

CONSTRUCTION PERMIT APPLICATION – COUNTER FORM

Borough of New Milford 930 River Road, New Milford, NJ 07646

(201) 967-5044 ext. 7572 FAX (201) 262-1904

FILL IN FORM COMPLETELY IN TYPE OR INK

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 _____ All New Square Ft. _____

(must fill in for new building or addition) Volume _____

Description of Work:

TYPE OF WORK:

New Building Addition Demolition

Alteration _____ How many layers _____

Roofing _____

Siding _____

Pool _____

Sign Sq. Ft. _____

Other _____

ESTIMATED COST:

New Building _____ + Alteration _____ = Total \$ _____

SIGNATURE _____ Agent () Owner ()

ELECTRICAL SUBCODE

CONTRACTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

LICENSE # _____ EXPIRES _____

FEDERAL EMPLOYMENT # _____

Electrical Characteristics: () Pole Pad # _____ () Temp. () Other _____

Building Occupied As _____ Utility Co. _____

Technical Site Data:

QTY	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	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
_____ 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 1/+ HP
_____ KW	Transformer. Generator
_____ AMP	Service
_____ AMP	Subpanels
_____ AMP	Motor Control Center

ESTIMATED COST:

\$ _____

Description of Work:

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

OFFICE USE ONLY:

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

ALL _____ FOOTING _____ FOUNDATION _____ Frame _____

Inspector Signature _____ Date _____

OFFICE USE ONLY:

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

Inspector Signature _____ Date _____

FIRE SUBCODE

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 _____

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 \$ _____
Signature _____ () Agent () Owner

PLUMBING SUBCODE

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

Plumbing Characteristics:

Building Sewer Size _____ Public _____ Private Septic _____
Water Service Size _____ Public _____ Private Well _____

Technical Site Data:

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 Connec
_____	Washing Machine	_____	Stacks
_____	Hose Bib	_____	Other _____
_____	Water Heater	_____	Other _____
_____	Fuel Oil Piping	_____	Other _____

Description of Work:

ESTIMATED COST OF PLUMBING WORK \$ _____

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

OFFICE USE ONLY
SUBCODE PLAN REVIEW () No Plans Required () Plans Approved
Inspector Signature _____ **Date** _____

OFFICE USE ONLY
SUBCODE PLAN REVIEW () No Plans Required () Plans Approved
Inspector Signature _____ **Date** _____