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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued

Permit #

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 $ _____

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

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)

$ _____

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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