

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



**PLUMBING
 SUBCODE
 TECHNICAL SECTION**



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. (____) _____
 Lic. No. _____
 Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
 Building Sewer Size _____
 Water Service Size _____
 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	_____	_____	_____	_____	_____
Joint Plan Review Required:		Rough	_____	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire		Water	_____	_____	_____	_____	_____
<input type="checkbox"/> Plumb. Plans Approved		Sewer	_____	_____	_____	_____	_____
Date: _____		Fixtures	_____	_____	_____	_____	_____
Approved by: _____		Gas Equipment	_____	_____	_____	_____	_____
		Gas Final	_____	_____	_____	_____	_____
		Solar	_____	_____	_____	_____	_____
		TCO _____	_____	_____	_____	_____	_____

SUBCODE APPROVAL:

CO CCO CA

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 this application.

 Signature-Contractor Seal

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA (List 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	_____
_____	Gas Piping	_____
_____	Fuel Oil Piping	_____
_____	Water Heater	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Gas Service Connection	_____
_____	Active Solar System	_____
_____	Other	_____

Administrative Surcharge \$ _____
 Paid Check # _____ Minimum Fee \$ _____
 Collected by: _____ TOTAL \$ _____