FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 11/13/06

Date Issued / Permit # 06-328 FA

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

Block 223 Lot 1.01 Qualification Code

Work Site Location PHASE II "B" BLDG, 521 WOODBINE - OCEAN VIEW RD AND KINGS HIGHWAY, OCEAN VIEW, N.J. 08210

Owner in Fee: RDS INVESTMENTS LLC

Tel. (609) 226.8715 e-mail

Address P.O. BOX 279 (street) CAPE MAY COURT HOUSE (municipality), N.J. 08210 (zip code)

Contractor: ALIANO BROS, INC. Tel. (856) 794-9490

Address 2560 INDUSTRIAL WAY, VINELAND, NJ e-mail

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

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

Fire Alarm Contractor No. Exp. Date

Federal Emp. No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed B/F1

Constr. Class: Present Proposed

Heating System: [✓] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [✓] Other L.P. GAS

Location: EXISTING BURIED TANK FROM PHASE I "A" BLDG.

Fuel Storage Tank: OFFICE HEATER ABOVE CEILING WAREHOUSE HEATER TYPE

Fuel Type: [ ] Flammable OR [✓] Combustible *Capacity* 1000 gal. TUBE AT CEILING

Fire Alarm System: [ ] New OR [ ] Existing N/A

Location of Panel:

Fire Suppression/Standpipe System: [ ] New OR [ ] Existing

Location of Main Control Valve:

Total Cost of Fire Protection Work $

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 N/A

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 (i.e., tampers, 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_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		38
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 10/6/06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 4-3-07

Approved by:

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