



**FIRE
 SUBCODE
 TECHNICAL SECTION**

IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING
 CONTRACTORS. NOTIFY THIS OFFICE OF ANY UTILITY DIG NO. 1-800-272-1000

BOOK 121 of 9
 313 Woodbury Lake Rd.
 Qualification Code

Owner: Donald Popper
 Address: 313 Woodbury Lake
Deptford, NJ 08046
 Tel: 856-853-1088
 Contractor: P.O. Box 2526
 Address: Cinnaminson, NJ 08077
 Tel: 856-853-1088 FAX: 856-853-1088
 Fire Protection Equipment: NJ Div of Fire Safety Permit No. 08077
 Fire Alarm Contractor No. 08077

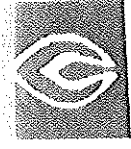
B. FIRE PROTECTION CHARACTERISTICS
 Use Group: Present Proposed
 Construction: Present Proposed
 Heating System: ☐ New or ☐ Existing ☐ HVAC
 Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other Replacement
 Location: Location of Main Control Valve:
 Fuel Storage Tank: Fuel Type: ☐ Flammable or ☐ Combustible Capacity 1,200.00
 Total Cost of Fire Protection Work \$ 1,200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSECTIONS		Dates (Month/Day)	
Type	Initial	Failure	Approval	Failure	Initial
☐ No Plans Required					
☐ Joint Plan Review Required					
☐ Building ☐ Plumbing					
☐ Electric ☐ Elevator					
☐ Fire Plans Approved					
Date: _____					
Approved by: _____					
SUBCODE APPROVAL					
☐ CO ☐ CCO ☐ CA					
Date: _____					
Approved by: _____					

- 1. White-Inspector copy
- 2. Canary-Applicant copy
- 3. Pink-Office copy
- 4. White-Tag-Office copy
- 5. D. U. Preventers

Dumbwaiters ☐
 High Pressure Boilers ☐
 UCC PRO F-100 (REV 3/96)
 Professional Printing



Date issued
 Control #
 Permit #

04-0817

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the registered professional engineer responsible for the design and construction of the above described work and I am a duly licensed professional engineer in the State of New Jersey.
 Applicant's Signature/Contractor's Signature
☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA
 DESCRIPTION OF WORK: Instal 275 oil tank
Above ground

Water Supply Source	NUMBER	FEE (Office Use Only)
Method of Alarm/Suppression System Supervision		
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pull, waterflow)		
Supervisory Devices (i.e., tamper, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump <u>GPM Type</u>		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO ₂ Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances ☒ Gas or ☒ Oil		
Fireplace Venting/Metal Chimney		
Other		

Non-Residential Structures \$
 Minimum Fee \$
 State Permit Surcharge Fee \$
 TOTAL FEE \$ 350

UCCF-140 (REV. 1/04)
 Professional Printing
 (856) 468-7533



IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

1. Site Location: 121 313 Woodbury Lake Rd.
 2. Owner: Donald Pappernek
 3. Address: 313 Woodbury Lake Rd
 4. City: Deptford NJ 08094
 5. Phone: (856) 853-0288
 6. Contractor: 7-011
 7. Address: P.O. Box 2524
 8. City: Cinnaminson NJ 08077
 9. Phone: (856) 784-0707
 10. Fax: ()
 11. Federal Emp. No.:

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.

Signature: Donald Pappernek

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
 Remove ~~oil tank~~ oil
 TANK.

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	
☐ No Plans Required			
☐ All			
☐ Footing			
☐ Foundation			
☐ Slab			
☐ Frame			
☐ Other			
Barrier-Free			
Joint Plan Review Required:			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			
SUBCODE APPROVAL			
☐ CO ☐ CCO ☐ CA			
Date:			
Approved by:			
Barrier-Free			

INSPCTIONS			
Type:	Failure	Approval	Initial
Footing			
Foundation			
Slab			
Frame			
Barrier-Free			
Insulation			
Finishes			
Energy			
Mechanical			
TCO			
Other			
Final			
Barrier-Free			

B. BUILDING CHARACTERISTICS
 Use Group: Present _____ Proposed _____
 Constr. Class: Present _____ Proposed _____
 No. of Stories: _____
 Height of Structure: _____ Ft.
 Area — Largest Floor: _____ Sq. Ft.
 New Bldg. Area/All Floors: _____ Sq. Ft.
 Volume of New Structure: _____ Cu. Ft.
 Total Land Area Disturbed: _____ Sq. Ft.

Est. Cost of Bldg. Work:
 1. New Bldg. \$ _____
 2. Alteration \$ _____
 3. Total (1+2) \$ 150.5

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement/Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☒ Other Oil Tank Removal
- ☒ Demolition

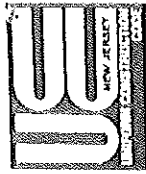
Height (maximum) _____ Sq. Ft.
 Administrative Subcharge \$ _____
 Minimum Fee \$ _____
 DCA Training Fee \$ _____
 TOTAL FEE \$ _____

UCC/PRO F-110 (REV/3/96)

Professional Printing (856) 468-7933

- 1. White/Inspector Copy
- 2. Copy/Office Copy
- 3. Pink/Office Copy
- 4. White Tag

UNIVERSITY OF DELAWARE
FIRE
SUBCODE
TECHNICAL SECTION



FIRE
SUBCODE
TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel () _____

Contractor _____

Address _____

Tel () _____ FAX () _____

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [] New or [] Existing [] HVAC

Type: [] Gas [] Oil [] Electric [] Solar

[] Other _____

Location _____

Fuel Storage Tank: _____

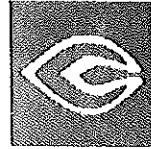
Fuel Type: [] Flammable or [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required	Alarm System				
Joint Plan Review Required:	Suppression Sys.				
[] Building [] Plumbing	Standpipe				
[] Electric [] Elevator	Fire Pump				
[] Fire Plans Approved	Pre-Eng. System				
Date: _____	Mechanical				
Approved by: _____	Smoke Control				
SUBCODE APPROVAL	TCO				
[] CO [] LCO	Flam/Combust Tanks				
Date 8/25/04	Fireplace Venting				
Approved by: _____	Final				
	Other				

1. White-Inspector copy
2. Canary-Applicant copy
3. Pink-Office copy
4. White-Tag-Office

8-3-04
04-0817



Date Received
Date Issued
Control #
Permit #

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 Signature
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: _____

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems		
[] System		
[] 110v Interconnected		
[] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pull, water/flow)		
Supervisory Devices (i.e., rangers, low/high air)		
Signaling Devices (i.e., 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		
CO Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [] Gas or [] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$

UCC/F-140 (REV. 1/04)
Professional Printing



Date Received 8-5-04
Date Issued
Control # 04-0817
Permit #

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove ~~existing~~ oil Tank

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Fences
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead (Pb) Abatement Subchapter 7
- ☒ Other
- ☒ Demolition

Administrative Surcharge
Minimum Fee
DC Admin Fee
TOTAL FEE

UCC/PROFESSIONAL (REV. 9/96)

Professional Printing

(856) 468-7883

1. Utility Inspector Copy

2. Planning Board Copy

3. Public Office Copy



BUILDING
SUBCODE
TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000.

Block _____ Lot _____
Work Site Location _____
Owner in Fee _____
Address _____
Tele. (____) _____
Contractor _____
Address _____
Tele. (____) _____ Fax (____) _____
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure Approval Initial
☐ All			Footings	
☐ Footings			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			Barrier-Free	
Joint Plan Review Required:			Insulation	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes	
SUBCODE APPROVAL			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Date: _____			TCO	
Approved by: _____			Other	
			Final	
			Barrier-Free	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$ 750
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			