



Borough of Maywood
15 Park Avenue
Maywood, N.J. 07607



**PLUMBING SUBCODE
TECHNICAL SECTION**



Date Received
Control #
Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee _____
Address _____

Tel. (_____) _____
Contractor _____
Address _____

Tel. (_____) _____ FAX (_____) _____
Contractor License No. _____
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____
Water Service Size _____ Public Water _____ Private Septic _____
Est. Cost of Plumbing Work \$ _____ Private Well _____

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	Type:	Failure	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	Slab		Approval Initial
Joint Plan Review Required:	Rough		
<input type="checkbox"/> Building <input type="checkbox"/> Electric	Water		
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Sewer		
<input type="checkbox"/> Plumbing Plans Approved	Fixtures		
Date: _____	Gas Equipment		
Approved by: _____	Gas Piping		
SUBCODE APPROVAL	LP Gas Tank		
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Fuel Oil Piping		
Date: _____	Solar		
Approved by: _____	TCO		

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

Applicant's Signature/Contractor's Seal and Signature

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA (List of 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	_____
_____	Water Heater	_____
_____	Fuel Oil piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____
_____	Other	_____

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

3 copies needed for filing