

Complete, Sign and Return. (Please Print or Type)

Block _____ Lot _____ Date Received _____
 Site Location _____
 Owner of Fee _____
 Address _____
 State _____ Zip Code _____
 Phone # (____) _____ Fax # (____) _____

PLUMBING	BUILDING																																																						
Contractor _____ Address _____ Phone () _____ Lic # _____ expiration date _____ Federal Emp. No. _____	Contractor _____ Address _____ Phone () _____ Lic # _____ expiration date _____ Federal Emp. No. _____ Home Improvement Contractor License #: _____																																																						
Technical Site Data (List All Fixtures) <table style="width: 100%;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>NO.</u></th> <th style="text-align: left;"><u>FIXTURE/EQUIPMENT</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>Water Closet</td></tr> <tr><td>_____</td><td>Urinal/Bidet</td></tr> <tr><td>_____</td><td>Bath Tub</td></tr> <tr><td>_____</td><td>Lavatory</td></tr> <tr><td>_____</td><td>Shower</td></tr> <tr><td>_____</td><td>Floor Drain</td></tr> <tr><td>_____</td><td>Sink</td></tr> <tr><td>_____</td><td>Dishwasher</td></tr> <tr><td>_____</td><td>Drinking Fountain</td></tr> <tr><td>_____</td><td>Washing Machine</td></tr> <tr><td>_____</td><td>Hose Bibb</td></tr> <tr><td>_____</td><td>Water Heater</td></tr> <tr><td>_____</td><td>Fuel Oil Piping</td></tr> <tr><td>_____</td><td>Gas Piping</td></tr> <tr><td>_____</td><td>Steam Boiler</td></tr> <tr><td>_____</td><td>Hot Water Boiler</td></tr> <tr><td>_____</td><td>Sewer Pump</td></tr> <tr><td>_____</td><td>Interceptor/Separator</td></tr> <tr><td>_____</td><td>Backflow Preventor</td></tr> <tr><td>_____</td><td>Grease trap</td></tr> <tr><td>_____</td><td>Sewer Connection</td></tr> <tr><td>_____</td><td>Water Service Connection</td></tr> <tr><td>_____</td><td>Stacks</td></tr> <tr><td>_____</td><td>Other _____</td></tr> <tr><td>_____</td><td>Other _____</td></tr> <tr><td>_____</td><td>Other _____</td></tr> </tbody> </table> Estimated Cost of Plumbing Work \$ _____	<u>NO.</u>	<u>FIXTURE/EQUIPMENT</u>	_____	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 Preventor	_____	Grease trap	_____	Sewer Connection	_____	Water Service Connection	_____	Stacks	_____	Other _____	_____	Other _____	_____	Other _____	Description of Work: TYPE OF WORK <input type="checkbox"/> New Building _____ <input type="checkbox"/> Fence ____ ht ft _____ <input type="checkbox"/> Addition _____ <input type="checkbox"/> Sign ____ sq ft _____ <input type="checkbox"/> Alteration _____ <input type="checkbox"/> Pool _____ <input type="checkbox"/> Asbestos Abatmt. _____ <input type="checkbox"/> Roofing _____ <input type="checkbox"/> Demolition _____ <input type="checkbox"/> Siding _____ <input type="checkbox"/> Lead Abatmt. _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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	<p style="text-align: center;">Building Characteristics</p> Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____ No. of Stories _____ Height of Structure _____ Area - Largest Floor _____ New Bldg. Area / All Floors _____ Volume of New Structure _____ Total Land Area Disturbed _____																																																						
SIGNATURE _____ <input type="checkbox"/> Licensed Contractor (Affix Seal) <input type="checkbox"/> Exempt Applicant	<p>Estimated Cost of Building Work</p> New Building /Addition (1) \$ _____ Alterations (2) \$ _____ TOTAL (1+2) \$ _____																																																						
	SIGNATURE _____ <input type="checkbox"/> Licensed Contractor <input type="checkbox"/> Exempt Applicant																																																						

COUNTER FORM
Complete, Sign and Return. (Please Print or Type)

Borough of Glen Ridge
Construction Code Enforcement
825 Bloomfield Avenue
Glen Ridge, New Jersey 07028
Phone (973) 748-8444
Fax (973) 748-3926
www.glenridgenj.org

Block _____ Lot _____ Date Received _____
Site Location _____
Owner of Fee _____
Address _____
State _____ Zip Code _____
Phone # (____) _____ Fax # (____) _____

ELECTRICAL

Contractor _____
Address _____
Phone (____) _____
Lic # _____ expiration date: _____
Federal Emp. No. _____

Technical Site Data (List All Fixtures)

Qty.	Size	Item
_____		Light Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____		Light Poles
_____		Motors -Fract. HP
_____		Emergency & Exit Lights
_____		Communications Points
_____		Alarm Devices/F.A.C. Panel
_____		TOTAL NO.
_____		Pool w/UW Lights
_____		Storable Pool / Spa or Hot Tub
_____	_____ KW	Elec. Range
_____	_____ KW	Oven / Surface Unit
_____	_____ KW	Elect. Water Heater
_____	_____ KW	Elec. Dryer / Receptacle
_____	_____ KW	Dishwasher
_____	_____ HP	Garbage Disposal
_____	_____ KW	Central AC Unit
_____	_____ HP/KW	Space Heater / Air Handler
_____	_____ KW	Baseboard Heat
_____	_____ HP	Motors 1/+ HP
_____	_____ KW	Transformer / Generator
_____	_____ AMP	Service
_____	_____ AMP	Sub panels
_____	_____ AMP	Motor Control Center
_____	_____ KW	Electric Sign /Outline Light
_____	_____ OTHER	_____

Estimated Cost of Electrical Work \$ _____

SIGNATURE _____
[] Licensed Contractor (Affix Seal) [] Exempt Applicant

FIRE

Contractor _____
Address _____
Phone (____) _____
Lic # _____ expiration date: _____
Federal Emp. No. _____

Technical Site Data (Description of Work)

Heating System

[] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Electric [] Solar [] Other
Location: _____

Fire Alarm System

[] New [] Existing--Location of Panel _____

Fire Suppression / Standpipe System

[] New [] Existing--Location Main Valve _____

Storage Tanks

Type: [] Flam. Liquid [] Combust. Liquid
[] LPG [] LNG _____ Capacity _____ Fuel

Alarm Systems [] 110V Interconnected [] System

_____ Alarm Devices (i.e., smoke, heat, pulls, water/flow)
_____ Supervisory Devices (i.e., tamper, low/high air)
_____ Signaling Devices (i.e., horn/strobe, bells)
_____ Other _____

TOTAL

Suppression Systems [] Fire Pump [] GPM Type

_____ Dry Pipe/Alarm Valve _____ Pre-action Valve
_____ Sprinkler (Dry&Wet) _____ Standpipes

Pre-Engineered Systems

_____ Wet Chem _____ Dry Chem _____ CO2 Supp
_____ Foam _____ Halon _____ Other
_____ Kitchen Hood Exhaust Systems
_____ Smoke Control System
_____ Gas [] or Oil [] Fired Appliances
Other _____

Estimated Cost of Fire Protection \$ _____

SIGNATURE _____

[] Licensed Contractor (Affix Seal) [] Exempt Applicant