

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 _____

Suppression Systems Fire Pump GPM Type

____ Dry Pipe/Alarm Valves

____ Pre-action Valves

____ Sprinkler Heads (Dry and Wet)

____ Standpipes

Estimated Cost Of Fire Protection Work :\$ _____

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.

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	<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 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	<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"/> Fire <input type="checkbox"/> Plumbing	
Date : _____	Approved By: _____

Estimated Cost Of Electric Work : \$ _____

PERMIT REQUEST FORM

Date Received: _____

[Office use Only] [Please Print]

Control Number: _____

ter 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 : _____	Address : _____
Owner In Fee : _____	Address : _____	_____
Email : _____	Email : _____	_____
Address : _____	Telephone : _____	Fax : _____
_____	LicNo-ExpDt : _____	_____
Telephone : _____	Fed Id Number : _____	_____
Is this a rental property? <input type="checkbox"/> -Yes <input type="checkbox"/> - No		Number of Tenants: _____

BUILDING SECTION

Description Of Work: _____

<input type="checkbox"/> New Building <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Demolition <input type="checkbox"/> Roofing <input type="checkbox"/> Siding Height _____ (Exceeds 6') Pylons: _____ Pylon(SQFT) _____ <input type="checkbox"/> 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. _____	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">Est Cost Of Bldg. Work:</p> <p style="margin: 0;">1. New Bldg \$ _____ 3. Demolition \$ _____</p> <p style="margin: 0;">2. Alteration \$ _____ 4. Total(1+2+3) \$ _____</p> </div> <p style="font-size: small; margin-top: 5px;">I certify that I am the (agent of) owner of record and am authorized to make this application. X _____ (Signature)</p>
		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">Office Use Only</p> <p style="margin: 0;">Plan Review Date Initial</p> <p style="margin: 0;"><input type="checkbox"/> No Plans Req'd _____</p> <p style="margin: 0;"><input type="checkbox"/> All _____</p> <p style="margin: 0;"><input type="checkbox"/> Footing _____</p> <p style="margin: 0;"><input type="checkbox"/> Foundation _____</p> <p style="margin: 0;"><input type="checkbox"/> Frame _____</p> <p style="margin: 0;"><input type="checkbox"/> Other _____</p> <p style="margin: 0;">Joint Plan Review Required:</p> <p style="margin: 0;"><input type="checkbox"/> Elec <input type="checkbox"/> Plumb <input type="checkbox"/> Fire</p> <p style="margin: 0;">Cubic Ft: _____</p> <p style="margin: 0;">Square Ft: _____</p> <p style="margin: 0;">% Land Disturbed _____</p> </div>

PLUMBING SECTION

Description Of Work: _____

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Water Closet <input type="checkbox"/> Urinal/Bidet <input type="checkbox"/> Bath Tub <input type="checkbox"/> Lavatory <input type="checkbox"/> Shower <input type="checkbox"/> Floor Drain <input type="checkbox"/> Sink <input type="checkbox"/> Dishwasher <input type="checkbox"/> Drinking Fountain <input type="checkbox"/> Washing Machine <input type="checkbox"/> Hose Bib <input type="checkbox"/> Water Heater <input type="checkbox"/> Fuel Oil Piping <input type="checkbox"/> Gas Piping </td> <td style="width: 50%;"> <input type="checkbox"/> LPGas Tank <input type="checkbox"/> Steam Boiler <input type="checkbox"/> Hot water Boiler <input type="checkbox"/> Sewer Pump <input type="checkbox"/> Interceptor/Separator <input type="checkbox"/> Back flow Preventor <input type="checkbox"/> Greasetrap <input type="checkbox"/> Residential A/C Unit <input type="checkbox"/> Sewer Connection <input type="checkbox"/> Water Service Connection <input type="checkbox"/> Stacks <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ </td> </tr> </table>	<input type="checkbox"/> Water Closet <input type="checkbox"/> Urinal/Bidet <input type="checkbox"/> Bath Tub <input type="checkbox"/> Lavatory <input type="checkbox"/> Shower <input type="checkbox"/> Floor Drain <input type="checkbox"/> Sink <input type="checkbox"/> Dishwasher <input type="checkbox"/> Drinking Fountain <input type="checkbox"/> Washing Machine <input type="checkbox"/> Hose Bib <input type="checkbox"/> Water Heater <input type="checkbox"/> Fuel Oil Piping <input type="checkbox"/> Gas Piping	<input type="checkbox"/> LPGas Tank <input type="checkbox"/> Steam Boiler <input type="checkbox"/> Hot water Boiler <input type="checkbox"/> Sewer Pump <input type="checkbox"/> Interceptor/Separator <input type="checkbox"/> Back flow Preventor <input type="checkbox"/> Greasetrap <input type="checkbox"/> Residential A/C Unit <input type="checkbox"/> Sewer Connection <input type="checkbox"/> Water Service Connection <input type="checkbox"/> Stacks <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Contractor _____ Contact _____ Address _____ _____ Email _____ Phone _____ LicNo-ExpDt _____ Fed. Emp. No. _____	<p style="font-size: small; margin: 0;">I certify that I am the (agent of) owner of record and am authorized to make this application. X _____</p>
<input type="checkbox"/> Water Closet <input type="checkbox"/> Urinal/Bidet <input type="checkbox"/> Bath Tub <input type="checkbox"/> Lavatory <input type="checkbox"/> Shower <input type="checkbox"/> Floor Drain <input type="checkbox"/> Sink <input type="checkbox"/> Dishwasher <input type="checkbox"/> Drinking Fountain <input type="checkbox"/> Washing Machine <input type="checkbox"/> Hose Bib <input type="checkbox"/> Water Heater <input type="checkbox"/> Fuel Oil Piping <input type="checkbox"/> Gas Piping	<input type="checkbox"/> LPGas Tank <input type="checkbox"/> Steam Boiler <input type="checkbox"/> Hot water Boiler <input type="checkbox"/> Sewer Pump <input type="checkbox"/> Interceptor/Separator <input type="checkbox"/> Back flow Preventor <input type="checkbox"/> Greasetrap <input type="checkbox"/> Residential A/C Unit <input type="checkbox"/> Sewer Connection <input type="checkbox"/> Water Service Connection <input type="checkbox"/> Stacks <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____			
		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">Office Use Only</p> <p style="margin: 0;">Joint Plan Review Required: <input type="checkbox"/> No Plans Required</p> <p style="margin: 0;"><input type="checkbox"/> Building <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing Plans</p> <p style="margin: 0;"><input type="checkbox"/> Fire <input type="checkbox"/> Elevator Approved</p> <p style="margin: 0;">Date: _____ Approved By: _____</p> </div>		

Estimated Cost of Plumbing Work:

\$ _____