HOLMDEL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

LDS HM-B 10102915

HOLMDEL TOWNSHIP

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 12-20-93
Control #
Permit # 93-2464

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

Block 98 Lot 20.18
Work Site Location 52 SAVAN OAKS CIR. HOLMDEL.
Owner in Fee ARLANA & NAIL RAGAR.
Address SAME.
Tele. (___) 946-3213
Contractor H. F. ODELL.
Address 6 GREENWOOD PL. MIDDLETOWN.
Tele. (___) 671-0611
Lic. No. 3F15
Federal Emp. No. 22-175476 or Social Security No. ___

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ___ Proposed ___
Constr. Class. Present ___ Proposed ___
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ___
Location: ___
Total Est. Cost of Fire Prot. Work $ 6000. [ ] Other ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: ___
Approved by: ___
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: ___
Approved by: ___

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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.

Lawrence F. Odell
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source ___
Method of Valve Supervision ___
Local Alarm Supervision ___
Central Supervision ___
Proprietary Supervision ___

Flammable Liquid Storage Tanks	( ) Capacity ___	Fuel ___
Combustible Liquid Storage Tanks	( ) Capacity ___	Fuel ___
L.P.G. Storage Tanks	( ) Capacity ___	Fuel ___
L.N.G. Storage Tanks	( ) Capacity ___	Fuel ___

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	35
OTHER ___		

Paid [X] Check # 782
Collected by: [signature]

Administrative Surcharge	$ ___
Minimum Fee	$ ___
DCA Training Fee	$ ___
TOTAL FEE	$ 35.00

UCC Form F 1403 — 1 White Inspector Copy; 2 Canary Office Copy; 3 Pink Office Copy; 4 Gold Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 12-20-93
Control #
Permit # 93-2464

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

Block 22 Lot 20.18

Work Site Location 52 JEAN OAK CIR
HOLMDEL.

Owner in Fee ARLENE + NEIL REGER.

Address SAME.

Tele. (___) 946-3213

Contractor H. E. ODELL.

Address 6 GREEN WOOD PL.
MANALAPAN, NJ.

Tele. (___) 521-0611

Lic. No. 3815

Federal Emp. No. 22-1754276 or Social Security No. ___

B. PLUMBING CHARACTERISTICS

Use Group Present ___ Proposed ___

Building Sewer Size ___ Public Sewer ___ Private Septic ___

Water Service Size ___ Public Water ___ Private Well ___

Estimated Cost of Plumbing Work $ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[✓] Plumb. Plans Approved
Date: 12-16-93
Approved by: RW

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By: ___
Date: ___

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			12/21/93	
Gas Equipment				
Gas Piping				
Solar				
TCO				

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—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
___	Water Closet	___
___	Urinal/Bidet	___
___	Bath Tub	___
___	Lavatory	___
___	Shower	___
___	Floor Drain	___
___	Sink	___
___	Dishwasher	___
___	Drinking Fountain	___
___	Washing Machine	___
___	Hose Bibb	___
___	Water Heater	___
___	Fuel Oil Piping	___
1	Gas Piping	7
___	Steam Boiler	___
1	Hot Water Boiler	35
___	Sewer Pump	___
___	Interceptor/Separator	___
___	Backflow Preventer	___
___	Greasetrap	___
___	Water Cooled A/C or Refrigeration Unit	___
___	Sewer Connection	___
___	Water Service Connection	___
___	Active Solar System	___
___	Other	___

Paid [✓] Check # 783
Collected by: SB

Administrative Surcharge	$ 42.00
Minimum Fee	$ ___
DCA Training Fee	$ 6.00
TOTAL	$ 48.00

U.C.C. Form F-130B

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