

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: _____ Contact : _____

Owner In Fee : _____ Address : _____

Email : _____ Email : _____

Address : _____ Telephone : _____ Fax : _____

_____ LicNo-ExpDt : _____

Telephone : _____ Fed Id Number : _____

Is this a rental property ? [] - Yes [] - No Number of Tenants: _____

BUILDING SECTION

Description Of Work:

☐ New Building ☐ Alteration

☐ Addition ☐ Demolition

☐ Roofing ☐ Siding

☐ Fence Ht _____ (Exceeds 6')

Signs:

☐ Pylon(SQFT)_____ ☐ Grnd/Wall(SQFT)_____

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead hazard Abatement N.J.A.C. 5:17

☐ Retaining Wall(SQFT)_____

☐ Radon Remediation

☐ Other(s) _____

Contractor _____

Contact _____

Address _____

Email _____

Phone _____

LicNo-ExpDt _____

Fed. Emp. No. _____

Est Cost Of Bldg. Work:

1. New Bldg \$ _____ 3. Demolition \$ _____

2. Alteration \$ _____ 4. Total(1+2+3) \$ _____

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

X _____

(Signature)

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 Disturbed _____

PLUMBING SECTION

Description Of Work:

No. Fixture/Equipmt

_____ Water Closet

_____ Urinal/Bidet

_____ Bath Tub

_____ Lavatory

_____ Shower

_____ Floor Drain

_____ Sink

_____ Dishwasher

_____ Drinking Fountain

_____ Washing Machine

_____ Hose Bib

_____ Water Heater

_____ Fuel Oil Piping

_____ Gas Piping

No. Fixture/Equipmt

_____ LPGas Tank

_____ Steam Boiler

_____ Hot water Boiler

_____ Sewer Pump

_____ Interceptor/Separator

_____ Back flow Preventor

_____ Greasetrap

_____ Residential A/C Unit

_____ Sewer Connection

_____ Water Service Connection

_____ Stacks

_____ Other _____

_____ Other _____

_____ Other _____

Contractor _____

Contact _____

Address _____

Email _____

Phone _____

LicNo-ExpDt _____

Fed. Emp. No. _____

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

X _____

Estimated Cost of
Plumbing Work:

\$ _____

Office Use Only

Applicant's Signature/Contractor's Seal and Signature

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

☐ 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 _____

Pre-engineered Systems

_____ Wet Chemical

_____ Dry Chemical

_____ C02 Suppression

_____ Foam Suppression

_____ Halon Suppression

_____ Other _____

_____ Kitchen Hood Exh Sys

_____ Smoke Control System

_____ Gas ☐ or Oil ☐ Fired Appl.

Suppressoins Systems ☐ Fire Pump ☐ GPM Type

_____ Dry Pipe/Alarm Valves

_____ Pre-action Valves

_____ Sprinkler Heads (Dry and Wet)

_____ Standpipes

Estimated Cost Of Fire Protection Work :\$ _____

Contractor _____

Contact _____

Address _____

Email _____

Phone _____

LicNo-ExpDt _____

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

Office Use Only

☐ No Plans Required

Joint Plan Review Required: ☐ Fire Plans Approved

☐ Building ☐ Plumbing Date: _____

☐ Electric ☐ 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 U

_____ KW Photovoltaic Systems

_____ Other _____

_____ Other _____

Contractor _____

Contact _____

Address _____

Email _____

Phone _____

LicNo-ExpDt _____

Fed. Emp. No. _____

Irrigation 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

☐ Licensed Elec Contractor ☐ Exempt Applicant

Office Use Only

☐ No Plans Required

Joint Plan Review Required: ☐ Electric Plans Approved

☐ Building ☐ Electric

☐ Fire ☐ Plumbing

Date : _____ Approved By: _____

Estimated Cost Of Electric Work : \$ _____