| SLOCK LOI | KUNTILION CODE | כוא כיסטר | | 5 | שהניהרה להייד | [| | | - |
|---|-----------------------------|--|-----------------------|--------------------------------|--|--|---|--|-------------------|
| | CONSTRICTION DERNIT | 2 | 3 2 | ם ת | | V. FEE SUMMARY (for office use only) | RY (for office I | - 1 | Update |
| | ADDI ICATION | 7 (5) | 2 | | | | | | |
| Applicant Completes: Sections I, II, III (optional), IV, VI, and VII | onal), IV, VI, and | ≦ : | - | | | | ction Devices | | |
| | | | | | | | Subtotal Less 20% for State Plan Review \$ | Review \$ | |
| 2. Name of Owner in Fee: | | | | | | 8. Subtotal 9. State Pen | Subtotal State Permit Surcharge Fee | 5 | |
| Tel. () | e-mail | | | | | | 9 | 69 | |
| Address | | | | | | 11. Cert. of Occupancy | ccupancy | | |
| 3. Ownership in Fee: Public | Private municipally | pality | ı | zip code | Xde | | | 49 | |
| 4. Principal Contractor: | | | Tel. (| | | VI. BUILDING/SITE CHARACTERISTICS | ITE CHARACT | | (office use only) |
| Address | | P. | e-mail | | | Number of Stories Height of Structure | f Stories Structure | 7 | |
| License No. OR, if new home, Builder Reg. No. | , No. | | Exp | Exp. Date | | 3. Area — Largest Flo | - Largest Floor | sq. ft. | |
| Home Improvement Contractor Registration No. or Exemption Reason (if applicable): | n No. or Exempti | on Reason | (if applicable) | | | • | Volume of New Structure | cu. ft. | |
| Federal Emp. ID No. | | 77 | FAX: (| | | 6. Max. Live Load | Load | | |
| 5. Architect or Engineer | | Cor | Contact | | | | Max. Occupancy Load | | |
| Address | | e-mail | 18il | | | | alized Building: | State Approved HUD | |
| | FAX | | | | | 10. Flood Hazard Zone | Flood Hazard Zone | St. IL | |
| Tel. (| Has begun | | | | | 11. Base Floo | Base Flood Elevation | # | |
| | | | | | | 12. Wetlands | yes | no | |
| lia.PROPOSED WORK ☐ Minor Work | | New Building | gnil | □ Ac | Addition | ☐ Demolition | lition | VII. DESCRIPTION OF BUILDING USE | USE |
| ☐ Repair | | Alteration | | | Renovation | . □ Reco | Reconstruction | 1. State Specific Use: | |
| ☐ Asbestos AbatSubch. 8 | .8 | | Lead Hazard Abatement | | ☐ Radon Remediation | tion | Annual Permit | 2. Use Group, Proposed: | |
| IIb. SUBCODES | + | | FOR OF | FOR OFFICE USE ONLY (Optional) | NLY (Option | | | <u></u> | Present: |
| heck all that apply) | Rec'd by | Rec'd | Rejection Date | Approval Date | Re- viewer | Resubmission Dates Approval Rejec | Dates Re- Rejection viewer | 4. No. of dwelling units: <u>Total Units Income-restricted</u> Gained Sale | Income-restricted |
| Building | | | | | \ | | | Gained, Rental | |
| ☐ Electrical | | | | | | | | Lost, Sale | |
| ☐ Plumbing | | | | | | | | B. NON-RESIDENTIAL (primary use) | e) |
| ☐ Fire Protection | | | | | | | | 1. State Specific Use: 2. Use Group, Proposed: | |
| ☐ Elevator | | | | | | | | 3. Change in Use Group, Indicate Present: | Present: |
| TOTAL COST | | | | | | | - | | e(s): |
| III. PLAN REVIEW (optional) | IV. DOES OR | MILL YOU | R BUILDING | CONTAIN AP | N OF THE | IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? | | D. Construct. Classification: Present Proposed | esed |
| DO YOU WANT: 1. ☐ Partial Releases | 1. Elevato | Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks | rs/Lifts/ 4.□ | ☐ Refrigera | Refrigeration Systems Cross-Connections/Bat | Refrigeration Systems Cross-Connections/Backflow Preventers | , o | Smoke Control Systems in Open Wells 12. Underground Storage Tanks | 12. ☐ Fire Alarm |
| 2. ☐ Prototype Processing | 2. ☐ High Pr 3. ☐ Pressu | High Pressure Boilers Pressure Vessels | | | Hazardous Uses/Plac Sprinklers/Standpipes | Hazardous Uses/Places of Assembly Sprinklers/Standpipes | 1.5 00 | Swimming Pools, Spas and Hot Tubs LPGas Tanks | |
| 200 7400 4 (201 000) | | | | | | | | | |

.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

| I hereby | certify that I am the owner in fee of the property listed on Page 1. |
|-----------------------------|--|
| | following applicable boxes: |
| A. () | I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy. |
| | I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY. |
| B. () | I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix: |
| | I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1. |
| C. () C.1. | I further certify that I will perform or supervise the following work: (Building C.2. () Fire Protection |
| I furth C.3. | er certify that I will perform the following work: () Electrical C.4. () Plumbing . |
| D. () | I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws. |
| l further ce and local p | ertify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, orior approvals have been given, including such certification as the construction official may require. |
| | nd that if any of the above statements are willfully false, I am subject to punishment. |
| Signature_ | Date |
| II. AGEN | T SECTION (to be completed if the applicant is not the owner in fee) |
| hereby ce | ertify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is autho- e owner in fee; and I have been authorized by the owner in fee to make this application as his agent. |
| further ce | rtify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, rior approvals have been given, including such certification as the construction official may require. |
| agree to a | edvise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation ply with all New Jersey tax laws. |
| understan | d that if any of the above statements are willfully false, I am subject to punishment. |
| | k if contractor. |
| Agent Nam | е |
| | |
| | |
| ignature | |
| | EAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavid as per N. I.A.C. 5:17 |
| | |



ELECTRICAL SUBCODE



| CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. | ALL UTILITY DIG NO: 1-800-272-1000 | D. TECHNIC | TECHNICAL SITE DATA |
|---|--|-------------|---------------------|
| Work Site Location | Qualinization Code | DESCRI | DESCRIPTION OF WOR |
| Owner in Fee: | | | ť |
| Tel. () | e-mail | | |
| Address | | - - | - |
| stres | municipality zip code | - WIX. SIZE | |
| Contractor. | | | Lighting |
| Address | e-mail |] | Receptad |
| | | - | Switches |
| Contractor License No. | Exp. Date | . | light Pole |
| Home Improvement Contractor Registration No. or Exemption Reason (if applicable): | No. or Exemption Reason (if applicable): | | Motors— |
| Federal Emp. ID No. | FAX: (| | Emergen |
| B. ELECTRICAL CHARACTERISTICS | • | | Commun |
| Use Group Present | Proposed. | | Alam De |
| [] Pole/Pad # [|] Temporary [] Other | | |
| Est. Cost of Elec. Work 5 | Unity Co. | , , | Pool Pen |
| JOB SUMMARY (Office Use Only) | | !! | Storable I |
| PLAN REVIEW | INSPECTIONS Dates (Month/Day) | | KW Elec. |
| [] No Plans Required | Type: Failure Failure Approval Initial | | KW Over |
| [] Partial -Underslab Utilities Approved | Rough | 1 | - KW Hec. |
| Date: Approved by: | Tranch | | - KW Dish |
| [] Electric Plans Approved | Temp. Serv. | / | HP Garba |
| Date:Approved by: | Constr. Serv. | | KW Centi |
| Joint Plan Review Required: | TCO | · | HP/KW S |
| []Bldg. []Plumb. []Fire. []Elev. | Other | | KW Base |
| SUBCODE APPROVAL for PERMIT | Service Sinal | 1 | HP Motor |
| Date: | Barrier-Free | · | AMD Sen |
| Африоческоў. | | | AMP Sub |
| dd∀∃ | Final Cut-in-Card Date Issued | | - AMP Mot |
| Date: | Annual Pool Inspection | | KW Elec. |
| Approved by: | Date of Grounding and Bonding | | |
| | Certification | | |

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Confr [] Exempt Applicant Applicant's Signature/Contractor's Seal and Signature

Date Issued Permit #

| | TOTAL CEE | | |
|-----------------------|--------------------------------|-----------|--------|
| | State Permit Surcharge Fee | | |
| | Minimum Fee | | 3 |
| e \$ | Administrative Surcharge | | |
| | | | - |
| | | 1 | 1 |
| | KW Elec. Sign/Outline Light | | : |
| | AMP Motor Control Center | | 1 |
| | AMP Subpanels | | 1 |
| | AMP Service | | 1 |
| | KW Transformer/Generator | | 1 |
| | HP Motors 1/+ HP | : | 1 |
| | KW Baseboard Heat | | |
| | HP/KW Space Heater/Air Handler | | .] |
| | KW Central A/C Unit | | 1 |
| | HP Garbage Disposal | | ı |
| | KW Dishwasher | · | 1 |
| | KW Elec. Dryer/Receptacle | - |] |
| | KW Elec. Water Heater | | 1 |
| | KW Oven/Surface Unit | | 1 |
| | KW Elec. Range/Receptacle | | |
| | Storable Pool/Spa/Hot Tub | | 1 |
| | Pool Permit/with UW Lights | <u>.</u> | ĺ |
| 49 | TOTAL NUMBERS | ļ., | i |
| • | | | 1 |
| | Alarm Devices/F.A.C. Panel | 1 | 1 |
| | Communications Points | | ı . |
| | Emergency & Exit Lights | | I |
| | Motors—Fract. HP | | ı |
| *: | Light Poles | 1. | i |
| · | Detectors | | ı. |
| ٠ | Switches | | 1 |
| • | Receptacles | | ī |
| | Lighting Fixtures | | I |
| FEE (Office Use Only) | ITEMS | QTY, SIZE | , Q |
| | | | '. |
| | , | × | |
| | | , | |
| | OF COURT | | · |
| | DESCRIPTION OF WORK | プログラウロコン | _ |



BUILDING SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000.

| Block Location Lot | Qualification Code | I hereby certify that I am the (agent of) owner of record and am authorized to make this application. | of) owner of this application. |
|---|----------------------------------|---|--------------------------------|
| | | Signature | |
| 5708 | | D. TECHNICAL SITE DATA | |
| lei. (e-mail | | | |
| | | DESCRIPTION OF WORK | 700 |
| Contractor: municipally | Tel () | | |
| | e-mail | | |
| | | | , |
| Contractor License No. or Builder Registration No. | Exp. Date | - | • |
| Home Improvement Contractor Registration No. or Exemption Reason (if applicable); | son (if applicable): | | |
| Federal Emp. ID No. | FAX: () | | |
| JOB SUMMARY (Office Use Only) | | | |
| Required | Failure Failure Approval Initial | | ¥. |
| 1 | | | |
| Structural/Framework Foundation | | TYPE OF WORK: | (Jac) 333 |
| | | [] New Building | 8. |
| [] Interior Truss Sys/Bracing | | [] Addition | |
| Joint Plan Review Required: Barrier-Free | | [] Rehabilitation | |
| Elevator | | Roofing | |
| ODE APPROVAL for PERMIT | er | | |
| | | | regin (exceeds 6) |
| } | | [] Brot | ř |
| E APPROVAL for CERTIFICATE | | | 7 1 |
| C C C C C C C C C C C C C C C C C C C | | [] Notestanily aven | 94.72 |
| | | Superior Aparement Superior 8 | napier & |
| | | Lead Haz. Abatement NJAC 5:17 | 35:17 |
| B. BUILDING CHARACTERISTICS | | [] Nadon Kemediagon | |
| resent Proposed | Constr. Class Present Proposed | 1 Demolition | |
| | If Industrialized Building: | | - |
| f. | State Approved HUD | | |
| sq. fl. | Work | Ad | Administrative Surcharge \$ |
| | New Blog S | | Minimum Fee \$ |
| | Rehabilitation | State | State Permit Surcharge Fee \$ |
| | Total (1+ 2) | · | TOTAL FEE \$ |
| Max. Occupancy Load | | 1 White = Inspector Copy 2 Co | 2 Carlet = Cifice Copy |
| | (my 15m7) | | many - Clince Copy |

Date Received Control #

Permit # Date Issued

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| 6 | |
| 0 | |
| T | 1 |
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| = | ļ. |

I hereby certify that I am the (agent of) owner of

| TYPE OF WORK: [] New Building [] Addition [] Rehabilitation [] Roofing | DESCRIPTION OF WORK | |
|--|---------------------|--|
| FEE (Office Use Only) | | |

3 Pink = Office Copy

4 Gold = Applicant Copy





A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

| FECHNICAL SECTION | LUMBING SUBCODE |
|-------------------|-----------------|
| | ' , |

E. PLUMBING CHARACTERISTICS
Use Group
Present **Building Sewer Size** Est. Cost of Plumbing Work \$ Water Service Size _ Tel. (_ Work Site Location Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Contractor License No. Contractor. Address Owner in Fee: Address <u>F</u> Public Water Public Sewer e-mail Proposed e-mail Qualification Code FAX: Exp. Date el. Private Septic Private Well

| Approved by: | Date: | [] co [] ca | SUBCODE APPROVAL for CERTIFICATE | | Approved by: | Date: | SUBCODE ADDROVAL ST DEDVIT | []Bidg. []Elec. []Fire. []Elev. | Joint Plan Review Required | Date:Approved by: | Plumbing Plans Approved | Date: Approved by: | [] No Plans Required [] Partial -Underslab Utilities Approved | PLAN REVIEW | |
|--------------|-------|---------------|----------------------------------|-----------------|--------------|------------|----------------------------|-------------------------------------|----------------------------|-------------------|-------------------------|--------------------|---|-------------------|--|
| | Final | 100 | Solar | Fuel Oil Piping | LPGas Tank | Gas Piping | Gas Equipment | Fixtures | Sewer | Water | Rough | Slab | Type: | NSPECTIONS | |
| | } | | | | | | | | | | | | Failure | | |
| | | | | | | | | | | | | | Failure | Dates (Month/Day) | |
| | | | | | | | | | | | | | Approval | onth/Day) | |
| | | | | <u> </u> | | | | | | | - | | Initial | | |

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

[] Licensed Plumbing Contractor [] Exempt Applicant Applicant's Signature/Contractor's Seal and Signature

| 500 | Date |
|--------|-------|
| 이 # | Rece |
| | eived |

Permit # Date Issued

| ļ | J |
|---|------|
| | TECH |
| 5 | NO. |
| 1 | クラカフ |
| 5 | ATA |

| | 3 3 | DESC |
|--|---|---------------------|
| Bath Tub Lavatory Shower Floor Drain Slink Dishwasher Drinking Fountain Washing Machine Hose Bibb Water Heater Fuel Oil Piping Gas Piping LPGes Tank Steam Boiler Hot Water Boiler Sewer Pump Interceptor/Separator Backflow Preventer Greasetrap Sewer Connection Water Service Connection Stacks Other Other Stacks State Permit Surcharge Fee TOTAL FEE | FIXTURE/EQUIPMENT Water Closet Urinal/Bidet | DESCRIPTION OF WORK |
| | FEE (Office Use Only) | |



Work Site Location

Pot I

Qualification Code

FIRE PROTECTION SUBCODE



A. IDENTIFICATION—APPLICANT COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE CALL UTILITY DIG NO: 1-800-272-1000. TECHNICAL SECTION

| S | State Permit Surcharge Fee | | The second second | | | Bink - Office Cons | 2 Canary = Office Copy 1 | U.C.C. F140 (rev. 12/07) 1 White = Inspector Cory 20 | 20 |
|-----------------------|--|--|-------------------|--------------|---------------------------------|---|--------------------------|---|-----------|
| e \$ | Minimum Fee | ٠,, | 1 | | | 1 | Other | Approved by: | - Sec. 14 |
| S | Administrative Surcharge | | 1 | | - | 1 | Final | | - |
| - Alba | | Culer | 1 | | | nung | ruepace venung | [] CO [] CO [] CA | - |
| | ar cumuncy | Comment of the control of the contro | - | | | | | SUBCODE APPROVAL for CERTIFICATE | - |
| | The Committee of the Co | Firenlace Vention/Mo | | | | ict Tanks | Fiam/Combust Tapks | Approved by: | _ |
| | Fuei-Fired Appliances [] Gas [10:1 [] Solid | Fuei-Fixed Appliances | | | | 1 | ICO | Date: | _ |
| | a , | Smoke Control System | | | | TOL. | Smoke Control | SUBCODE APPROVAL for PERMIT | - |
| | chaust System | Kitchen Hood Exhaus | 1 | | | 1 | Mechanical | 1 JBldg. [JElec. []Plumb. [] Elev. | - |
| | | Other Survey | | | | tem | Pre-Eng. System | equired: | - |
| | | - Oshor | | | | 1 | מינים היים | Approved by: | - |
| | | FVADO Suppression | | | 1 | 1 | circ o | ire Protec | ~ |
| | | CO, suppression | 1 | | Ì | 1 | Standaine Standaine | Date: Approved by: | **** |
| | | טוץ כויפוווכמו | 1 | | 1 | 1 | C | 1 Partial - Underslab Utilities Approved | locky- |
| | | The Control | a militar | 200000 | | | Alarm System | No Plans Required | - |
| | กร | Pre-engineered Systems | | Š | | Failure | Type: | PLAN REVIEW | - |
| | | Standpipes | | Month | Dates | | NSPECTIONS | JOB SUMMARY (Office Use Only) | - |
| | (Dry and Wet) | Sprinkler Heads (Dry a | | | | | | Total Cost of Fire Protection Work \$ | |
| | | Pre-action Valves | | OI VAIVE: | cocation of Main Control valves | ו | | Location: | |
| | 5 | Dry ripe/Alarm Valves | gni | l J Existing | I NEW OR | | | l J Other | |
| | GPM Type | Fire Pump | | ipe system: | יייטיני טומייטע | in additional and a second |] Electric [] Solar | FuelType: [] Gas [] Oil [] E | |
| | | 1 Systems | | in Curton | Panel: | Fire Suppression/S | r Justine Content | | |
| | | | u I) existing | , 40% Ox | 7 | | OR [Replacement | on i Conversion | |
| | | | ~ | l New o | stem. [| Ti. | Modification to Existing | Heating System: [] New OR [] Mod | |
| | , hom/strobes, bells) | | י רטוווטטטיטא | 2 |) common | Capacity | Proposed | Constr. Class: Present Pre | (0.00) |
| | (i.e., tampers, low/high air) | Supervisory Devices | Charles | | Tank | Fuel Storage Tank | Proposed | Use Group: Present Present | 30 |
| | | water/flow) | | | | | | B. FIRE PROTECTION CHARACTERISTICS | 500 |
| | moke, heat pulls, | Alarm Devices (i.e., smoke, heat, pulls, | | | | FAX: | | rederal Emp. (U No. | 1,000 |
| | ected | . [] CO Detectors/116v | | | able): | Reason (if applic | No. or Exemption i | Home Improvement Contractor Registration No. or Exemption Reason (if applicable): | |
| | | [] System | | | Exp. Date | , p | | Fire Alarm Contractor No. | 5000 |
| | | Alarm Systems | | , | | | fety Installer No. | Fire Protection Equipment, NJ Div of Fire Safety Installer No. | |
| FEE (Office Use Only) | bustible Tanks | - Flammable/Combustif | | | | | fety Permit No. | Fire Protection Equipment, NJ Div of Fire Safety Permit No. | 22727 |
| | Trade of the second | | | | | | | | |
| | /Sinnyacsion System Supervision | Method of Alarm/Sylot | | | | e-mail | | Address | |
| | | Water Supply Source | chemos | | E. | | | Contractor: | |
| | | | | | | Turning the state of the state | | Address | |
| | | | | | | | · indi | | |
| | RK: | DESCRIPTION OF WORK | | - | | | <u>A-mail</u> | <u>하</u> | |
| | | י דברטאווראו נודב הא | | | | | | Owner in Fee: | |
| | ריטורושכנטי ו ו באביויטו לאסטוכשוני | ר כי רבו חויבת רסותו | | | | | | | |

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Prink = Office Copy 4 Gold = Applicant Copy

TOTAL FEE

Date Received Control #

Date Issued
Permit #

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. Application of the forest C. CERTIFICATION IN LIEU OF OATH Applicant's Signature/Contractor's Signature



MECHANICAL INSPECTION



Date Issued Permit #

Control # Date Received

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. TECHNICAL SECTION

| Block Lot Qualification Code Qualification Code | C. CERTIFICATION IN LIEU OF OATH I hereby certify that I am the (agent of) owner of record and am authorized to make this application. |
|---|--|
| | Sign here: |
| Owner in Fee: | Print name here: |
| Tel e-mail· | |
| Address . | D. TECHNICAL SITE DATA |
| Street municipality zip odds Contractor: | DESCRIPTION OF WORK |
| Address e-mail | |
| | |
| Contractor License No. Exp. Date | |
| Home Improvement Contractor Régistration No. or Exemption Reason Federal Emp. ID No | |
| B. MECHANICAL CHARACTERISTICS | |
| Use Group Present R-5 | |
| Heating System work: [] New OR [] Modification to Existing OR [] Conversion OR [] Replacement | |
| Type: [] Hydronic [] Hot Air | |

Type: [] Hydronic [] Hot Air Fuel Type: [] Gas [] Oil

[] Electric [] Solar

[] Other

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Heater

Gas Piping Connections Fuel Oil Piping Connections

Steam Boiler

Other

Generator

LPG Tank Oil Tank Hot Air Furnace Hot Water Boiler

Fireplace

U.C.C. F145 (rev. 10/16) Applicant: When submitting this form to your Local Construction Code Inforcement Office, please provide one original plus three photocopies.

State Permit Surcharge Fee \$

Minimum Fee \$

TOTAL FEE \$

Administrative Surcharge \$



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

| | _ QUALIFICATION CODE | |
|--|---|--|
| | | The second state of the se |
| | | |
| | Company | |
| Addressstreet | Clty | State Zip Code |
| Tel: () | | State Zip Gode |
| Check the Appropriate Box(es): Type of Replacement: | Existing Vent/Chimney: Size | |
| Oil to Gas Conversion Gas to Oil Conversion Gas Appliance Replacement Oil to Oil Replacement Other Type | [] "B" Label Vent [] [] "L" Label Vent [] [] Flexible Liner [] [] Power Vent/Exhauster [] Fuel Type | Masonry Chimney-Tile Lined |
| | Oil / Gas / Other: | |
| | Oil / Gas / Other: | |
| Appliance 3: | Oll / Gas / Other: | |
| | CHIMNEY LINER | renew the Demett and leating |
| | I, all documentation on the liner must according Model:U | |
| | | JL Listing |
| Material of Liner: Stainless Steel | | |
| Size of Appliance Vent: | Size of Liner: He | eight of Chimney: |
| Length of Connector: | Vent Connector Rise: | |
| How does the appliance vent? [|] Natural Draft [] Fan-assisted | Other: |
| PLEASE SIGN ONE For Oil or Coal to Gas Conversions: | E OF THE FOLLOWING VERIFICATION S | STATEMENTS |
| | in good repair and clear of obstruction and oal appliance. I have verified that the chimn d. | |
| | Signature | Date . |
| Oil to Oil or Gas to Gas Replacement | ts or New/Additional Appliances: | |
| | /vent is in good repair and clear of obstruction sized for the appliance(s) being installed a | |
| Direct Vent Appliance: | Signature | Date |
| I hereby verify that the appliance(s) bein vent is appropriately lined and sized for | g installed is a direct vent appliance. I furthe any remaining appliances. | er verify that the existing chimney/ |
| Verification Not Submitted: | Signature | Date |
| | erstand that I will be required to be present | t for the inspection to remove and |
| , | Signature | Date |
| | RK, THIS FORM MUST BE PROVIDED FORM MUST BE PRESENTED TO THE C | |

All applicable information requested on this form must be supplied. This form may not be submitted by a homeowner in lieu of the required inspection.