

CONSTRUCTION PERMIT APPLICATION – COUNTER FORM
 Borough of Demarest – 118 Serpentine Road – Demarest, NJ 07627 (201) 768-3398
FILL IN FORM COMPLETELY IN TYPE OR INK

OFFICE USE ONLY

Received _____
 Control # _____

 Issued _____
 Permit # _____

CHECK IF: UPDATE fill in Permit # _____

BLOCK _____ LOT _____ WORKSITE ADDRESS _____

OWNER IN FEE _____ PHONE (_____) _____

ADDRESS (if different than worksite) _____ CITY _____ STATE _____ ZIP _____

BUILDING SUBCODE

CONTRACTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

LICENSE # _____ EXPIRES _____

FEDERAL EMPLOYMENT # _____

Building Characteristics

USE GROUP: _____ Construction Class _____

New Bldg # of stories _____ Height _____ ft.

Area largest floor _____ Sq. Ft. All Floors Sq. ft _____

Volume _____

PLUMBING SUBCODE

CONTRACTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

LICENSE # _____ EXPIRES _____

FEDERAL EMPLOYMENT # _____

Plumbing Characteristics

USE GROUP: _____

Building Sewer Size _____ Public _____ Private Septic _____

Water Service Size _____ Public _____ Private Well _____

TECHNICAL SITE DATA

Description of Work:

QTY	Fixture/Equipment	QTY	Fixture/Equipment
_____	Water Closet	_____	Gas Piping
_____	Urinal/Bidet	_____	Steam Boiler
_____	Bath tub	_____	Hot Water Boiler
_____	Lavatory	_____	Sewer Pump
_____	Shower	_____	Interceptor/Separator
_____	Floor Drain	_____	Backflow Preventor
_____	Sink	_____	Greasetrap
_____	Dishwasher	_____	Sewer Connection
_____	Drinking Fountain	_____	Water Service Conn
_____	Washing Machine	_____	Stacks
_____	Hose Bib	_____	Other _____
_____	Water Heater	_____	Other _____
_____	Fuel Oil Piping	_____	Other _____

TYPE OF WORK:

_____ New Building _____ Addition _____ Demolition

_____ Alteration _____ Renovation

_____ Roofing _____ How many layers _____

_____ Siding

_____ Pool

_____ Sign Sq. Ft _____

_____ Other

ESTIMATED COST:

New Building _____ + Alteration _____ = Total \$ _____

SIGNATURE _____ Agent () Owner ()

ESTIMATED COST OF PLUMBING \$ _____

Signature _____

Licensed Plumber ()

Affix Seal

Description of Work:

OFFICE USE ONLY:

SUBCODE PLAN REVIEW () No Plans Required () Other _____

ALL _____ FOOTING _____ FOUNDATION _____ Frame _____

Signature _____ Date _____

OFFICE USE ONLY:

SUBCODE PLAN REVIEW () No Plans Required () Plans Approved

Signature _____ Date _____

FIRE SUBCODE

ELECTRICAL SUBCODE

Contractor _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number _____ FAX _____
 License # _____ Expires _____
 Federal Employment # _____

Contractor _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number _____ FAX _____
 License # _____ Expires _____
 Federal Employment # _____

Fire Protection Characteristics:

Heating System : () New () Existing () HVAC
 Location _____
 Type: () Gas () Oil () Electric () Solar () Other _____
 Fire Alarm System () New () Existing Panel Location ____
 Fire Suppression/Standpipe System () New () Existing
 Main Control Valve Location _____

Method of Supervision _____

Water Supply Source _____

Storage Tanks	Capacity	Fuel
() Flammable Liquid	_____	_____
() Combustible Liquid	_____	_____
() LPG	_____	_____
() LNG	_____	_____

QTY.

Alarm Systems () 110V interconnected () System
 _____ Alarm Devices (smoke, c/m, heat, pulls, water flow.)
 _____ Supervisory Devices (tampers, low/high air)
 _____ Signaling Devices (horns, strobes, bells)
 _____ Other Devices _____
 _____ TOTAL

Suppression Systems () Fire Pump () GPM Type
 _____ Dry Pipe/ Alarm Valves
 _____ Pre-Action Valves
 _____ Sprinkler heads (wet and dry)
 _____ Standpipes

Pre-Engineered Systems
 _____ Wet Chemical
 _____ Dry Chemical
 _____ CO2 Suppression
 _____ Foam Suppression
 _____ Halon Suppression
 _____ Other _____
 _____ Kitchen Hood Exhaust System
 _____ Smoke Control System
 _____ () Gas or () Oil Fired Appliances
 _____ Other

ESTIMATED COST OF FIRE PROTECTION WORK \$ _____

Electrical Characteristics:

() Pole Pad # _____ () Temp. () Other _____
 Building Occupied As _____ Utility Co. _____

Technical Site Data:

Description of Work:

QTY	SIZE	ITEMS
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____		Carbon Monoxide
_____		Light Poles
_____		Motors - Fract. HP
_____		Emergency & Exit Lights
_____		Communication Points
_____		Alarm Devices / FAC Panel
_____		TOTAL QUANTITY
_____		Pool with UV Lights
_____		Storable Pool/Spa/ Hot Tub
_____		Whirlpool
_____	_____ KW	Electric Range. Receptacle
_____	_____ KW	Oven/ Surface Unit
_____	_____ KW	Electric Water Heater
_____	_____ KW	Electric Dryer/Receptacle
_____	_____ KW	Dishwasher
_____	_____ KW	Garbage Disposal
_____	_____ KW	Central Air Conditioning Unit
_____	_____ KW	Space Heater/ Air Handler
_____	_____ KW	Baseboard Heat
_____	_____ KW	Motors I/+ HP
_____	_____ KW	Transformer. Generator
_____	_____ AMP	Service
_____	_____ AMP	Subpanels
_____	_____ AMP	Motor Control Center
_____	_____ KW	Electric Sign. Outline Light

ESTIMATED COST OF ELECTRICAL WORK \$ _____

Signature _____ () Agent () Owner
 () Licensed Electrician AFFIX SEAL

OFFICE USE ONLY

SUBCODE PLAN REVIEW () No Plans Required () Plans Approved

Signature _____ Date _____

OFFICE USE ONLY

SUBCODE PLAN REVIEW () No Plans Required () Plans Approved

Signature _____ Date _____