BLOCK 619 LOT 57 QUALIFICATION CODE _____ ADDRESS (SITE) 7o METEDECONK RD. PERMIT NO. 19-0803

ENG

CONSTRUCTION PERMIT APPLICATION C-19-000457

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 7o METEDECONK RD.
2. Name of Owner in Fee: MARY GILGAN
   Tel. (732) 816-6603 e-mail _____
   Address 11 PERSHING AVE. (street) SAYREVILLE, NJ (municipality) 08872 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: COVENTRY ADDITIONS Tel. (732) 433-8721
   Address 6 PADDOCK CIRCLE e-mail _____
   LAVALLETTE, N.J. 08735
   License No. OR, if new home, Builder Reg. No. 45737 Exp. Date 3/31/19
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 264086817 FAX: (609) 242-7586
5. Architect or Engineer PAUL ROOEK Contact _____
   Address _____ e-mail _____
   Tel. (732) 613-8600 FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun BRIAN KELLER
   Tel. (732) 433-8721 FAX: (609) 242-7586

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 2588.-		
2.	Electrical	630		
3.	Plumbing	447.-		
4.	Fire Protection	450.-		
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	15/6.-		
10.	Subtotal	$		
11.	Cert. of Occupancy	4116.-		
12.	Other	200.-		
13.	TOTAL	$ 5560.-		

AH

2

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 2	
2.	Height of Structure 34.3 ft.	
3.	Area — Largest Floor 674 sq. ft.	
4.	New Building Area 1738 sq. ft.	
5.	Volume of New Structure 31,770 cu. ft.	
6.	Max. Live Load	
7.	Max. Occupancy Load	
8.	If Industrialized Building: State Approved ____ HUD ____	
9.	Total Land Area Disturbed 4,000 sq. ft.	
10.	Flood Hazard Zone	
11.	Base Flood Elevation ft.	
12.	Wetlands yes ____ no ____	

FLOOD ZONE AE-8 (X)

IIa. PROPOSED WORK

New SFD

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☑ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	320,000	MFF	1/31/19		3/19/19	MM			
☑ Electrical	15,000				3/6/19	AK			
☑ Plumbing	13,000								
☑ Fire Protection	2,000								
☐ Elevator		Eng	2/20/19		3/1/19	ECE			
TOTAL COST	350,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: SINGLE FAMILY
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present 5B
   Proposed 5B

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name COVERLEY ADDITIONS & REMODELING LLC.

Address 6 PADDOCK CIRCLE

LAVALLETTE, N.J. 08735

Telephone (732) 477-8721

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

CONSTRUCTION PERMIT

Date Issued 4/4/19
Control # C-19-000457
Permit # 19-0803

IDENTIFICATION Block: 619 Lot: 57 Qualifier
Work Site Location: 70 METEDECONK RD. Brick Township, NJ
Owner in Fee GILGAN, PATRICK J & MARY ELLEN
11 PERSHING AVE SAYREVILLE NJ 08872
Telephone: (732) 433-8721

Contractor Coventry Additions & Remodeling, LLC
Address 6 PADDOCK CIRCLE LANOKA HARBOR NJ 08734
Telephone: (732) 433-8721
Lic. No. or Bldrs. Reg. No. 13VH04985900 45737
Federal Employee. No. 26-4080817

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
SINGLE FAMILY DWELLING

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $350,000

D. Numark 3/20/19
Construction Official Date

PAYMENTS (Office Use Only)

Building	$2,588
Electrical	$630
Plumbing	$997
Fire Protection	$450
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$156
CO Fee	$466.00
Other	$200
Total	$5,487
Check No.	14317
Cash	$0
Credit	$0
Collected By	

+75
=5562

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/4/19

Date Issued / Permit # 19-0803

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

Block 619 Lot 57 Qualification Code

Work Site Location 70 Metedeconk Rd Brick

Owner in Fee: Mary Ellen Galgan

Tel. 732 816-1663 e-mail

Address 11 Pershing Ave (street) Spotswood (municipality) 08884 (zip code)

Contractor: Coventry Additions Tel. 732 433-8721

Address 6 Paddock Circle e-mail Coventryadditions@comcast.net

Lanoka Harbor, NJ 08734

Contractor License No. or Builder Registration No. 45737 Exp. Date 3/31/19

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

Federal Emp. ID No. 26 4080817 FAX: 609-242-7506

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.

Sign here:

Print name here: BRIAN KELLER

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Single family dwelling

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R-5

Constr. Class Present 5B Proposed 5B

No. of Stories 2

Height of Structure 34.3 ft.

Area — Largest Floor 874 sq. ft.

New Bldg. Area/All Floors 1738 sq. ft.

Volume of New Structure 31,770 cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:

State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 300,000 House
2. Rehabilitation $ 20,000 Decks/Stairs
3. Total (1+ 2) $ 320,000

TYPE OF WORK:

- [✓] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/4/19
Control #
Date Issued
Permit # 19-0803

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

Block 619 Lot 57 Qualification Code

Work Site Location 70 Metedeconk Rd Brick NJ

Owner in Fee: Mary Ellen Gilgan

Tel. 732 916-6603 e-mail

Address 11 Pershing Ave Sayreville NJ 08872
street municipality zip code

Contractor: John Gnoinski Electrical Tel. 732 892 0840

Address 546 Hamburg Rd e-mail
Brick

Contractor License No. 15916 Exp. Date 3/31/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 208866424 FAX: 732 892 0840

B. ELECTRICAL CHARACTERISTICS

Use Group Present SINGLE FAMILY R5 Proposed SINGLE FAMILY R5

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 15,000. ±

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date: 3/6/19 Approved by: AJC

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/6/19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3/19/19	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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.

Applicant sign/Contractor sign and seal here:

Print name here: John Gnoinski

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: New single family dwelling

QTY.	SIZE	ITEMS	FEE (Office Use Only)
62		Lighting Fixtures	
54		Receptacles	
39		Switches	
6		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
1		Communications Points	
		Alarm Devices/F.A.C. Panel	
165		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1		KW Dishwasher	
1	1	HP Garbage Disposal	
2	3	KW Central A/C Unit	
2	1	HP/KW Space Heater/Air Handler furnace	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
12		A/C Hanger Straps	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 11/09) 1 White + Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/4/19
Control #

Date Issued
Permit # 19-0803

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

Block 619 Lot 57 Qualification Code

Work Site Location 70 Metedeconk Rd

Owner in Fee: 70 Metedeconk Rd, Brick | Mary Ellen Grant

Tel. (732) 816-6603 e-mail

Address 11 Pershing Ave Sayreville NJ 08872
street municipality zip code

Contractor: Prisco Plumbing + Heating LLC Tel. (732) 778-6633

Address 2150 Grant Ave e-mail
Whiting, NJ 08759.

Contractor License No. 13017 Exp. Date 6-30-19

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

Federal Emp. ID No. 462377625 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 13,000.00.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 3/11/19 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/11/19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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.

Applicant sign/Contractor sign and seal here: William C Prisco III

Print name here: William C Prisco

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install the Rough + Finish Plumbing.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$
	Urinal/Bidet	
1	Bath Tub	
4	Lavatory	
1	Shower	
	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
2	Hose Bibb	
1	Water Heater	
5/6	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
	Stacks	
2	Other A/C	

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

DWV on plan
1" water required

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/4/19
Control #
Date Issued
Permit # 19-0803

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

Block 619 Lot 57 Qualification Code

Work Site Location 70 Metedeconk Rd Brick

Owner in Fee: Mary Ellen Gilgan

Tel. (732) 916-6603 e-mail

Address 11 Pershing Ave Sayreville NJ 08872
street municipality zip code

Contractor: John Brosnan Electrical Tel. (732) 892-5840

Address 546 Hanson Rd Brick 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. 15916 Exp. Date 3/31/21

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

Federal Emp. ID No. 208866424 FAX: (732) 892-0840

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R5 Proposed R5

Constr. Class: Present 5B Proposed 5B

Heating System: [✓] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar Other

Location:

Total Cost of Fire Protection Work $ 2,000.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

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: 4/5/19 Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 3/14/19

Approved by: (CIR)

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) 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				

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: John Brosnan

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: NEW SINGLE FAMILY DWELLING

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)	6	
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		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	5	dryer fireplace stove 2 furnace
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy