FIRE SUBCODE
TECHNICAL SECTION

Date Received 6/24/1999
Control # 56990
Date Issued 6/24/1999
Permit # 990708

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

Block 129.17 Lot 10 Qualification Code

Work Site Location: 20 BRENTWOOD DRIVE , NJ

Owner in Fee: HOVBROS OXMEAD LLC

Address 900 BIRCHFIELD DRIVE MT. LAUREL NJ 08054- Email

Tel. 609/2358444

Contractor: HOVBROS OXMEAD LLC Tel. 856/2358444

Address 900 BIRCHFIELD DRIVE MT. LAUREL NJ 08054- Email

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Expiration Date:

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

Federal Employee No. 22-3607697 Fax. 856/2353709

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3

Constr. Class Present Proposed

Heating Systems: ☐ New *or* ☐ Modification to Existing *or* ☐ Conversion *or* ☐ Replacement

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

Location:

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:

Total Cost of Fire Protection Work **$250**

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Fire Protection Plans Approved
Date:

Approved by:

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ 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/Cumbust Tank				
Fireplace Venting				
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 and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
LAURELTON ON BASEMENT WITH EXP. NOOK, & GAS FIRPLACELAURELTONLAURELTONLAURELTON

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)	8	
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL	8	$36.00
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 ☐ Solid	4	$184
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge		
Minimum Fee		
State Permit Surcharge Fee		$73
TOTAL FEE		$249

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