Permits

(All Data, Bl

Permit Number	Permit Issue Date	Control Number	Location Address	Block	Lot	Qualifier	Application Date	Application Status	Subcodes Used	Change of Contractor	Number	Work Type	Work Description
20170327	09/18/2017	92007920	6 HALL & BROOK	103	69		08/14/2017	CA and Close Date Issued	B P E	False		(None)	REPLACEMENT A/C UNIT
20150382	11/10/2015	92007023	6 HALL & BROOK	103	69		11/03/2015	CA and Close Date Issued	B P E	False		Alteration	ROOFTOP SOLAR PANELS

Grand Totals

ɔck/Lot = '103 69' - 2 records)

Abandoned	Close Date
False	10/09/2018
False	03/18/2013

Borough of Keyport
Municipal Building
Keyport, NJ 07735
(732)739-5134 FAX *(732)739-3479*

Permit No. **5899 A**
Control No. **92000486**
Parcel(Block/Lot) **103/70**
Date **3/13/2003**

Construction Permit

Work Site Location 6 HALL PL

Owner in Fee..... **WASHINGTON**

Address.....

Phone..... (000)000-0000

Contractor....

Address.....

Phone.....

Lic No.....

Fed Emp No.

Permission is hereby granted to do the following work:

☑ BUILDING	☑ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☑ ELECTRIC	☑ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:

DEMO FIRST FLOOR/REBUILD IN SAME AREA
ETC

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: $25,000

Construction Official Date

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$394
Electrical	50
Plumbing	84
Fire Protection	162
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	30
Certificate of Occupancy	69
Other	0
Total	$789
Check#/Cash.....	
Paid	$789
Collected By	

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Borough of Keyport
BUILDING SUBCODE
TECHNICAL SECTION

Date Receive 3/13/2003
Control # 92000486

Date Issued 3/13/2003
Permit # 5899 A

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

Block/Lot 103/70

Work Site Location 6 HALL PL

Owner in Fee: WASHINGTON

Tel. (000)000-0000 e-mail

Address: Street , municipality zip code

Contractor: Tel.

Address: e-mail

Contractor License No. Exp. Date

Federal Emp. ID No. FAX

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Recuired
[ ] Elec. [ ] Plumb [ ] Fire [ ] Elevator

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure FT
Area - Largest Floor Sq. Ft.
New Bldg. Area/All Floors 1968 Sq. Ft.
Volume of New Structure 15144 Cu. Ft.
Total Land Area Disturbet Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $ 25,000
2. Rehabilitation $
3. Total (1+2) $ 25,000

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.

Signature

D.TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMO FIRST FLOOR/REBUILD IN SAME AREA
ETC

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [ ] Rehabilation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other ADD ON DEMO FIRST FL
- [ ] Demolition

FEE (Office Use Only)

394

Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	394

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough of Keyport
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 3/13/2003
Control # 92000486

Date Issued 3/13/2003
Permit # 5899 A

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

Block/Lot 103/70

Work Site Location 6 HALL PL

Owner in Fee: WASHINGTON

Tel. (000)000-0000 e-mail

Address: Street, municipality, zip code

Contractor: Tel.

Address: e-mail

Contractor License No. Exp. Date

Federal Emp. ID No. FAX.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-3

☐ Pole/pad # ☐ Temporary Service ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ Descript: DEMO FIRST FLOOR/REBUILD IN SAME AREA ETC

C. CERTIFICATION IN UEU 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 ☐ Cert Landscape Contr ☐ Exempt Applic

D.TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Pole	
		Motors—Fract. H	
		Emergency & Exit Lights	
		Communications Paints	
		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	
		KW Central AC Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 11+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Inital
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

Administrative Surcharge $ 0

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 07/05) Internet version

Applicant: When submitting this form to your Local construction code Enforcement Officeplease provide one original plus three photocopies

Borough of Keyport
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/13/2003
Control # 92000486

Date Issued 3/13/2003
Permit # 5899 A

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

Block/Lot 103/70

Work Site Location 6 HALL PL

Owner in Fee: WASHINGTON

Tel. (000)000-0000 e-mail

Address: Street , municipality zip code

Contractor: Tel.

Address: , 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. ID No. FAX

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3

Constr. Class Present Proposed

Heating System ☐ New ☐ Existing ☐ None ☐ HVAC

Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

[ ] Other

Location

Fire Alarm System: [ ] New *OR* [ ] Existing

Location of Panel

Fire Suppression/Standpipe System:
☐ New ☐ Existing ☐ None

Location of Main Control Valve:

Fuel Storage Tank
Fuel Type ☐ Flamable ☐ Combustible ☐ None *Capacity*

Total Cost of Fire Protection Work $ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
Flam/Combust Tanks				
TCO				
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's Signature/Contractor's Signature

☐ **Certified Contractor** ☐ **Exempt Applicant**

D.TECHNICAL SITE DATA
DESCRIPTION OF WORK:
DEMO FIRST FLOOR/REBUILD IN SAME AREA ETC

Water Supply Source
Method of Alarm/Suppression System Supervision

		FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
☐ System		
☐ Interconnected 110 v		
☐ CO Detectors 110 v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow		
Supervisor Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression System		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Springler 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		
Other		

Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

Applicant: When submitting this form to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough of Keyport
PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/13/2003
Control # 92000486

Date Issued 3/13/2003
Permit # 5899 A

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

Block/Lot 103/70
Work Site Location 6 HALL PL

Owner in Fee: WASHINGTON
Tel. (000)000-0000 e-mail
Address: Street , municipality zip code
Contractor: Tel.
Address: e-mail
Contractor License No. Exp. Date
Federal Emp. ID No. FAX

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Septic
Est. Cost of Plumbing Work $ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

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

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

C. CERTIFICATION IN UEU 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 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	
	Hose Bibb	
	Water Heater	
	Washing Machine	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot WaterBoiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Grease Trap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $ 0
Minimum Fee $
State Permit Surcharge Fee $
Total Fees $

Description of Work: DEMO FIRST FLOOR/REBUILD IN SAME AREA ETC

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough of Keyport
Municipal Building
Keyport, NJ 07735
(732)739-5134 FAX *(732)739-3479*

Permit No. **5899**
Control No. **10001049**
Parcel(Block/Lot) **103/70**
Date **3/22/2001**

Construction Permit

Work Site Location 6 HALL PL

Owner in Fee..... **WASHINGTON**

Address.....

Phone..... (000)000-0000

Contractor....

Address.....

Phone.....

Lic No.....

Fed Emp No.

Permission is hereby granted to do the following work:

☑ BUILDING	☑ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☑ ELECTRIC	☑ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:

34'X34'X29.5'ADDITION + ALTERATIONS
EXIST D

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: $92,000

Construction Official Date

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$932
Electrical	240
Plumbing	240
Fire Protection	50
Elevator Devices	0
Mechanical	0
State Training Fee	62
Certificate of Occupancy	40
Other	0
Total	$1564
Check#/Cash	
Paid	$1564
Collected By	

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Borough of Keyport
BUILDING SUBCODE
TECHNICAL SECTION

Date Receive 3/22/2001
Control # 10001049

Date Issued 3/22/2001
Permit # 5899

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

Block/Lot 103/70

Work Site Location 6 HALL PL

Owner in Fee: WASHINGTON

Tel. (000)000-0000 e-mail

Address: Street , municipality zip code

Contractor: Tel.

Address: e-mail

Contractor License No. Exp. Date

Federal Emp. ID No. FAX

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Recuired
[ ] Elec. [ ] Plumb [ ] Fire [ ] Elevator

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure FT
Area - Largest Floor Sq. Ft.
New Bldg. Area/All Floors 1156 Sq. Ft.
Volume of New Structure 34102 Cu. Ft.
Total Land Area Disturbet Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $ 92,000
2. Rehabilitation $
3. Total (1+2) $ 92,000

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.

Signature

D.TECHNICAL SITE DATA

DESCRIPTION OF WORK

34'X34'X29.5'ADDITION + ALTERATIONS EXIST D

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [ ] Rehabilation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other ADDALT 34'X34'X29.5'
- [ ] Demolition

FEE (Office Use Only)

	932
Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	932

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough of Keyport
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 3/22/2001
Control # 10001049

Date Issued 3/22/2001
Permit # 5899

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

Block/Lot 103/70

Work Site Location 6 HALL PL

Owner in Fee: WASHINGTON

Tel. (000)000-0000 e-mail

Address: Street , municipality zip code

Contractor: Tel.

Address: e-mail

Contractor License No. Exp. Date

Federal Emp. ID No. FAX.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-3

☐ Pole/pad # ☐ Temporary Service ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ Descript: 34'X34'X29.5'ADDITION + ALTERATIONS EXIST D

C. CERTIFICATION IN UEU 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 ☐ Cert Landscape Contr ☐ Exempt Applc

D.TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Pole	
		Motors—Fract. H	
		Emergency & Exit Lights	
		Communications Paints	
		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	
		KW Central AC Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 11+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ 0

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Inital
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

U.C.C. F120 (rev. 07105) Internet version

Applicant: When submitting this form to your Local construction code Enforcement Office please provide one original plus three photocopies

Borough of Keyport
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/22/2001
Control # 10001049

Date Issued 3/22/2001
Permit # 5899

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

Block/Lot 103/70

Work Site Location 6 HALL PL

Owner in Fee: WASHINGTON

Tel. (000)000-0000 e-mail

Address: Street , municipality zip code

Contractor: Tel.

Address: , 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. ID No. FAX

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed R-3

Constr. Class Present ____ Proposed ____

Heating System ☐ New ☐ Existing ☐ None ☐ HVAC

Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

[ ] Other

Location

Fire Alarm System: [ ] New *OR* [ ] Existing

Location of Panel

Fire Suppression/Standpipe System:
☐ New ☐ Existing ☐ None

Location of Main Control Valve:

Fuel Storage Tank
Fuel Type ☐ Flamable ☐ Combustible ☐ None *Capacity*

Total Cost of Fire Protection Work $ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
Flam/Combust Tanks				
TCO				
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's Signature/Contractor's Signature

☐ **Certified Contractor** ☐ **Exempt Applicant**

D.TECHNICAL SITE DATA
DESCRIPTION OF WORK:
34'X34'X29.5'ADDITION + ALTERATIONS EXIST D

Water Supply Source
Method of Alarm/Suppression System Supervision

		FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
☐ System		
☐ Interconnected 110 v		
☐ CO Detectors 110 v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow		
Supervisor Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression System		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Springler 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		
Other		
Administrative Surcharge $		0
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

Applicant: When submitting this form to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough of Keyport
PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received: 3/22/2001
Control #: 10001049

Date Issued: 3/22/2001
Permit #: 5899

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

Block/Lot 103/70

Work Site Location 6 HALL PL

Owner in Fee: WASHINGTON

Tel. (000)000-0000 e-mail

Address: Street, municipality, zip code

Contractor: Tel.

Address: e-mail

Contractor License No. Exp. Date

Federal Emp. ID No. FAX

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Septic

Est. Cost of Plumbing Work $ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

C. CERTIFICATION IN UEU 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 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	
	Hose Bibb	
	Water Heater	
	Washing Machine	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot WaterBoiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Grease Trap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $ 0

Minimum Fee $

State Permit Surcharge Fee $

Total Fees $

Description of Work: 34'X34'X29.5'ADDITION + ALTERATIONS EXIST D

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies