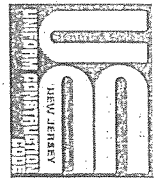


BOROUGH OF HELMETTA
CONSTRUCTION DEPARTMENT
 60 MAIN STREET - PO BOX 378
 HELMETTA, NJ 08828
 732-521-0386 — FAX: 732-521-1263



PLUMBING
SUBCODE
TECHNICAL SECTION

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. (_____) _____ Fax (_____) _____
 Contractor _____
 Address _____

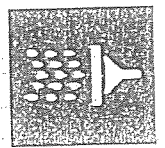
Lic. No. _____
 Federal Emp. No. _____

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	_____	_____	_____	_____
<input type="checkbox"/> Joint Plan Review Required:					
<input type="checkbox"/> Building <input type="checkbox"/> Electric	Rough	_____	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Water	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved	Sewer	_____	_____	_____	_____
Date: _____	Fixtures	_____	_____	_____	_____
Approved by: _____	Gas Equipment	_____	_____	_____	_____
	Gas Piping	_____	_____	_____	_____
	Solar	_____	_____	_____	_____
	TCO	_____	_____	_____	_____
SUBCODE APPROVAL					
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA					
Date: _____					
Approved by: _____					

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's Seal



Date Received _____
 Date Issued _____
 Control # _____
 Permit # _____

D. TECHNICAL SITE DATA (List of all fixtures.)
 NO. _____
 FIXTURE/EQUIPMENT

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	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Grasestrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____

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