$ _____
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**Office Use Only**

Joint Plan Review Required:  No Plans Required

Building  Electric  Plumbing Plans  
 Fire  Elevator Approved

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

## FIRE PROTECTION SECTION

Description Of Work:

Storage Tanks :

Type:  Flamm.Liquid       Comb Liquid      \_\_\_\_\_ Standpipes

LPG  LNG

Alarm Systems  110v Interconnected  System  
 \_\_\_\_\_ Alarm Devices (i.e, smoke, heat, pulls, waterflow)

\_\_\_\_\_ Supervisory Devices (i.e. tampers, low/high air)

\_\_\_\_\_ Signalling Devices (i.e, horn, strobes, bells)

\_\_\_\_\_ Other Devices \_\_\_\_\_

Suppressoin Systems     Fire Pump  GPM Type

\_\_\_\_\_ Dry Pipe/Alarm Valves

\_\_\_\_\_ Pre-action Valves

\_\_\_\_\_ Sprinkler Heads (Dry and Wet)

Estimated Cost Of Fire Protection Work :    \$ \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Lic. No. \_\_\_\_\_ Fed. Emp. No. \_\_\_\_\_

Fire Protection Cert. No. \_\_\_\_\_

Security Alarm Cert. No. \_\_\_\_\_

I certify that I am the (agent of) owner of record and am authorized to make this application.

X \_\_\_\_\_  
 Applicant's Signature/Contractor's Seal and Signature

### Pre-engineered Systems

\_\_\_\_\_ Wet Chemical

\_\_\_\_\_ Dry Chemical

\_\_\_\_\_ CO2 Suppression

\_\_\_\_\_ Foam Suppression

\_\_\_\_\_ Halon Suppression

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Kitchen Hood Exh Sys

\_\_\_\_\_ Smoke Control System

\_\_\_\_\_ Gas  or Oil  Fired Appl.

<b>Office Use Only</b>	<input type="checkbox"/> No Plans Required
Joint Plan Review Required:	<input type="checkbox"/> Fire Plans Approved
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing	Date: _____
<input type="checkbox"/> Electric <input type="checkbox"/> Fire	Approved By: _____

## ELECTRICAL SECTION

Description Of Work:

### QTY. SIZE ITEMS

\_\_\_\_\_ Lighting Fixtures

\_\_\_\_\_ Receptacles

\_\_\_\_\_ Switches

\_\_\_\_\_ Detectors

\_\_\_\_\_ Light Poles

\_\_\_\_\_ Motors-Fract.HP

\_\_\_\_\_ Emergency & Exit Lights

\_\_\_\_\_ Communication Points

\_\_\_\_\_ Alarm Devices F.A.C Panel

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ TOTAL NUMBERS

\_\_\_\_\_ Pool Permit/w Uw Lights

\_\_\_\_\_ Storable Pool/Spa/Hot Tub

\_\_\_\_\_ KW Elec.Range /Receptacle

\_\_\_\_\_ KW Oven/Surface Unit

### QTY. SIZE ITEMS

\_\_\_\_\_ KW Elec. Water Heater

\_\_\_\_\_ KW Dryer/Receptacle

\_\_\_\_\_ KW Dishwasher

\_\_\_\_\_ HP Garbage Disposal

\_\_\_\_\_ KW Central A/c Unit

\_\_\_\_\_ HP/KW Space Htr/Air Handler

\_\_\_\_\_ KW Base Board Heat

\_\_\_\_\_ HP Motors 1/+ HP

\_\_\_\_\_ KW Transformer/Generator

\_\_\_\_\_ AMP Service

\_\_\_\_\_ AMP SubPanels

\_\_\_\_\_ AMP Motor Control Center

\_\_\_\_\_ KW Elec Sign/Outline Light Unit

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Lic. No. \_\_\_\_\_ Fed. Emp. No. \_\_\_\_\_

Irrigation Cert. No. \_\_\_\_\_

I certify that I am the (agent of) owner of record and am authorised to make this application.

X \_\_\_\_\_  
 Applicant's Signature/Contractor's Seal and Signature

Licensed Elec Contractor  Exempt Applicant

<b>Office Use Only</b>	<input type="checkbox"/> No Plans Required
Joint Plan Review Required:	<input type="checkbox"/> Electric Plans Approved
<input type="checkbox"/> Building <input type="checkbox"/> Electric	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Fire	<input type="checkbox"/> Plumbing
Date : _____	Approved By: _____

Estimated Cost Of Electric Work :    \$ \_\_\_\_\_