FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received: 12/04/2019
Control #: 19-003120

Date Issued: 12/17/2019
Permit #: F19-1278

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: 322 West ENGLEWOOD ,

Owner in Fee: US BANK NA AS TRUSTEE C/O GREG OLSON

Tel. (973) 328-1909 _____e-mail

Address 3630 PEACHTREE ROAD
ATLANTA, MN 30305

Contractor: DOVER ENVIRONMMENTAL SCIENCES, INC. _____Tel. (973) 328-1909

Address: 5 BOWLING GREEN PARKWAY LAKE HOPATCONG, NJ 07849____e-mail BRANDISCINTO@GMAIL.COM

Fire Protection Equipment NJ Div of Fire Safety Permit No.

Fire Protection Equipment NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. 13VJ08030800 Exp Date

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

Federal Emp. ID No. 263798218 FAX:

B. BUILDING CHARACTERISTICS

Use Group: Present: Proposed:
Constr. Class: Present Proposed
Heating System: .
Fuel Type:
Location:
Total Cost of Fire Protection Work: 500.0

Fuel Storage Tank:
Capacity
Fire Alarm System:
Location of Panel:
Fire Supression/Standpipe System:
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

Plan Review

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for Permit

Date: 12/06/2019

Aproved By: James DiMaria

SUBCODE APPROVAL for CERTIFICATE
[__] CO __[__] CCO __[__] CA
Date:_____
Approved By:_____

INSPECTIONS		Dates (Month/ Day)		
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

U.C.C. F140 (rev. 02/11) Internet version

Applicant: when submitting this from to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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/Contractor
Sign here: _____
Print name here: _____

[___] Certified Contractor_____[___] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK TANK REMOVAL

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

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks	0	0.00
Alarm Systems	0	0.00
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e.. smoke, heat, pulls, water/flow)	0	0.00
Supervisory Devices (i.e., tampers, low/high air)	0	0.00
Signaling Devices (i.e., horn/strobes, bells)	0	0.00
Other Devices	0	0.00
TOTAL	0	0.00
Suppression Systems		
Fire Pump GMP Type	0	0.00
Dry Pipe/Alarm Valves		0.00
Pre-action Valves		0.00
Sprinkler Heads (Dry and Wet)	0	0.00
Standpipes	0	0.00
Pre-engineered Systems		
Wet Chemical	0	0.00
Dry Chemical	0	0.00
CO2 Suppression	0	0.00
Foam Suppression	0	0.00
FM200 Suppression	0	0.00
Other	0	0.00
Other Systems		
Kitchen Hood Exhaust System	0	0.00
Smoke Control System	0	0.00
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid	0	0.00
Fireplace Venting/Metal Chimney	0	0.00
Other	0	0.00

Administrative Surcharge	$0.00
Minimum Fee	0.00
State Permit Surcharge Fee	0.00
TOTAL FEE	100.00