BLOCK 205 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 10 Bayview PERMIT NO. 13-304

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 10 E Bayview Ave
2. Name of Owner in Fee: WOO
   Tel. (201) 790-0826 e-mail _____
   Address 10 E Bayview Ave Englewood Cliffs
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Dutra Excavating & Surveying (201) 930-1229
   Address 10 Stone Hollow Rd e-mail _____
   Montvale NJ 07645
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02095500
   Federal Emp. ID No. 203992589 FAX: (201) 505-0183
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Mike Dutra
   Tel. 201 930-1229 FAX: (201) 505-0183

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 2/9/13

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ 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									
☐ Electrical									
☑ Plumbing	2500.-				02/08/13	MG			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
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 _____
Proposed _____

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

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 Dutra Excavating & Sewer

Address 10 Stone Holland Rd

Montvale NJ 07645

Telephone (201) 930-1229

Signature [signature]

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 8/9/2013
Control Number C-13-506
Permit Number 13-304
Permit Issue Date 8/8/2013
Certificate Number 13-304

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: WOO

Owner Address: 10 BAYVIEW AVE ENGLEWOOD CLIFFS NJ 07632

Telephone:

Contractor Dutra Excavating & Sewer

Address 10 Stone Hollow Road Montvale NJ 07645

Telephone: (201) 930-1229 Fax:

License Number or Builders Registration Number: 13VH02095500 Federal Emp. Number: 20-3992589

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: SEWER CONNECTION REAPIR

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: 8/9/2013

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

PLUMBING SUBCODE
TECHNICAL SECTION

Control # C-13-506
Date Issued 8/8/2013
Permit # 13-304

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: WOO

Address 10 BAYVIEW AVE ENGLEWOOD CLIFFS NJ 07632

Email

Tel.

Contractor: Dutra Excavating & Sewer

Address 10 Stone Hollow Road Montvale NJ 07645

Email

Tel. (201) 930-1229 Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. Expiration Date:

Federal Employee No. 20-3992589

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 $2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Plumbing Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☒ CA

Date: 08/08/13

Approved by: MLS

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough				
Water				
Sewer			08/08/13	MLS
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				MLS

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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 and Printed Name

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	
1	Sewer Connector	$65
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$4
TOTAL FEE	$69

U.C.C F130 (rev. 11/09)

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

CONSTRUCTION PERMIT

Date Issued 8/8/2013
Control # C-13-506
Permit # 13-304

IDENTIFICATION Block: 205 Lot: 7 Qualifier
Work Site Location: 10 BAYVIEW AVE ENGLEWOOD CLIFFS, NJ 07632
Owner in Fee: WOO
10 BAYVIEW AVE ENGLEWOOD CLIFFS NJ 07632
Telephone:

Contractor: Dutra Excavating & Sewer
Address: 10 Stone Hollow Road Montvale NJ 07645
Telephone: (201) 930-1229
Lic. No. or Bldrs. Reg. No. 13VH02095500
Federal Employee. No. 20-3992589

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:
SEWER CONNECTION REAPIR

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 $2,500

Construction Official

8/8/13
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$65
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$69
Check No.	6807
Cash	$4
Credit	$0
Collected By	Cathy Scancarella

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.

☐ 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.

BOROUGHOF ENGLEWOOD CLIFFS
482 HUDSON 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: Dutra Excavating & Sewer

Work Site Location: 10 E Bayview Avenue Address: 10 Stone Holland Rd

Owner in Fee: WOO Montvale NJ 07645

Address: 10 E Bayview Ave Telephone: 201-930-1229 Fax: 201-505-0183

Englewood Cliffs NJ License #:_____ Fed ID: 203992589

Telephone:_____ Is this a rental property? ( ) Yes ( ) No Number of Tenants:_____

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: Sewer repair

QTY.	Fixture/Equipment	QTY.	Fixture/Equipment
____	Water Closet	____	Gas Piping
____	Urinal/Bidet	____	Steam Boiler
____	Bath Tub	____	Hot Water Boiler
____	Lavatory	____	Sewer Pump
____	Shower	____	Interceptor/Separator
____	Floor Drain	____	Back Flow Preventor
____	Sink	____	Greasetrap
____	Dishwasher	1	Sewer Connection
____	Drinking Fountain	____	Water Service Connection
____	Washing Machine	____	Stacks
____	Hose Bibb	____	LPGas Tank
____	Water Heater	____	Other _____
____	Fuel Oil Piping	____	Other _____

Contractor: Dutra Excavating & Sewer
Address: 10 Stone Hollow Rd
Montvale NJ 07645
Phone 201-930-1229 Fax 201-505-0183
Contractor License # _____ Expire _____
Home Improvement Contractor Registration # 13VH02095500
Federal Emp. # 203992589

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
MLS 08/08/13
Approved By Date

Estimate Cost of Plumbing Work: $ 2500.00

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

FIRE SECTION

Description of Work:

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

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

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 _____

Contractor: _____
Address: _____
_____
Phone: _____ Fax: _____
Fed. ID # _____
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
_____
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 Fire Contractor ( ) Exempt Applicant
PLACE SEAL HERE