# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 06/02/2010
Date Issued 6/14/10
Control # C-10-001835
Permit # 10-1506

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

Block 1385.09 Lot 16 Qualification Code

Work Site Location: 681 ROLLING HILLS CT. Brick Township, NJ

Owner in Fee: CROWE, TIMOTHY & DIANE

Address 681 ROLLING HILLS CT BRICK NJ 08724

Tel.

Contractor: FOUR POINT REFRIGERATION CO INC

Address 3140 ROUTE 88 PT PLEASANT BEACH NJ 08742 - 2884

Tel. (732) 899-6704 Fax. (732) 899-8399

Lic No.

Federal Employee No. 221925256

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $250

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

☐ No Plan Required — Date — Initial

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:
Approved by:

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |
| 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 the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| 1 | | Recepticles | |
| 1 | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors - Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communication Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | | |
| 2 | | TOTAL NUMBERS | $35 |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptical | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Recepticle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| 1 | 7 | KW Central A/C Unit | $10 |
| 1 | 3 | HP/KW Space Heater/Air | $10 |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | | |
| | | | |

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | |
| State Permit Surcharge Fee | $1 |
| TOTAL FEE | $56 |



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

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 06/02/2010
Date Issued 6/14/10
Control # C-10-001835
Permit # 10-1506

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

Block 1385.09 Lot 16 Qualification Code

Work Site Location: 681 ROLLING HILLS CT. Brick Township, NJ

Owner in Fee: CROWE, TIMOTHY & DIANE

Address 681 ROLLING HILLS CT BRICK NJ 08724

Tel.

Contractor: FOUR POINT REFRIGERATION CO INC

Address 3140 ROUTE 88 PT PLEASANT BEACH NJ 08742 - 2884

Tel. (732) 899-6704 Fax. (732) 899-8399

Lic No.

Federal Employee No. 221925256

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $250

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

| | Date | Initial |
|---|---|---|
| ☐ No Plan Required | | |

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:
Approved by:

INSPECTIONS

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |
| 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 the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| 1 | | Recepticles | |
| 1 | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors - Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communication Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | | |
| 2 | | TOTAL NUMBERS | $35 |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptical | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Recepticle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| 1 | 7 | KW Central A/C Unit | $10 |
| 1 | 3 | HP/KW Space Heater/Air | $10 |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | | |
| | | | |

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee $1
TOTAL FEE $56

U.C.C F120 (rev. 12/07)

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

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

**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 681 Rolling Hills Ct
Bricktown NJ. 08724

Owner in Fee: Mr&Mrs Crowe

Tel. [redacted] e-mail _____

Address 681 Rolling Hills Ct Bricktown NJ. 08724
(street, municipality, zip code)

Contractor: Fair Point Refrigeration Tel. (732) 899 6704

Address 3140 Rt 88 Ft Pleasant NJ. 08742 e-mail _____

Contractor License No. 13VH00878300 Exp. Date 12/31/10

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

Federal Emp. ID No. 221925256 FAX: ( ) _____

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 250.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial
[X] No Plans Required — 6/8/10

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date _____
Approved by _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] COA
Date _____
Approved by _____

| INSPECTIONS | Dates (Month/Day) | | | |
|---|---|---|---|---|
| Type | Failure | Failure | Approval | Initial |
| Rough | | | | |
| Barrier Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |
| 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's Signature/Contractor's Seal and Signature

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Furnace & AC Replacement

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| 1 | | Receptacles | |
| 1 | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | _____ | |
| | | 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 | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| 1 | 30AMP | KW Central A/C Unit | |
| 1 | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | _____ | |
| | | _____ | |

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

U.C.C. F120 (rev. 10/08)
Internet version

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

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received 06/02/2010
Control # C-10-001835
Date Issued
Permit # 101506

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

Block 1385.09 Lot 16 Qualification Code

Work Site Location: 681 ROLLING HILLS CT, Brick Township, NJ

Owner in Fee: CROWE, TIMOTHY & DIANE

Address 681 ROLLING HILLS CT BRICK NJ 08724

Tel.

Contractor: FOUR POINT REFRIGERATION CO INC

Address 3140 ROUTE 88 PT PLEASANT BEACH NJ 08742 - 2884

Tel. (732) 899-6704 Fax. (732) 899-8399

Contractor License No.

Federal Employee No. 221925256

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $200

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

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

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

**D. TECHNICAL SITE DATA (List of 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 | |
| | Gas Piping | |
| | LP Gas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventor | |
| | Greasetrap | |
| | Sewer Connector | |
| | Water Service Connection | |
| | Stacks | |
| 1 | Other AC | $40 |
| 1 | Other Furnace Replacement | |
| | Other | |
| | Other | |

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | $40 |
| State Permit Surcharge Fee | |
| TOTAL FEE | $40 |

U.C.C F130 (rev. 12/07)

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

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received 06/02/2010
Control # C-10-001835
Date Issued 10/14/10
Permit # 6914/10

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

Block 1385.09 1385.07 Lot 16 16 Qualification Code

Work Site Location: 681 ROLLING HILLS CT Brick Township, NJ

Owner in Fee: CROWE, TIMOTHY & DIANE

Address 681 ROLLING HILLS CT BRICK NJ 08724

Tel.

Contractor: FOUR POINT REFRIGERATION CO INC

Address 3140 ROUTE 88 PT PLEASANT BEACH NJ 08742 - 2884

Tel. (732) 899-6704 Fax. (732) 899-8399

Contractor License No.

Federal Employee No. 221925256

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $200

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

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

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 12/07)

**D. TECHNICAL SITE DATA (List of 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 | |
| | Gas Piping | |
| | LP Gas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventor | |
| | Greasetrap | |
| | Sewer Connector | |
| | Water Service Connection | |
| | Stacks | |
| 1 | Other AC | $40 |
| 1 | Other Furnace Replacement | |
| | Other | |
| | Other | |

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | $40 |
| State Permit Surcharge Fee | |
| TOTAL FEE | $40 |

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

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received 06/02/2010
Control # C-10-001835
Date Issued
Permit # 10-15446 6/14/10

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

Block 1385.09 1385.04 Lot 16 16 Qualification Code

Work Site Location: 681 ROLLING HILLS CT. Brick Township, NJ

Owner in Fee: CROWE, TIMOTHY & DIANE

Address 681 ROLLING HILLS CT BRICK NJ 08724

Tel.

Contractor: FOUR POINT REFRIGERATION CO INC

Address 3140 ROUTE 88 PT PLEASANT BEACH NJ 08742 - 2884

Tel. (732) 899-6704 Fax. (732) 899-8399

Contractor License No.

Federal Employee No. 221925256

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $200

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

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

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

**D. TECHNICAL SITE DATA (List of 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 | |
| | Gas Piping | |
| | LP Gas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventor | |
| | Greasetrap | |
| | Sewer Connector | |
| | Water Service Connection | |
| | Stacks | |
| 1 | Other AC | $40 |
| 1 | Other Furnace Replacement | |
| | Other | |
| | Other | |

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | $40 |
| State Permit Surcharge Fee | |
| TOTAL FEE | $40 |

U.C.C F130 (rev. 12/07)

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

# FIRE SUBCODE
## TECHNICAL SECTION

Date Received 06/02/2010
Control # C-10-001835
Date Issued 6/14/10
Permit # 110-4500

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

Block 1385.09 Lot 16 Qualification Code

Work Site Location: 681 ROLLING HILLS CT. Brick Township, NJ

Owner in Fee: CROWE, TIMOTHY & DIANE

Address 681 ROLLING HILLS CT BRICK NJ 08724

Tel.

Contractor: FOUR POINT REFRIGERATION CO INC

Address 3140 ROUTE 88 PT PLEASANT BEACH NJ 08742 - 2884

Tel. (732) 899-6704 Fax. (732) 899-8399

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 Employee No 221925256

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present Proposed R-5 Fire Alarm System: ☐ New or ☐ Existing

Constr. Class Present Proposed Location of Panel:

Heating Systems: ☐ New or ☑ Existing ☐ HVAC

Type: ☑ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Fire Suppression/Standpipe System: ☐ New or ☐ Existing

Location of Main Control Valve:

***Fuel Storage Tank:***

*Fuel Type:* ☐ *Flammable* or ☐ *Combustible* *Capacity*

Total Cost of Fire Protection Work $250

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire Plans Approved

Date: 6-14-10

Approved by: JG

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm System | | | | |
| Suppression System | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | | | | |
| Smoke Control | | | | |
| TCO | | | | |
| 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's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

AIR CONDITIONER, FURNACE, replacement

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) | | |
| Supervisory Devices (tampers, low/high air) | | |
| Signaling Devices (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 | | |
| CO2 Suppression | | |
| Foam Suppression | | |
| FM200 Suppression | | |
| Other | | |
| **Other Systems** | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Fire Appliances ☑ Gas ☐ Oil | 1 | $45 |
| Fireplace Venting/Metal Chimney | | |
| Other | | |
| Administrative Surcharge | | |
| Minimum Fee | | $45 |
| State Permit Surcharge Fee | | |
| TOTAL FEE | | $45 |

U.C.C F140 (rev. 12/07)

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

# FIRE SUBCODE
## TECHNICAL SECTION

Date Received 06/02/2010
Control # C-10-001835
Date Issued 6/14/10
Permit # 10-1706

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

Block 1385.09 Lot 16 Qualification Code

Work Site Location: 681 ROLLING HILLS CT. Brick Township, NJ

Owner in Fee: CROWE, TIMOTHY & DIANE

Address 681 ROLLING HILLS CT BRICK NJ 08724

Tel.

Contractor: FOUR POINT REFRIGERATION CO INC

Address 3140 ROUTE 88 PT PLEASANT BEACH NJ 08742 - 2884

Tel. (732) 899-6704 Fax. (732) 899-8399

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 Employee No. 221925256

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present Proposed R-5 Fire Alarm System: ☐ New or ☐ Existing

Constr. Class Present Proposed Location of Panel:

Heating Systems: ☐ New or ☑ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☑ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

☐ Other Location of Main Control Valve:

Location:

***Fuel Storage Tank:***

*Fuel Type:* ☐ *Flammable* or ☐ *Combustible* *Capacity*

Total Cost of Fire Protection Work $250

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

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

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certifiy that I am the (agent of) owner of record and am authorized to make this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
AIR CONDITIONER, FURNACE, replacement

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) | | |
| Supervisory Devices (tampers, low/high air) | | |
| Signaling Devices (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 | | |
| CO2 Suppression | | |
| Foam Suppression | | |
| FM200 Suppression | | |
| Other | | |
| **Other Systems** | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Fire Appliances ☑ Gas ☐ Oil | 1 | $45 |
| Fireplace Venting/Metal Chimney | | |
| Other | | |

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | $45 |
| State Permit Surcharge Fee | |
| TOTAL FEE | $45 |



Applicant. When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

**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 681 Rolling Hills Ct
Bricktown NJ. 08724

Owner in Fee Mr & Mrs Crowe

Address 681 Rolling Hills Ct
Bricktown NJ 08724

[redacted]

Contractor Four Point Refrigeration

Address 3140 Rt 88
Point Pleasant NJ. 08742

Tel (732) 899 6704 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. 221925256

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

[ ] Other _____

Location: Basement

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

*Fuel Storage Tank:*

*Fuel Type:* [ ] Flammable OR [ ] Combustible *Capacity* _____

Total Cost of Fire Protection Work $ 250.00

**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:**

Furnace & AC Replacement

**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) | | |
| 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 [X] Gas or [ ] Oil | 1 | |
| Fireplace Venting/Metal Chimney | | |
| 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: _____

Approved by: _____

SUBCODE APPROVAL

[ ] 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 _____ | | | | |