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 __________ Owner of Fee __________ Control # __________
Address __________ Zip Code __________ Phone # (____)

PLUMBING INSPECTION
Contractor __________
Address __________

Phone (____) ____________ expiration date __________
Lic # ____________ 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
_____ Greasstrap
_____ Sewer Connection
_____ Water Service Connection
_____ Stacks
_____ Other __________
_____ Other __________

Estimated Cost of Plumbing Work $ __________

SIGNATURE
Owner [ ] Licensed Plumbing Contractor [ ]

SUBCODE:
Plans: Required ( ) __________
Approved ( ) __________ SUBCODE SIGNATURE
Date: __________

BUILDING INSPECTION
Contractor __________
Address __________

Phone (____) ____________ expiration date __________
Lic # ____________ Federal Emp. No. __________

Technical Site Data (List All Fixtures)

NO. FIXTURE/EQUIPMENT

_____ New Building __________
_____ Addition __________
_____ Alteration __________
_____ Roofing __________
_____ Siding __________
_____ Other __________
_____ Other __________

DESCRIPTION OF WORK:

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