



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
<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 _____	_____	_____

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: _____