

Raritan Township Zoning Certificate of Reoccupancy

Please see the attached forms and steps below regarding the zoning certificate of Reoccupancy. For any questions about specific forms, please contact the applicable department directly.

Zoning Department Forms (908-806-6102)

1. Please complete the Zoning Certificate of Reoccupancy form. Please provide 3 copies of the floor plan, the dimensions and labeling of the use of each room must be shown on the plans.
2. If the proposed site is on public sewer, you will need to obtain approval/correspondence from the Raritan Township Municipal Utilities Authority (RTMUA) that there is sufficient sewer capacity for the proposed use.
3. Please provide a copy of the filled-out Zoning Certificate of Reoccupancy form to the RTMUA as an application for approval from them
4. If your business is food/retail, a copy of Hunterdon County Health Department approval is required

Fire Marshall's Office Forms (908-806-6314)

1. The Fire Marshall's Business Registration form is attached.

Construction Department Forms (908-806-6114)

1. All four subcodes must be completed.
2. For each subcode in the 'description of work' please write 'CCO Only' as the department has their separate processing for these permits.
3. Where it states contractor please write 'self' as for this permit again is only for the Reoccupancy certificate
4. Please complete the CCO Required information form which is attached as well.

**** Please note that this entire process is for the certificate of Reoccupancy only. If you plan on completing any interior alterations a separate zoning and construction permits are required.****



Township of Raritan

Planning and Zoning Department
1 Municipal Drive Flemington, NJ 08822

Phone: (908)-806-6104
Fax: (908)-806-8031

Zoning Fee: \$100.00

ZONING CERTIFICATE OF REOCCUPANCY

Date: _____ Permit #: _____

Block/Lot: _____ Zone: _____

Location: _____

Unit # (If Applicable): _____

Owner: _____

Address: _____

Telephone: _____ Email: _____

Tenant: _____

Name of Business: _____

Address: _____

Telephone: _____ Email: _____

Previous/Current Use: _____

Description of Proposed Business: _____

Storage of Chemical or Flammable Materials? _____

*Will Food and/or Perishable Goods Be Sold? _____

Hunterdon County Health Department approval may be required

Is the Site on Sewer or Septic? Septic Sewer

IF ON SEWER: Raritan Township Municipal Utilities Authority Sewerage Approval must be attached

Once you have filled out this form, please send a copy to the RTMUA for review



Applicant's Signature

Date

Section 296-186 of the Raritan Township Development Ordinance requires the issuance of a Zoning Certificate of Occupancy prior to the changes of tenancy or use in a non-residential structure or a non-residential lot.

Inspection of the Unit/Business may be conducted by the Zoning Office

FOR TOWNSHIP OFFICIAL USE

Approved

Denied

Land Use Officer

Date

BUREAU OF FIRE PREVENTION

Business Registration Form must be completed prior to opening of new business.

Raritan Township Fire Marshall

Date

LIFE HAZARD USE REGISTRATION
SERVING THE TOWNSHIPS OF RARITAN, KINGWOOD & READINGTON
1 Municipal Drive, Flemington, NJ 08822
908-806-6314



firesafety@raritantwpnj.gov

PART A – BUSINESS LOCATION INFORMATION

Business Name: _____
Physical Address: Street: _____ Suite(s): _____
Business Telephone: _____ Block: _____ Lot: _____

PART B – BUSINESS REGISTRATION INFORMATION

Ownership Type: Individual/Sole Proprietorship Corporation LLC Other: _____

Business Owner's Name (if private/individual): _____

Business Name: _____

If incorporated, list corporate officers: _____

Business Mailing Address

Street: _____ Suite: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____ Fed Tax ID: _____

Business Email: _____

Business Use: (brief description of business including any use of flammables, combustibles, or hazardous materials)

Registered Agent – Must be a New Jersey address separate from the business location

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

PART C – PROPERTY OWNER INFORMATION

Property Owner Information (Write same if owned by occupant):

If non-owner occupied, list building landlord or management company information:

Name: _____ Point of Contact: _____

Street Address: _____ Suite: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ E-Mail: _____

TURN OVER AND COMPLETE

PART D – BUILDING INFORMATION

Occupancy Information:

Number of Stories: _____ Height of Building: _____ Solar Panels: _____ Number of Exits: _____
Stories Below Grade: _____ Occupant Load/Units: _____ Truss Construction: _____
Total Square Footage: _____ Number of Skylights: _____ Roof Hatches: _____

Fire Alarm & Fire Suppression Information:

Fire Alarm System: Yes No Name of Contractor: _____
Fire Suppression System: Yes No Name of Contractor: _____
Cooking Suppression System: Yes No Name of Contractor: _____

PART E – EMERGENCY CONTACTS

Emergency Contacts (Other Than Business Owner):

Primary: Name: _____ Title: _____ Phone: _____
E-Mail Address: _____
Secondary: Name: _____ Title: _____ Phone: _____
E-Mail Address: _____

I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I am authorized to complete this application on behalf of the stated business.

Signature of Individual Completing this Form: _____ Date: _____
Printed Name of Individual Completing this Form: _____ Date: _____



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: _____

2. Name of Owner in Fee: _____
 Tel. _____ e-mail _____
 Address _____
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: _____ Tel. _____
 Address _____ e-mail _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason _____
 Federal Emp. ID No. _____ FAX: _____

5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun _____
 Tel. _____ FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

Minor Work New Building Addition Demolition
 Repair Alteration Renovation Reconstruction
 Asbestos Abat. -Subch. 8 Lead Hazard Abatement Radon Remediation Annual Permit

IIb. SUBCODES
 (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<input type="checkbox"/> Building									
<input type="checkbox"/> Electrical									
<input type="checkbox"/> Plumbing									
<input type="checkbox"/> Fire Protection									
<input type="checkbox"/> Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale		
Gained, Rental		
Lost, Sale		
Lost, Rental		

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. Partial Releases

2. Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks

2. High Pressure Boilers

3. Pressure Vessels

4. Refrigeration Systems

5. Cross-Connections/Backflow Preventers

6. Hazardous Uses/Places of Assembly

7. Sprinklers/Standpipes

8. Smoke Control Systems in Open Wells

9. Underground Storage Tanks

10. Swimming Pools, Spas and Hot Tubs

11. LPGas Tanks

12. Fire Alarm

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.

Mark the 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. () I further certify that I will perform or supervise the following work:

- C.1. () Building
- C.2. () Fire Protection

I further certify that I will perform the following work:

- C.3. () 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.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

I understand that if any of the above statements are willfully false, I am subject to punishment.

() Check if contractor.

Agent Name _____

Address _____

Telephone _____

Signature _____

III. () LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. () HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

RARITAN TOWNSHIP *New Jersey*

COMMERCIAL CONTINUED CERTIFICATE OF OCCUPANCY REQUIRED INFORMATION

Date: _____ Block: _____ Lot: _____

Building Owner: _____

Address: _____

Phone # _____ City _____ State _____ Zip _____
Email: _____

Prior Tenant: _____ Prior Use Group: _____

New Tenant Business Name: _____

Address of Space to be Occupied: _____

City _____ State _____ Zip _____
Proposed Use Group: _____ Occupied Square Footage: _____ Number of Occupants: _____

Business Owner: _____

Mailing Address: _____

City _____ State _____ Zip _____
Phone # _____ Email: _____

Description of Business:

Storage of Chemical or Flammable Materials: Yes _____ No _____

If yes, list the type and quantities to be stored (*attach additional sheet if more space needed*):

Please check with the following office to ensure they have the same information regarding prior tenants and that there are no outstanding issues or requirements for the space you intend to occupy,

Zoning Officer _____

Fire Marshal _____

Tax Assessor _____



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
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: _____

Tel. _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)							
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> Footings/Foundations	_____	_____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/> Structural/Framework	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Exterior	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Interior	_____	_____	Frame	_____	_____	_____	_____
			Truss Sys./Bracing	_____	_____	_____	_____
Joint Plan Review Required:			Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Insulation	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer	_____	_____	_____	_____
Date:	_____	_____	Finishes -Final	_____	_____	_____	_____
Approved by: _____			Energy	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Mechanical	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			TCO	_____	_____	_____	_____
Date:	_____	_____	Other	_____	_____	_____	_____
Approved by: _____			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building:

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+ 2) \$ _____

Max. Occupancy Load _____

U.C.C. F110 (rev. 11/09)
Internet version

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: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Sign _____ Sq. Ft.
- Pool
- Retaining Wall _____ Sq. Ft.
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Radon Remediation
- Other _____
- Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

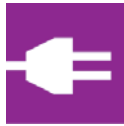
State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received _____
Control # _____
Date Issued _____
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: _____

Tel. _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

Pole/Pad # _____ Temporary Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)					
PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> Partial -Underslab Utilities Approved	Rough	_____	_____	_____	_____
Date: _____ Approved by: _____	Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> Electric Plans Approved	Trench	_____	_____	_____	_____
Date: _____ Approved by: _____	Temp. Serv.	_____	_____	_____	_____
Joint Plan Review Required:	Constr. Serv.	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	TCO	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Other	_____	_____	_____	_____
Date: _____	Service	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____	Final Cut-in-Card Date Issued	_____	_____	_____	_____
Approved by: _____	Annual Pool Inspection	_____	_____	_____	_____
	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.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

Licensed Elec. Contractor Certif'd Landscape Irrigation Cont'r Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ _____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Receptacle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received Control #

Date Issued 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:

Tel. e-mail

Address

Contractor: street municipality Tel. zip code

Address e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [] New OR [] Modification to Existing OR [] Conversion OR [] Replacement

Fuel Type: [] Gas [] Oil [] Electric [] Solar [] Other

Location:

Total Cost of Fire Protection Work \$

Fuel Storage Tank:

Fuel Type: [] Flammable OR [] Combustible Capacity

Fire Alarm System: [] New OR [] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[] New OR [] Existing

Location of Main Control Valve:

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.

Applicant/Contractor sign here:

Print name here:

D. TECHNICAL SITE DATA

[] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

Table with columns: NUMBER, FEE (Office Use Only) and rows for various fire protection systems like Alarm Systems, Suppression Systems, Pre-engineered Systems, etc.

JOB SUMMARY (Office Use Only) table with columns: PLAN REVIEW, SUBCODE APPROVAL for PERMIT, SUBCODE APPROVAL for CERTIFICATE, and INSPECTIONS with dates.

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



PLUMBING SUBCODE TECHNICAL SECTION



Date Received Control #

Date Issued 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:

Tel. e-mail

Address street municipality zip code

Contractor: Tel.

Address e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

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

Est. Cost of Plumbing Work \$

Table with columns: PLAN REVIEW, INSPECTIONS, Dates (Month/Day). Includes rows for No Plans Required, Plumbing Plans Approved, SUBCODE APPROVAL for PERMIT, and SUBCODE APPROVAL for CERTIFICATE.

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 sign/Contractor sign and seal here:

Print name here:

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Table with columns: QTY., FIXTURE/EQUIPMENT, FEE (Office Use Only). Lists items like Water Closet, Urinal/Bidet, Bath Tub, etc.

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