



CITY OF TRENTON
 Department of Inspections
 319 East State Street
 Trenton, NJ 08608



**PLUMBING
 SUBCODE
 TECHNICAL SECTION**



Date Received
 Control #
 Date Issued
 Permit #

*plumbing permit
 for these items*

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 _____
 Address _____
 Tel. (_____) _____
 Contractor _____
 Address _____
 Tel. (_____) _____ FAX (_____) _____
 Contractor License No. _____
 Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
 Building Sewer Size _____ Public Sewer _____ Private Septic _____
 Water Service Size _____ Public Water _____ Private Well _____
 Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Slab	_____	_____	_____	_____
Joint Plan Review Required.		Rough	_____	_____	_____	_____
<input type="checkbox"/> Building	<input type="checkbox"/> Electric	Water	_____	_____	_____	_____
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator	Sewer	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved		Fixtures	_____	_____	_____	_____
Date: _____		Gas Equipment	_____	_____	_____	_____
Approved by: _____		Gas Piping	_____	_____	_____	_____
SUBCODE APPROVAL		LPGas Tank	_____	_____	_____	_____
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	Fuel Oil Piping	_____	_____	_____	_____
Date: _____		Solar	_____	_____	_____	_____
Approved by: _____		TCO	_____	_____	_____	_____
		_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____

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.

Applicant's Signature/Contractor's Seal and Signature

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	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	_____
_____	Gas Piping	_____
_____	LPGas Tank - propane	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other <i>1/2" c water piping</i>	_____
_____	Other <i>Building Drain</i>	_____

*Relining of
 fixtures*

*sump pump
 condensate line*

**N.J. STATE LAW
 13:45A - 16.2
 FINAL INSPECTIONS
 ARE REQUIRED BEFORE
 FINAL PAYMENT IS MADE
 TO CONTRACTOR**

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
 TOTAL FEE \$ _____

1 White = Applicant Copy 2 Canary = Office Copy
 3 Pink = Office Copy 4 White = Inspector Copy