

199 Paterson Avenue
 East Rutherford, NJ 07073
 Tel: (201) 933-5649
 Fax (201) 933-6094



CONSTRUCTION OFFICE

Permit Request Form

Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone numbers, FED ID number, and ect.

Office Use Date Received _____
 Only Control Number _____

COMPLETE ALL APPLICABLE INFORMATION, WHEN CALLING CONTRACTORS, NOTIFY THIS OFFICE.

Block: _____ Lot: _____ Agent: _____ Telephone: _____
 Work Site Location: _____ Address: _____
 Owner in Fee: _____ License Number: _____ Fed ID Number: _____
 Address: _____ No. of Tenants: _____ Is this a rental property? YES NO
 Telephone: _____ Fax: _____

BUILDING SECTION

Description of work:

New Building Addition Alteration Roofing Siding Demolition
 Fence _____ (exceeds 6') Pool
 Asbestos Abatement Subchapter 8 Other
 Lead hazard Abatement N.J.A.C. 5:17

Contractor: _____
 Address: _____
 Phone: _____
 Lic. No.: _____ Fed. Emp. No.: _____

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

 (Signature)

PLUMBING SECTION

Description of work:

No. Fixture/Equipment: _____ Gas Piping _____ Black Pipe _____ Other _____
 Water Closet _____ Hot Water Boiler _____ LP Gas Tank _____
 Urinal/ Bidet _____ Sewer Pump _____

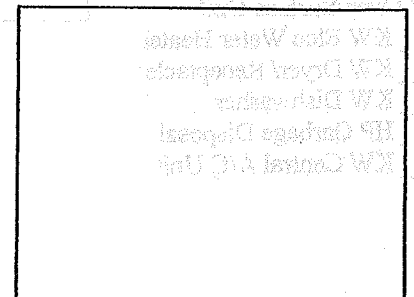
Bath Tub _____ Interceptor/ Separator _____
 Fuel Oil Piping _____ Steam Boiler _____
 Lavatory _____ Back Flow Preventor _____
 Shower _____ Grease trap _____
 Floor Drain _____ Residential A/C unit _____
 Sink _____ Sewer Connection _____
 Dishwasher _____ Water Service Connection _____
 Drinking Fountain _____ Stacks _____
 Washing Machine _____ Ice Maker _____
 Hose Bib _____ Lawn Spkl. Syst. _____
 Water Heater _____ Subsoil Drain _____
 Instant H.W. Coil _____ Other _____
 New Const. Dishwasher _____ Other _____

Estimated Cost of Plumbing Work:
 \$ _____

Contractor: _____
 Address: _____
 Phone: _____
 Lic. No. _____ Fed. Emp. No. _____
 I certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant's Signature/ Contractor's Seal and Signature
 PLACE SEAL BELOW

Office Use Only No Plans Required
 Joint Plan Review:
 Building Electric Fire
 Plumbing Plans Elevator
 Approved _____
 Date: _____
 Approved by: _____





FIRE PROTECTION SECTION

Description of Work: _____

- Storage Tanks: Type: _____
- Flam. Liquid Comb Liquid LPG LNG
- Alarm System: 110v Interconnected System
- Alarm System (i.e. smoke, heat, pulls, water flow)
- Supervisory Devises (i.e., tampers low/high air)
- Signaling Devises (i.e., horn, strobes, bells)
- Other Devises _____
- Suppression Fire Pump GPM Type
- Dry Pipe/ Alarm Valves
- Pre-action Valves Stand Pipes
- Sprinkler Heads (Dry and Wet)
- Engineered Systems
- Wet Chemical Dry Chemical
- Co2 Suppression Foam Suppression
- Halon Suppression Other _____
- Kitchen Hood Exhaust System
- Smoke Control System
- Gas or Oil Fired Appl.

Contractor: _____
 Address: _____
 Phone: _____
 Lic. Number _____ 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.

Estimated Cost of Fire Protection Work: \$ _____

Applicant's Signature/ Contractor's Seal and Signature

PLACE SEAL BELOW

Office Use Only No Plans Required
 Fire Plans Approved
 Joint Plan Review Required
 Building Plumbing Date: _____
 Electric Fire Approved: _____

ELECTRICAL SECTION

Description of Work: _____

- Quantity Size Items KW Electric Sign/Outline Light Unit
- Lighting Fixtures KW Base Board Heat
- Receptacles HP Motors 1/+HP
- Switches KW Transformer/Generator
- Detectors AMP Service
- Light Poles AMP Sub Panels
- Motors- Fract. HP AMP Motor Control Center
- Emergency & Exit Lights Communication Points
- Alarm Devises F.A.C. Panel HP/KW Space Heater/ Air Handler
- Other Other _____
- Total Numbers Other _____
- Pool Permit/w Uw Lights
- Storable Pool/ Spa/ Hot Tub
- KW Elec. Range/Receptacle
- KW Oven/Surface Unit
- KW Elec Water Heater
- KW Dryer/ Receptacle
- KW Dishwasher
- HP Garbage Disposal
- KW Central A/C Unit

Contractor: _____
 Address: _____
 Phone: _____
 Lic. No. _____ Fed. Emp. No.: _____
 Irrigation Cert. Number: _____

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

Applicant's Signature/ Contractor's Seal and Signature
 Licensed Electrical Contractor Exempt Applicant

PLACE SEAL BELOW

Estimated Cost of Electrical Work: \$ _____

Office Use Only No Plans Required
 Electrical Plans Approved
 Joint Plan Review Required:
 Building Plumbing
 Electric Fire
 Approved: _____
 Date: _____

