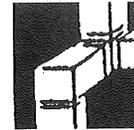


**CITY OF BAYONNE**  
 Department of Engineering  
 630 Avenue "C"  
 Bayonne, New Jersey 07002



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 \_\_\_\_\_  
 Work Site Location \_\_\_\_\_  
 \_\_\_\_\_  
 Owner In Fee \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Tele. ( \_\_\_\_\_ ) \_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Tele. ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
 Lic. No. \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_

**B. MECHANICAL CHARACTERISTICS**

Use Group R-3/R-4  
 Heating System ( ) Conversion ( ) Replacement  
 Fuel: ( ) Gas ( ) Oil ( ) Electric ( ) Solar  
 ( ) Other \_\_\_\_\_  
 Type: ( ) Hydronic ( ) Hot Air  
 Estimated Cost of Mechanical Work \$ \_\_\_\_\_

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:		INSPECTIONS		DATES		
( ) No Plans Required		Type:	Failure	Failure	Approval	Initial
Joint Plan Requires		Gas Piping	_____	_____	_____	_____
( ) Bldg.	( ) Plumb.	Appliance	_____	_____	_____	_____
( ) Elec.	( ) Elevator	Chimney/Vent	_____	_____	_____	_____
( ) Fire	( ) Mech.	Oil Piping	_____	_____	_____	_____
PLANS APPROVED		Oil Tank	_____	_____	_____	_____
Date: _____		LPG Tank	_____	_____	_____	_____
Approved by: _____		Hydronic Piping	_____	_____	_____	_____
SUBCODE APPROVAL		Fireplace	_____	_____	_____	_____
( ) CA	( ) CCO	Chimney Cert.	_____	_____	_____	_____
Date: _____		Other _____	_____	_____	_____	_____
Approved by: _____						

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Other	_____

**Administrative Surcharge** \$ \_\_\_\_\_  
**Minimum Fee** \$ \_\_\_\_\_  
**DCA Training Fee** \$ \_\_\_\_\_  
**TOTAL FEE** \$ \_\_\_\_\_

**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.

\_\_\_\_\_  
 Signature