NEIC NORTHEAST INSPECTION CONSULTANTS
We are local. We live local. We work local.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued

Permit #

R/N
R/O
C/N
C/O

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location _____

_____

Owner _____

Address _____

_____

Tele. (_____) _____

Contractor _____

Address _____

_____

Tele. (_____) _____ Fax (_____) _____

Lic. No. _____

Federal Emp. No. _____ PA. HIC #

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 $ _____

D. TECHNICAL SITE DATA (List of 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 Preventer
_____	Greasetrap
_____	Sewer Connection
_____	Water Service Connection
_____	Stacks
_____	Other _____
_____	Other _____
_____	Other _____

FEE (Office Use Only)

$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	____	____	____	____
Rough	____	____	____	____
Water	____	____	____	____
Sewer	____	____	____	____
Fixtures	____	____	____	____
Gas Equipment	____	____	____	____
Gas Piping	____	____	____	____
Solar	____	____	____	____
TCO _____	____	____	____	____
_____	____	____	____	____
_____	____	____	____	____

Administrative Surcharge $ _____

UCC Inspection $ _____

PA L&I $ _____

TOTAL $ _____

C. CERTIFICATION IN LIEU OF OATH

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

_____
Signature

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy