



**PLUMBING SUBCODE
TECHNICAL SECTION**



Date Received
Control #
Date Issued
Permit #

9/9/14
20140681

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

Block 152 Lot 15 Qualification Code _____

Work Site Location 7 SACTAND RD

LK HOPATONS, NJ

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address SAME

street municipality

Contractor: YANKEE PROPANE Tel. _____

Address 19 INDUSTRIAL M e-mail _____

FLORIDA, NY 10921

Contractor License No. LPG-023 Exp. Date 3/2016

Home Improvement Contract _____ Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 100.00

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL (2) 100 GAL PROPANE TANKS
RUN NEW LINE

QTY.	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	_____
<u>1</u>	Gas Piping	<u>50</u>
<u>2</u>	LPGas Tank	<u>100</u>
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____
_____	Other	_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
		Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Type:				
<input type="checkbox"/> Partial -Under slab Utilities Approved	Slab				
Date: _____ Approved by: _____	Rough				
<input type="checkbox"/> Plumbing Plans Approved	Water				
Date: _____ Approved by: _____	Sewer				
Joint Plan Review Required:	Fixtures				
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	Gas Equipment				
SUBCODE APPROVAL for PERMIT	Gas Piping				
Date: <u>9-25-14</u>	LPGas Tank				
Approved by: <u>[Signature]</u>	Fuel Oil Piping				
SUBCODE APPROVAL for CERTIFICATE	Solar				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	TCO				
Date: <u>9-16-14</u>					
Approved by: <u>[Signature]</u>					

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]
Applicant's Signature/Contractor's Seal and Signature

Licensed Plumbing Contractor Exempt Applicant

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
TOTAL FEE	\$ <u>5</u>