



PLUMBING SUBCODE
TECHNICAL SECTION



TOWNSHIP OF EAST BRUNSWICK
1 CIVIC CENTER DRIVE
PO 1081
EAST BRUNSWICK, NJ 08816
PHONE 732-390-6875 FAX 732-390-6906

Date Received \_\_\_\_\_
Control # \_\_\_\_\_
Date Issued \_\_\_\_\_
Permit # \_\_\_\_\_

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

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qualification Code: \_\_\_\_\_
Work site location: \_\_\_\_\_
Owner in fee: \_\_\_\_\_
Tel. \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_
Contractor: \_\_\_\_\_
Address: \_\_\_\_\_
Tel. \_\_\_\_\_ Email \_\_\_\_\_
Contractor License No. \_\_\_\_\_ Expires \_\_\_\_\_
Federal Employee ID No. \_\_\_\_\_

B. PLUMBING CHARACTERISTICS

EXISTING USE GROUP \_\_\_\_\_ PROPOSED USE GROUP \_\_\_\_\_
WORK TYPE: [ ] NEW [ ] REPLACEMENT [ ] ALTERATION [ ] CONVERSION
BUILDING SEWER SIZE: [ ] PUBLIC [ ] SEPTIC
WATER SERVICE SIZE: [ ] PUBLIC [ ] WELL
ESTIMATED COST OF PLUMBING WORK \$ \_\_\_\_\_

CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application
Print name here: \_\_\_\_\_
Applicant Sign: \_\_\_\_\_
Contractor sign & seal: \_\_\_\_\_
[ ] Master Plumber [ ] Master HVACR [ ] Exempt Applicant

Table with 2 columns: NO. and FIXTURE/EQUIPMENT. Lists items like Water Closets, Urinals, Bathtubs, etc.

Table with 2 columns: FEES (Office Use Only) and a blank column for fee amounts.

JOB SUMMARY (OFFICE USE ONLY)
[ ] NO PLANS REQUIRED [ ] MECHANICAL PLANS APPROVED [ ] CONTRACTOR CHANGE
DATE OF APPROVAL \_\_\_\_\_ APPROVED BY \_\_\_\_\_
JOINT PLAN REVIEW REQUIRED: [ ] BLDG [ ] ELEC [ ] FIRE [ ] PLUM [ ] ELEV
APPROVAL FOR PERMIT DATE \_\_\_\_\_ SCO \_\_\_\_\_
APPROVAL FOR CERTIFICATE DATE \_\_\_\_\_ SCO \_\_\_\_\_

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

INSPECTIONS ON REAR [Blue Arrow pointing right]

## INSPECTIONS

INSPECTION TYPE	INSPECTED BY	REPLACEMENT DATE		ROUGH INSPECTION DATE		FINAL INSPECTION DATE	
	INSPECTORS INITIALS	NOT APPROVED	APPROVED	NOT APPROVED	APPROVED	NO APPROVED	APPROVED
Water Closets							
Urinals / Bidets							
Bathtubs							
Showers							
Shower Pan Liners							
Lavatories							
Sinks							
Dishwashers							
Clothes Washers							
Stacks / Cross-Sectional Area							
Air Admittance Valves							
Hose Bib / Yard Hydrant							
Water Heaters / Combi Units							
Backflow Preventer Install							
Interceptors / Separators							
Sewer / Force Main							
Water Service							
Gas Piping							
Gas Appliances							
Hot Water Boiler							
Pool Heater / Drains							
Other							

NOTES:

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