BLOCK 205 LOT 7 QUALIFICATION CODE C08-608 ADDRESS (SITE) 10 Bayview Ave PERMIT NO. 08-349

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 10 Bayview Ave Englewood cliffs
2. Name of Owner in Fee: Amalia Fersheiser Tel. (201) 294-2226
   Address 10 Bayview Ave (street) Englewood cliffs (municipality) 07632 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Manalis Plumbing & Heating Tel. (201) 3648545
   Address 36 Harvard st Cresskill NJ 07626
   License No. OR, if new home, Builder Reg. No. 8865 Exp. Date 6-09
   Federal Employee No. 146 66626 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Vinny Manalis
   Tel. (201) 3704239 FAX: ( ) _____

Called 10/24/08

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

Closed 10/30/08

P F CP

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area — Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

OCT 22 2008

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing					10/30/08	JR			
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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(e)1.vii:

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.

(V) Check if contractor.

Agent Name Monaco's Plumbing + Heating INC.
Address 36 Harvard St Cresskill NJ 07626

Telephone (201) 384 8545
Signature Vinnie Mon

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

Englewood Cliffs Borough
482 Huson Terrace
Englewood Cliffs, NJ 07632

Date Issued 10/30/2008
Control Number C-08-608
Permit Number 08-349
Permit Issue Date 10/28/2008
Certificate Number 08-349

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 10 BAYVIEW AVE ENGLEWOOD CLIFFS, NJ 07632 Block: 205 Lot: 7 Qual:

Owner in Fee: FERSHLEISER, LEON

Owner Address: 10 BAYVIEW AVE ENGLEWOOD CLIFFS NJ 07632

Telephone:

Contractor Monalo's Plumbing and Heating

Address 36 Harvard Street Cresskill NJ 07626

Telephone: (201) 384-8545 Fax:

License Number or Builders Registration Number: 8860 Federal Emp. Number: 148668262

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT BOILER

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/30/2008

U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 10/28/2008
Control # C-08-608
Permit # 08-349

IDENTIFICATION Block: 205 Lot: 7 Qualifier

Work Site Location: 10 BAYVIEW AVE ENGLEWOOD CLIFFS, NJ 07632

Owner in Fee: FERSHLEISER, LEON
10 BAYVIEW AVE ENGLEWOOD CLIFFS NJ 07632

Telephone:

Contractor: Monalo's Plumbing and Heating
Address: 36 Harvard Street Cresskill NJ 07626

Telephone: (201) 384-8545
Lic. No. or Bldrs. Reg. No. 8860
Federal Employee. No. 148668262

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

REPLACEMENT BOILER

Note: If constuction 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 $3,000

P Monaco — Construction Official

10/28/08 — Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$130
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$199
Check No.	1255
Cash	$5
Credit	$0
Collected By	Cathy Scancarella

U.C.C. F170
equiv (rev 8/03)

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.

☐ 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:

☐ 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".

☐ A complete copy of released plans must be kept on the job site.

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/24/2008
Control # C-08-608
Date Issued 10/28/2008
Permit # 08-349

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

Block 205 Lot 7 Qualification Code

Work Site Location: 10 BAYVIEW AVE ENGLEWOOD CLIFFS, NJ 07632

Owner in Fee: FERSHLEISER, LEON

Address 10 BAYVIEW AVE ENGLEWOOD CLIFFS NJ 07632

Tel.

Contractor: Monalos Plumbing and Heating

Address 36 Harvard Street Cresskill NJ 07626

Tel. (201) 384-8545 Fax.

Contractor License No. 8860

Federal Employee No. 148668262

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 $3,000

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: 11/05

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

Dates (Month/Day)

11/05

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	
1	Hot Water Boiler	$65
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventor	$65
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$4
TOTAL FEE	$134

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

RECEIVED
OCT 22 2008

BOROUGHOF ENGLEWOOD CLIFFS
10 KAHN TERRACE
ENGLEWOOD CLIFFS, NJ 07632
201-568-9262

Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone #, Fed ID numbers etc.

COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block#_____ Lot#_____ Agent: Monaco's Plumbing + Heating

Work Site Location: 10 Bayview Englewood Cliffs Address: 36 Harvard St Cresskill NJ

Owner in Fee: Amalia finkelstein

Address: 10 Bay view Ave Englewood Cliffs 07632 Telephone: 2013848545 Fax:_____

License #: 8860 Fed ID: 148668262

Telephone: 201 294-2226 Is this a rental property? (✓) Yes ( ) No Number of Tenants: 1

BUILDING SECTION

Description of Work:

( ) New Building ( ) Sign _____ Sq. Ft.
( ) Addition ( ) Pool
( ) Alteration ( ) Asbestos Abatement Subchapter 8
( ) Roofing ( ) Lead Hazard Abatement
( ) Siding ( ) Demolition
( ) Fence Ht._____ (exceeds 6')

Contractor:_____
Address:_____
Phone:_____
Lic. #:_____ Expire_____
Fed. ID #:_____

Office Use Only
Plan Review Date Initial
( ) No Plans Req'd_____
( ) All_____
( ) Footing_____
( ) Foundation_____
( ) Frame_____
( ) Other_____

Joint Plan Review Required
( ) Electric ( ) Plumb ( ) Fire

Approved By Date

Construction Official Date

Building Characteristics: Use Group: Present_____ Proposed_____
Construction Class: Present_____ Proposed_____
New Pool _____ Sq. Ft.
New Building: # Stories_____ Height_____ Fl Area-Largest Floor_____ Sq. Ft.
All Floors Sq. Ft Volume Cu. Ft. Total Land Disturbed Sq. Ft.

Estimate Cost of Building Work: 1. New Bldg $_____ 3. Demolition $_____
2. Alteration $_____ 4. Total (1+2+3) _____

I certify that I am the (agent of) owner of record and am authorized to make this application.
X_____ ( ) Agent ( ) Owner
( ) Licensed Building Contractor ( ) Exempt Applicant

ELECTRICAL SECTION

Description of Work:

QTY.	SIZE	ITEMS
____		Lighting Fixtures
____		Receptacles
____		Switches
____		Detectors
____		Light Poles
____		Motors-Fract.HP
____		Emergency/Exit Lights
____		Communication Points
____		Alarm FAC Panel
____		Other_____
____		TOTAL NUMBERS
____		Pool Permit/w Uw Light
____		Storable Pool/Spa
		Hot Tub
____		Other_____

QTY.	SIZE	ITEMS
____	____	KW Elec. Water Heater
____	____	KW Dryer/Receptacle
____	____	KW Dishwasher
____	____	HP Garbage Disposal
____	____	KW Central A/C Unit
____	____	HP/KW Space Htr/Air Handler
____	____	KW Base Board Heat
____	____	HP Motors 1/+HP
____	____	KW Transformer/Generator
____	____	AMP Service
____	____	AMP SubPanels
____	____	AMP Motor Control Center
____	____	KW Elec Sign/Outline Light
____	____	KW Elec. Range/Receptacle
____	____	KW Oven/Surface Unit
____	____	Other _____

Contractor:_____
Address:_____
Phone:_____ Fax_____
Contractor Lic. #:_____ Exp._____
Home Improve Contractor Registration #_____
Fed. ID #_____

Electrical Characteristics:
Use Group: Present_____ Proposed_____
( ) Pole Pad #_____ ( ) Temporary ( ) Other
Building Occupied as_____
Utility Co._____

Office Use Only ( ) No Plans Required
( ) Electric Plans Approved
Approved By Date

Estimate Cost of Electrical Work: $_____
I certify that I am the (agent of) owner of record and am authorized to make this application.
X_____ ( ) Agent ( ) Owner
( ) Licensed Electrical Contractor ( ) Certif'd Landscape Irrigation Contractor ( ) Exempt Applicant

PLACE SEAL HERE

PLUMBING SECTION

Description of Work:

QTY.	Fixture/Equipment	QTY.	Fixture/Equipment
____	Water Closet	____	Gas Piping
____	Urinal/Bidet	____	Steam Boiler
____	Bath Tub	__1__	Hot Water Boiler
____	Lavatory	____	Sewer Pump
____	Shower	____	Interceptor/Separator
____	Floor Drain	__1__	Back Flow Preventor
____	Sink	____	Greasetrap
____	Dishwasher	____	Sewer Connection
____	Drinking Fountain	____	Water Service Connection
____	Washing Machine	____	Stacks
____	Hose Bibb	____	LPGas Tank
____	Water Heater	____	Other _____
____	Fuel Oil Piping	____	Other _____

Contractor: Mongelo's Plumbing + Heating Inc
Address: 36 Harvard St Cresskill NJ 07626
Phone: 201 384 8545 Fax _____
Contractor License # 8860 Expire 6-09
Home Improvement Contractor Registration # _____
Federal Emp. # 146666262

Plumbing Characteristics:
Use Group: Present _____ Proposed _____
Bldg Sewer Size _____
( ) Public Sewer ( ) Private Septic
Water Service Size _____
( ) Public Water ( ) Private Well

Office Use Only ( ) No Plans Required
( ) Plumbing Plans Approved
_____ 10-23-08
Approved By Date

Estimate Cost of Plumbing Work: $ 3000

I certify that I am the (agent of) owner of record and am authorized to make this application.
X _____ ( ) Agent ( ) Owner
(✓) Licensed Plumbing Contractor ( ) Exempt Applicant
PLACE SEAL HERE

FIRE SECTION

Description of Work:

Storage Tanks	Capacity	Fuel
( )Flammable Liquid	_____	____
( )Combustible Liquid	_____	____
( )LPG	_____	____
( )LNG	_____	____

Fire Protection Characteristics:
Use Group: Present _____ Proposed _____
Const. Class: Present _____ Proposed _____
Heating System: ( )New ( )Existing ( )HVAC Location _____
Type: ( )Gas ( )Oil ( )Electric ( )Solar ( )Other _____
Fire Alarm System: ( )New ( )Existing Panel Location _____
Fire Suppression/Standpipe System: ( ) New ( )Existing
Main Control Valve Location _____
Method of Supervision _____
Water Supply Source _____

QTY. **Alarm Systems** ( )Fire Pump ( )System
( ) 110v Interconnected ( )CO Dectectors/110v
____ Alarm Devices (i.e. smoke, heat, pulls, waterflow)
____ Supervisory Devices (i.e. tampers, low/high air)
____ Signalling 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 & wet)
____ Standpipes

Pre-Engineering Systems

____	Wet Chemical	____	FM200 Suppression
____	Dry Chemical	____	Kitchen Hood Exhaust System
____	CO2 Suppression	____	Smoke Control System
____	Foam Suppression	__1__	Fired Appliances (✓)Gas ( )Oil
____	Halon Suppression	____	Fireplace Venting/MetalChimney
____	Other _____		

Contractor: Mongelo's Plumbing + Heating
Address: 36 Harvard St Cresskill NJ 07626
Phone: 201 384 8545 Fax: _____
Fed. ID # 146666262
Fire Protection Equipment, NJ Div of Fire Safety Permit # _____
Fire Protection Equipment, NJ Div of Fire Safety Installer # _____
Fire Alarm Contractor # _____

Office Use Only
(✓) No Plans Required
( ) Fire Plans Approved
10/23/08
Approved By Date

Estimate Cost of Fire Work: $ _____

I certify that I am the (agent of) owner of record and am authorized to make this application.
X _____ ( ) Agent ( ) Owner
(✓) Licensed Plumbing Contractor ( ) Exempt Applicant
PLACE SEAL HERE