



COUNTER FORM

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

Borough of Roseland

Construction Code Enforcement

300 Eagle Rock Avenue

Roseland, New Jersey 07068

973-226-6565 Fax 973-226-8520

Block _____ Lot _____ Date Received _____

Site Location _____ Date Issued _____

Owner of Fee _____ Control # _____

Address _____ Permit # _____

State _____ Zip Code _____ Phone # (____) _____

PLUMBING INSPECTION

Contractor _____

Address _____

Phone (____) _____

Lic # _____ expiration date _____

Federal Emp. No. _____

Technical Site Data (List All Fixtures)

NO. FIXTURE/EQUIPMENT

- _____ 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
- _____ Greasetrap
- _____ Sewer Connection
- _____ Water Service Connection
- _____ Stacks
- _____ Other _____
- _____ Other _____
- _____ Other _____

Estimated Cost of Plumbing Work \$ _____

SIGNATURE _____

Owner [] Licensed Plumbing Contractor []

SUBCODE:

Plans: Required () _____

Approved () SUBCODE SIGNATURE

Date: _____

CONTRACTOR AFFIX SEAL >

BUILDING INSPECTION

Contractor _____

Address _____

Phone (____) _____

Lic # _____ expiration date _____

Federal Emp. No. _____

DESCRIPTION OF WORK:

TYPE OF WORK	COST	MISCELLANEOUS COST
[] New Building	_____	[] Fence _____ ht ft _____
[] Addition	_____	[] Sign _____ sq ft _____
[] Alteration	_____	[] Pool _____
		[] Asbestos Abatmt. _____
[] Roofing	_____	[] Demolition _____
[] Siding	_____	[] Lead Abatmt. _____
[] Other	_____	_____
[] Other	_____	_____
[] Other	_____	_____

Building Characteristics

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 _____

Estimated Cost of Building Work

New Building /Addition (1) \$ _____

Alterations (2) \$ _____

TOTAL (1+2) \$ _____

SIGNATURE _____

Owner [] Contractor []

SUBCODE:

Plans: Required () _____

Approved () SUBCODE SIGNATURE

Date: _____