



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Little Egg Harbor Township

Date Received _____
Date Issued _____
Control # _____
Permit # _____

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Tele. (____) _____ e-mail _____

Address _____
Street _____ Municipality _____ Zip Code _____

Contractor _____ Tele. (____) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) _____

Federal Emp. ID No. _____ FAX: (____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Estimated Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Slab	_____	_____	_____	_____
<input type="checkbox"/> Partial - Underslab Utilities Approved:		Rough	_____	_____	_____	_____
Date: _____ Approved By: _____		Water	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved		Fixtures	_____	_____	_____	_____
Date: _____ Approved By: _____		Sewer	_____	_____	_____	_____
Joint Plan Review Required:		Gas Equipment	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator		Gas Piping	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT:		LPGas Tank	_____	_____	_____	_____
Date: _____		Fuel Oil Piping	_____	_____	_____	_____
Approved By: _____		Solar _____	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE:		TCO _____	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Final _____	_____	_____	_____	_____
Approved By: _____						
Date: _____						

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 the application.

Applicant's Signature/Contractor's Seal and Signature

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	LPGas Tank	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Seperator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Active Solar System	_____
_____	Other	_____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL	\$ _____