

# 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"/> Gmd/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 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 _____						
<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

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 \_\_\_\_\_

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

### 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.

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 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

<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 : \$ \_\_\_\_\_