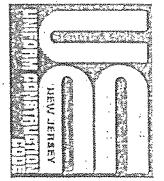


**BOROUGH OF HELMETTA**  
**CONSTRUCTION DEPARTMENT**  
 60 MAIN STREET - PO BOX 378  
 HELMETTA, NJ 08828  
 732-521-0386 - FAX: 732-521-1263



**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 \_\_\_\_\_

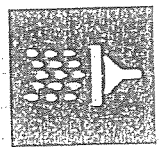
Lic. No. \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_

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

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	_____	
Grasetrapp	_____	
Sewer Connection	_____	
Water Service Connection	_____	
Stacks	_____	
Other _____	_____	
Other _____	_____	
Other _____	_____	

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

UCC/PRO F-130 (REV.3/96)  
 Professional Printing  
 (956) 468-7933