

# 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:								
<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 <input type="checkbox"/> Fence Ht _____ ( Exceeds 6' ) Signs: <input type="checkbox"/> Pylon(SQFT)_____ <input type="checkbox"/> Grnd/Wall(SQFT)_____	Contractor _____ Contact _____ Address _____ Email _____ Phone _____ LicNo-ExpDt _____ Fed. Emp. No. _____	<p style="text-align: center;"><b>Office Use Only</b></p> Plan Review Date Initial <input type="checkbox"/> No Plans Reqd _____ <input type="checkbox"/> All _____ <input type="checkbox"/> Footing _____ <input type="checkbox"/> Foundation _____ <input type="checkbox"/> Frame _____ <input type="checkbox"/> Other _____ Joint Plan Review Required: <input type="checkbox"/> Elec <input type="checkbox"/> Plumb <input type="checkbox"/> Fire Cubic Ft: _____ Square Ft: _____ % Land Disturbed _____						
<input type="checkbox"/> Pool <input type="checkbox"/> Asbestos Abatement Subchapter 8 <input type="checkbox"/> Lead hazard Abatement N.J.A.C. 5:17 <input type="checkbox"/> Retaining Wall(SQFT) _____ <input type="checkbox"/> Radon Remediation <input type="checkbox"/> Other(s) _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">Est Cost Of Bldg. Work:</th> </tr> <tr> <td>1. New Bldg \$ _____</td> <td>3. Demolition \$ _____</td> </tr> <tr> <td>2. Alteration \$ _____</td> <td>4. Total(1+2+3) \$ _____</td> </tr> </table> <p>I certify that I am the (agent of) owner of record and am authorized to make this application.                  X _____                  (Signature)</p>	Est Cost Of Bldg. Work:		1. New Bldg \$ _____	3. Demolition \$ _____	2. Alteration \$ _____	4. Total(1+2+3) \$ _____	
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## PLUMBING SECTION

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**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

\_\_\_ CO2 Suppression

\_\_\_ Foam Suppression

\_\_\_ Halon Suppression

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

\_\_\_ Kitchen Hood Exh Sys

\_\_\_ Smoke Control System

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

Suppressoin 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 : \$ \_\_\_\_\_