



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Closed

Date Received 12/2/2021
Control # 00007930
Date Issued 12/8/2021
Permit # 21-2224

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

Block 4504 Lot 28 Qualification Code _____

Work Site Location 1069 KENSINGTON TERR

UNION TWP, NJ 07083

Owner in Fee: REINHOLD, SHARON E

Tel. _____ e-mail _____

Address 1069 KENSINGTON TERR, UNION, NJ 07083

Contractor: SCHIFF HOLDINGS LLC DBA OIL TANK SERVICES Tel. (908) 241-5011

Address 505 EAST 1ST AVE e-mail OILTANK05@YAHOO.COM

ROSELLE, NJ 07203

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 _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 272866967 FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present U Proposed U Fuel Storage Tank:

Constr. Class: Present _____ Proposed _____ Fuel Type: ☐ Flammable or ☐ Combustible

Capacity _____

Heating System: ☐ New OR ☐ Modification to Existing Fire Alarm System: ☐ New OR ☐ Existing

OR ☐ Conversion OR ☐ Replacement Location of Panel: _____

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar Fire Suppression/Standpipe System:

☐ Other ☐ New OR ☐ Existing

Location: _____ Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 1,100.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Alarm System	_____	_____	_____	_____
☐ Partial -Underslab Utilities Approved		Suppression Sys.	_____	_____	_____	_____
Date: _____ Approved by: _____		Standpipe	_____	_____	_____	_____
☐ Fire Protection Plans Approved		Fire Pump	_____	_____	_____	_____
Date: _____ Approved by: _____		Pre-Eng. System	_____	_____	_____	_____
Joint Plan Review Required:		Mechanical	_____	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.		Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____	_____
Date: <u>12/06/2021</u>		Flam/Combust Tanks	_____	_____	_____	_____
Approved by: <u>JP</u>		Fireplace Venting	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Final	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA		Other	_____	_____	_____	_____
Date: _____						
Approved by: _____						

U.C.C. F140 (rev. 08/23) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA ☐ Certified/Licensed Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK: OIL TANK REMOVAL

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	<u>1</u>	\$ <u>\$100.00</u>
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	<u>0</u>	\$ <u>\$0.00</u>
Supervisory Devices (i.e., tamper, low/high air)	<u>0</u>	\$ <u>\$0.00</u>
Signaling Devices (i.e., horn/strobes, bells)	<u>0</u>	\$ <u>\$0.00</u>
Other Devices	<u>0</u>	\$ <u>\$0.00</u>
TOTAL	<u>0</u>	\$ <u>\$0.00</u>
Suppression Systems		
Fire Pump _____ GPM Type _____	<u>0</u>	\$ <u>\$0.00</u>
Dry Pipe/Alarm Valves	<u>0</u>	\$ <u>\$0.00</u>
Pre-action Valves	<u>0</u>	\$ <u>\$0.00</u>
Sprinkler Heads (Dry and Wet)	<u>0</u>	\$ <u>\$0.00</u>
Standpipes	<u>0</u>	\$ <u>\$0.00</u>
Pre-engineered Systems		
Wet Chemical	<u>0</u>	\$ <u>\$0.00</u>
Dry Chemical	<u>0</u>	\$ <u>\$0.00</u>
CO ₂ Suppression	<u>0</u>	\$ <u>\$0.00</u>
Foam Suppression	<u>0</u>	\$ <u>\$0.00</u>
FM200 Suppression	<u>0</u>	\$ <u>\$0.00</u>
Other	<u>0</u>	\$ <u>\$0.00</u>
Other Systems		
Kitchen Hood Exhaust System	<u>0</u>	\$ <u>\$0.00</u>
Smoke Control System	<u>0</u>	\$ <u>\$0.00</u>
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid	<u>0</u>	\$ <u>\$0.00</u>
Fireplace Venting/Metal Chimney	<u>0</u>	\$ <u>\$0.00</u>
Other	<u>0</u>	\$ <u>\$0.00</u>

Administrative Surcharge \$ 0.00
Minimum Fee \$ 100.00
State Permit Surcharge Fee \$ 0.00
TOTAL FEE \$ 100.00



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Closed

Date Received 5/14/2015
Control # 561414
Date Issued 2/9/1996
Permit # 96-113

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

Block 4504 Lot 28 Qualification Code

Work Site Location 1069 KENSINGTON TERR

UNION TWP, NJ 07083

Owner in Fee: REINHOLD, SHARON E

Tel. e-mail

Address 1069 KENSINGTON TERR, UNION, NJ 07083

Contractor: REINHOLD, SHARON E municipality Tel. zip code

Address 1069 KENSINGTON TERR e-mail

UNION, NJ 07083, NJ

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-3 Proposed R-3

Constr. Class: Present Proposed

Heating System: ☐ New OR ☐ Modification to Existing
OR ☐ Conversion OR ☐ Replacement

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

Location:

Total Cost of Fire Protection Work \$ 0.00

Fuel Storage Tank:

Fuel Type: ☐ Flammable OR ☐ Combustible

Capacity

Fire Alarm System: ☐ New OR ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New OR ☐ Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor
sign here:

Print name here:

D. TECHNICAL SITE DATA ☐ Certified/Licensed Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK/ABANDONMENT OF OIL TANK.

Water Supply Source

Method of Alarm/Suppression System Supervision

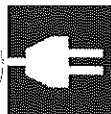
	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	\$ 0.00
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	\$ 0.00
Supervisory Devices (i.e., tamper, low/high air)	0	\$ 0.00
Signaling Devices (i.e., horn/strobes, bells)	0	\$ 0.00
Other Devices	0	\$ 0.00
TOTAL	0	\$ 0.00
Suppression Systems		
Fire Pump GPM Type	0	\$ 0.00
Dry Pipe/Alarm Valves	0	\$ 0.00
Pre-action Valves	0	\$ 0.00
Sprinkler Heads (Dry and Wet)	0	\$ 0.00
Standpipes	0	\$ 0.00
Pre-engineered Systems		
Wet Chemical	0	\$ 0.00
Dry Chemical	0	\$ 0.00
CO ₂ Suppression	0	\$ 0.00
Foam Suppression	0	\$ 0.00
FM200 Suppression	0	\$ 0.00
Other	0	\$ 0.00
Other Systems		
Kitchen Hood Exhaust System	0	\$ 0.00
Smoke Control System	0	\$ 0.00
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid	0	\$ 0.00
Fireplace Venting/Metal Chimney	0	\$ 0.00
Other	0	\$ 0.00

Administrative Surcharge \$ 0.00
Minimum Fee \$ 0.00
State Permit Surcharge Fee \$ 0.00
TOTAL FEE \$ 0.00

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)
PLAN REVIEW	Type:	Failure Failure Approval Initial
☐ No Plans Required	Alarm System	
☐ Partial -Underslab Utilities Approved	Suppression Sys.	
Date: Approved by:	Standpipe	
☐ Fire Protection Plans Approved	Fire Pump	
Date: Approved by:	Pre-Eng. System	
Joint Plan Review Required:	Mechanical	
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.	Smoke Control	
SUBCODE APPROVAL for PERMIT	TCO	
Date: Approved by:	Flam/Combust Tanks	
SUBCODE APPROVAL for CERTIFICATE	Fireplace Venting	
☐ CO ☐ CCO ☐ CA	Final	
Date: Approved by:	Other	



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 4504 Lot 28 Qualification Code _____

Work Site Location 1069 KENSINGTON TERR

UNION TWP, NJ 07083

Owner In Fee: REINHOLD, SHARON E

Tel. _____ e-mail _____

Address 1069 KENSINGTON TERR, UNION, NJ 07083

street

municipality

zip code

Contractor: LAZOG ELECTRIC LLC Tel. (908) 686-8393

Address 51 ELLEN ST. e-mail _____

UNION, NJ 07083

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1,374.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
☐ No Plans Required	Type:	Failure	Failure	Approval	Initial	
☐ Partial -Underslab Utilities Approved	Rough					
Date: _____ Approved by: _____	Barrier-Free					
☐ Electric Plans Approved	Trench					
Date: _____ Approved by: _____	Temp. Serv.					
Joint Plan Review Required:	Constr. Serv.					
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	TCO					
SUBCODE APPROVAL for PERMIT	Other					
Date: _____	Service					
Approved by: _____	Final					
	Barrier-Free					
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued					
☐ CO ☐ CCO ☐ CA	Final Cut-in-Card Date Issued					
Date: _____	Annual Pool Inspection					
Approved by: _____	Date of Grounding and Bonding					
	Certification					

Closed

Date Received 2/19/2016
Control # 656359
Date Issued 2/23/2016
Permit # 16-00377

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here: _____

Print name here: _____

☐ Licensed Electrical Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: SERVICE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ <u>0.00</u>
_____	_____	Pool Permit/with UW Lights	<u>0.00</u>
_____	_____	Storable Pool/Spa/Hot Tub	<u>0.00</u>
_____	_____	KW Elec. Range/Receptacle	<u>0.00</u>
_____	_____	KW Oven/Surface Unit	<u>0.00</u>
_____	_____	KW Elec. Water Heater	<u>0.00</u>
_____	_____	KW Elec. Dryer/Receptacle	<u>0.00</u>
_____	_____	KW Dishwasher	<u>0.00</u>
_____	_____	HP Garbage Disposal	<u>0.00</u>
_____	_____	KW Central A/C Unit	<u>0.00</u>
_____	_____	HP/KW Space Heater/Air Handler	<u>0.00</u>
_____	_____	KW Baseboard Heat	<u>0.00</u>
_____	_____	HP Motors 1/+ HP	<u>0.00</u>
_____	_____	KW Transformer/Generator	<u>0.00</u>
_____	_____	AMP Service	<u>0.00</u>
_____	_____	AMP Subpanels	<u>0.00</u>
_____	_____	AMP Motor Control Center	<u>0.00</u>
_____	_____	KW Elec. Sign/Outline Light	<u>0.00</u>

Administrative Surcharge \$ 0.00
Minimum Fee \$ 46.00
State Permit Surcharge Fee \$ 3.00
TOTAL FEE \$ 49.00