



FIRE SUBCODE TECHNICAL SECTION



OPEN

Date Received 7/29/2019
Control # C19-07-3074
Date Issued 8/1/2019
Permit # 19-07-138

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 55 Lot 3 Qualification Code _____

Work Site Location: 1138 JEFFERSON BLVD, Bayonne City, NJ

Owner in Fee: BROWN, KATHRYN AND ROBERT

Address: 1138 BOULEVARD, BAYONNE NJ 07002 Email: _____

Tel: _____ Tel: 973/6974700

Contractor: WATER RESOURCE TECH INC

Address: 2 KANOUSE ROAD, NEWFOUNDLAND NJ 07435 Email: _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Expiration Date: _____

Home Improvement Contractor Registration No. or Exemption Reason(s) if applicable: _____

Federal Employee No. _____ Fax: 973/6973222

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed U Fuel Type: ☐ Flammable or ☒ Combustible

Const. Class: Present Proposed _____ Capacity: 550

Heating Systems: ☐ New or ☐ Modification to Existing

Type: ☐ Gas ☒ Oil ☐ Electric ☐ Solar

Location: _____

Total Cost of Fire Protection Work: \$1,750

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	Date	Type:	Dates (Month/Day)
	Initial		Failure
☐ No Plan Required		Alarm System	Initial
☐ Partial Under-slab Utilities Approved		Suppression Sys.	
Date: _____ by: _____		Standpipe	
☐ Fire Protection Plans Approved		Fire Pump	
Date: _____		Pre-Eng. System	
Approved by: _____		Mechanical	
Joint Plan Review Required		Smoke Control	
☐ Building ☐ Plumbing		TCO	
☐ Electrical ☐ Elevator		Flam/Cumust Tank	
SUBCODE APPROVAL FOR PERMIT		Fireplace Venting	
Date: _____		Final	
SUBCODE APPROVAL FOR CERTIFICATE		Other	
☐ CO ☐ CCO ☐ CA			
Date: _____			
Approved by: _____			

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.

Applicant's Signature/Contractor's Seal and Signature and Printed Name
☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA	
DESCRIPTION OF WORK	
TANK REMOVAL, REMOVAL OF 1 550 GALLON HEATING OIL	
UNDERGROUND STORAGE TANK	
Water Supply Source _____	
Method of Alarm/Suppression System Supervision _____	

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)		
Supervisory Devices (tamper, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other _____		
TANK REMOVAL	<u>1</u>	<u>\$150</u>
Administrative Surcharge		
Minimum Fee		
State Permit Surcharge Fee		
TOTAL FEE		<u>\$150</u>



Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

OPEN

Inspection Activity Report

Inspections for Permit Number 19-07-138

Permit Number
19-07-138

Inspection Date	Inspection Type	Inspector	Subcode	Owner	Result	Location	Work Type	Work Description	Inspection Comments
08/27/2019	TANK REMOVAL	Joseph Coughlin	Fire		Not Ready	BROWN, KATHRYN AND ROBERT	Alteration	TANK REMOVAL	Preference for 1st inspection date request Req: Kathleen Brossman 9736003560 klipscomb@waterresource.tech.com Previously filled detected holes waiting for soil samples

1138 JF KENNEDY BLVD

Need "NFA" OPEN Letter From State of NJ