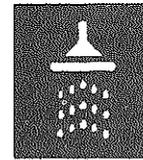




**PLUMBING  
SUBCODE  
TECHNICAL SECTION**



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
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: \_\_\_\_\_

Tel. (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

street municipality zip code

Contractor: \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

**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	_____	_____	_____	_____
Date	Initial	Rough	_____	_____	_____	_____
Joint Plan Review Required		Water	_____	_____	_____	_____
<input type="checkbox"/> Building	<input type="checkbox"/> Electric	Sewer	_____	_____	_____	_____
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator	Fixtures	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved		Gas Equipment	_____	_____	_____	_____
Date:	_____	Gas Piping	_____	_____	_____	_____
Approved by:	_____	LPGas Tank	_____	_____	_____	_____
<b>SUBCODE APPROVAL</b>		Fuel Oil Piping	_____	_____	_____	_____
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	Solar	_____	_____	_____	_____
<input type="checkbox"/> CA		TCO	_____	_____	_____	_____
Date:	_____		_____	_____	_____	_____
Approved by:	_____		_____	_____	_____	_____

**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	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrapp	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks _____	_____
_____	Garbage Disposal _____	_____
_____	Other _____	_____

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

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.

Applicant Signature/ Contractor's Seal and Signature \_\_\_\_\_

Licensed Plumbing Contractor  Exempt Applicant

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three parts

UCC/F-130  
Professional Printing  
(856) 468-7933

1. White-Inspector Copy
2. Canary-Applicant Copy
3. Pink-Office Copy
4. White Tag-Office Copy