



CONSTRUCTION PERMIT APPLICATION

006-104/850

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

I. IDENTIFICATION

1. Proposed Work Site at: 436 ESPANADO
 2. Name of Owner in Fee: MARCI BARR
 Address 436 ESPANADO BRICK zip code
 3. Ownership in fee: Public _____ Private _____
 4. Principal Contractor: CHECKPOINT BUNCH Tel. 732-299-7660
 Address 13 LAWRENCE DR BRICK
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. 222 203 J20 FAX: 732-299-5725
 5. Architect or Engineer _____ Tel. () _____
 Address _____ Contact _____
 6. Responsible Person in Charge once Work has Begun RICHARD KUCOY
 Tel. 732-299-7660 FAX: 732-299-5725

Alarm

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	<u>2796</u>	<u>417</u>	
2. Electrical		<u>45</u>	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Fee Surcharge	\$		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	<u>89</u>	

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	

OPTIONAL (for office use only)

II. PROPOSED WORK

	Est. Cost	Plan Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval/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								
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)

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs

Called 10/12/06
left message

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)(vi): 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. 5:32-2.15(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 Richard Kinney

Address 13 LAWRENCE DR.

BLICK N.J.

Telephone (232) 499-7660

Signature Richard Kinney

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		Other	
Building _____	Energy _____	Other _____			
Electrical _____	Barrier Free _____	_____			
Plumbing _____	Flood Hazard _____	_____			
Fire Protection _____	As Built Elevation Cert. _____	_____			
Mechanical _____	Other _____	_____			

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	_____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Compliance	_____	_____	_____	_____	_____
☐ Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Approval	_____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	_____	_____	_____	_____	_____

Constituent Contact Report

Constituent Contact Report

[illegible]

☐ Zoning Application deemed complete

☐ Zoning Application approved

☐ Zoning permit updates:

Initialled: _____

Date: _____

Initial:

Date: _____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/19/2007
Control Number C-07-005037
Permit Number 07-3367
Permit Issue Date 10/26/2007
Certificate Number 07-3367

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 19 DIANE DRIVE Brick Township, NJ Block: 869.35 Lot: 6 Qual: _____
Owner In Fee: GROCE, STEPHEN K & BRENDALEE
Owner Address: 19 DIANE DR BRICK NJ 08724
Telephone: () _____
Contractor OFFSHORE POOLS
Address 260 BRICK BLVD BRICK NJ 08723 - 7166
Telephone: (732) 477-7073 Fax: _____
License Number or Builders Registration Number: 13VH00249300 Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Used: FENCE, GAS LINE FOR POOL HEATER, INGROUND SWIMMING POOL, POOL HEATER 6' PVC FENCE
(RESIDENTIAL)

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 NJACS: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: _____



CONSTRUCTION PERMIT

Date Issued 10/13/2006
Control # C-05-104850
Permit # 05-3367

IDENTIFICATION Block: 958.21
Work Site Location: 436 THE ESPLANADE, NJ
Owner in Fee BATICH, STEPHEN J. & RITA T.
Address 436 THE ESPLANADE, BRICK NJ
Telephone: [REDACTED]

Lot: 15
Contractor Address CHECKPOINT ALARM SYSTEM
13 LAWRENCE DR, BRICK NJ 08724-
Telephone: 732/899-7660
Lic. No. or Bldrs. Reg. No.
Federal Employee No. 22-2203920

I am 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:

ALARM SYSTEM (BURGLAR OR FIRE)

Note: If construction 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 \$3,100

Construction Official _____ Date _____

U.C.C. F170
equival (rev B03)

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.

PAYMENTS (Office Use Only)	
Building	\$0
Electrical	\$40
Plumbing	\$0
Fire Protection	\$45
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$4
CO Fee	
Other	\$0
Total	\$89
Check No.	2796
Cash	\$0
Credit	\$0
Collected By	Stephanie Capozzi



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

10/13/06
06-3367

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

Block 958-21 Lot 15-17 Qualification Code _____

Work Site Location 436 ESPANADO

Owner in Fee MR BATTICH

Address SAME

Tel _____

Contractor CHUCKPOINT ALARM SYSTEMS

Address 13 LAWRENCE DR

Tel (732) 899-7660

FAX (732) 899-5725

Contractor License No. 13VH00343400

Federal Emp. No. 222-203-820

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: 10/11/06

Approved by: W

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____ Failure _____ Failure _____ Approval _____ Initial _____

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 _____

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's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

2 Lighting Fixtures
10 SHOCK KEYPADS
5 CO SWITCHES
1 DETECTORS LOW VOLTAGE
1 DETECTORS

1 Motors—Fract. HP
1 Emergency & Exit Lights
1 Communications Points
1 Alarm Devices/E.A.C. Panel

CONTROL

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 A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ _____

10107
Incomplete W

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



FIRE PROTECTION 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 958-21 Lot 15-17 Qualification Code _____

Work Site Location 436 ESPERANDE

Owner in Fee MIC. BATICIN

Address SAME

Tel _____

Contractor CHECKPOINT ALARM SYSTEMS

Address 13 LAWRENCE

Tel (732) 899-7660 FAX (732) 899-5725

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 700142

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

Fire Alarm Contractor No. 153247

Federal Emp. No. 222-203-820

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: ☒ New or ☐ Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: ☐ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System: _____

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

☐ Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: ☐ Flammable or ☐ Combustible Capacity _____

Total Cost of Fire Protection Work \$ 1600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Plumbing

☐ Electric ☐ Elevator

☐ Fire Plans Approved

Date: 10/15/06

Approved by: ASU

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 7-15-07

Approved by: OB

INSPECTIONS

Type: Failure Failure Approval Initial

Alarm System _____ 7-15-07 OB

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Flam/Combust Tanks _____

Fireplace Venting _____

Final _____ 7-15-07 OB

Other _____

U.C.C. F140
(rev. 1/04)

1 White = Inspector Copy
3 Pink = Office Copy



Date Received
Control #

Date Issued
Permit #

10/13/06
06-3367

C. CERTIFICATION IN LIEU OF OATH

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

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: HOUSE - (10) INTERCONNECTED
LOW VOLTAGE SMOKE DETECTORS
(4) CO DETECTORS

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	_____
Alarm Systems	_____	_____
☐ System	_____	_____
☐ 110v Interconnected	_____	_____
☒ CO Detectors <u>4</u>	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling 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 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 \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

2 Canary = Office Copy
4 Gold = Applicant Copy



FIRE PROTECTION 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 958-21 Lot 15-17 Qualification Code _____

Work Site Location 436 ESPRANADE

BRICK

Owner in Fee MIC. BATICI

Address SAME

Tel _____

Contractor CHECKPOINT ALARM SYSTEMS

Address 13 LAWRENCE

BRICK

Tel (732) 499-7660 FAX (732) 499-5725

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 100142

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

Fire Alarm Contractor No. 153247

Federal Emp. No. 222-203-020

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: ☒ New OR ☐ Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: ☐ New OR ☐ Existing ☐ HVAC Fire Suppression/Standpipe System: _____

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New OR ☐ Existing

☐ Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: ☐ Flammable OR ☐ Combustible Capacity _____

Total Cost of Fire Protection Work \$ 1600.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Alarm System	_____	_____	_____	_____
Joint Plan Review Required:		Suppression Sys.	_____	_____	_____	_____
☐ Building ☐ Plumbing		Standpipe	_____	_____	_____	_____
☐ Electric ☐ Elevator		Fire Pump	_____	_____	_____	_____
☐ Fire Plans Approved		Pre-Eng. System	_____	_____	_____	_____
Date: _____		Mechanical	_____	_____	_____	_____
Approved by: _____		Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL		TCO	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA		Flam/Combust Tanks	_____	_____	_____	_____
Date: _____		Fireplace Venting	_____	_____	_____	_____
Approved by: _____		Final	_____	_____	_____	_____
		Other	_____	_____	_____	_____



Date Received

Control #

Date Issued

Permit #

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: HOUSE (10) INTERCONNECTED

LOW VOLTAGE SMOKE DETECTORS

(4) CO DETECTORS

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

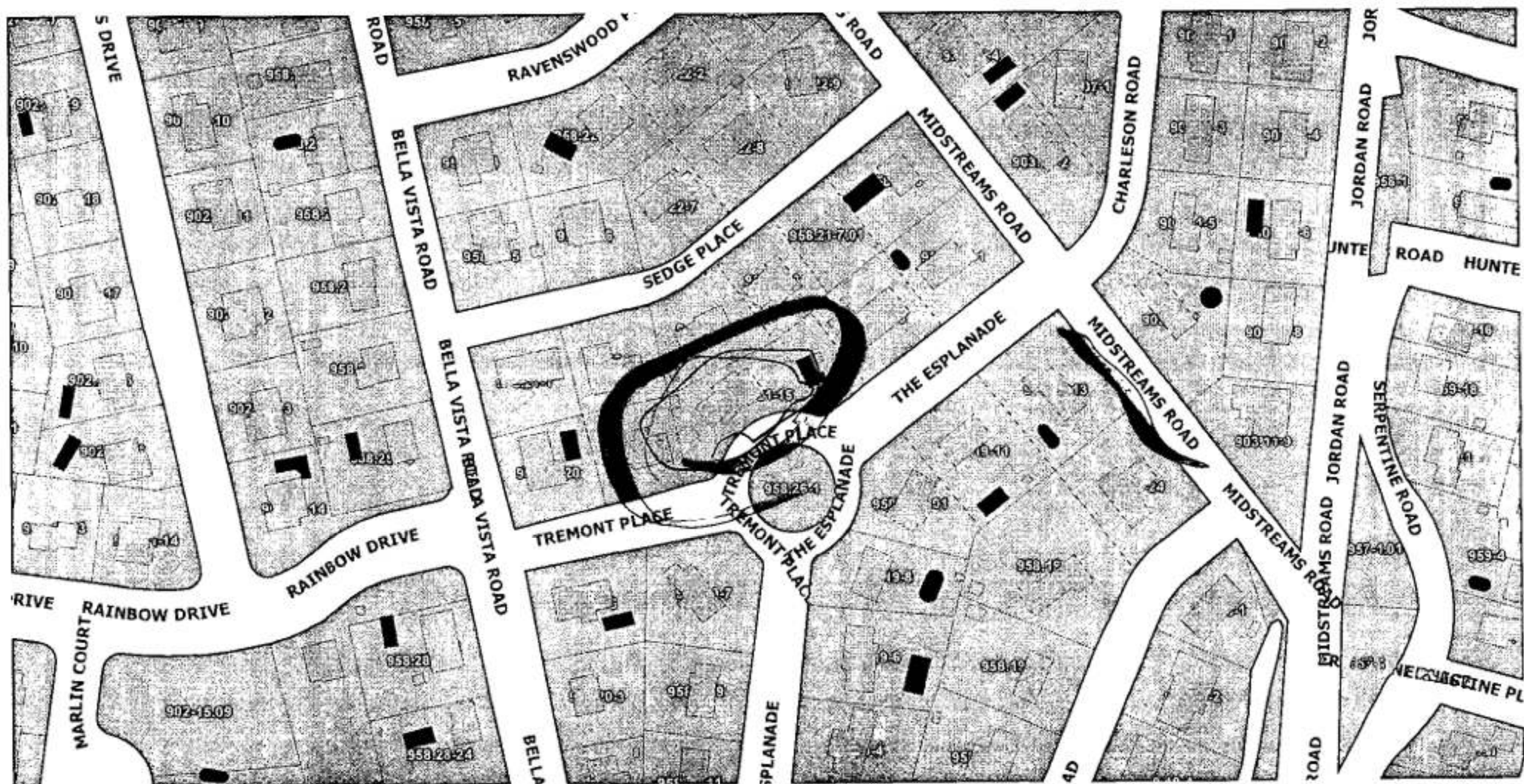
	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	_____
Alarm Systems	_____	_____
☐ System	_____	_____
☐ 110v Interconnected	_____	_____
<u>(4)</u> CO Detectors 4200	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling 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 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 \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



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Home Improvement Contractors

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This data is current as of September 27, 2006.
Please be aware that it will take 10 - 15 business days to receive your physical license.
If you need proof of licensure, please dial our License Verification Line at 973-273-8090
to receive a faxed verification of your license status.

Your search for Home Improvement Contractors with the name Checkpoint in the of city Brick generated 1 match.

Name: Checkpoint Alarm Systems, Inc.
Address: Brick, NJ 08724
License Number: 13VH00393400
License Status: Active
Expiration Date: 31-DEC-06

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