

# 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 : \_\_\_\_\_  
 Telephone : \_\_\_\_\_ LicNo-ExpDt : \_\_\_\_\_  
 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) _____ <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) _____	Contractor _____ Contact _____ Address _____ Email _____ Phone _____ LicNo-ExpDt _____ Fed. Emp. No. _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">                     Est Cost Of Bldg. Work:                      1. New Bldg \$ _____      3. Demolition \$ _____                      2. Alteration \$ _____      4. Total(1+2+3) \$ _____                 </div> I certify that I am the (agent of) owner of record and am authorized to make this application. X _____ (Signature)	<div style="border: 1px solid black; padding: 5px;"> <b>Office Use Only</b>                      Plan Review Date Initial _____  <input type="checkbox"/> No Plans Req'd _____  <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 _____                 </div>

## PLUMBING SECTION

Description Of Work:																																	
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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 \_\_\_\_\_

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

<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 I/+ 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

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

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