

01-1551



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

I. IDENTIFICATION

1. Proposed Work Site at: 1606 W Princeton Ave
2. Name of Owner in Fee: Bryce M. Garcia Tel. [REDACTED]
- Address 1606 W Princeton Ave Brick NJ 08122
- street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: _____ Tel. (_____) _____
- Address _____
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
- Address _____
6. Responsible Person in Charge of Work Myself
- Tel. (_____) _____ FAX (_____) _____

V. FEE SUMMARY (for office use only)

- | | | | | | |
|-----|-----------------------------------|----|----|----|--|
| 1. | Building | \$ | 8 | | |
| 2. | Electrical | | | | |
| 3. | Plumbing | | | | |
| 4. | Fire Protection | | | | |
| 5. | Elevator Devices | | | | |
| 6. | Subtotal | \$ | | | |
| 7. | Less 20% for
State Plan Review | | | | |
| 8. | Subtotal | \$ | | | |
| 9. | DCA Training Fee | | | | |
| 10. | Subtotal | | | | |
| 11. | Cert. of Occupancy | | | | |
| 12. | Other 2P | | | | |
| 13. | TOTAL | \$ | 15 | 23 | |

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

II. PROPOSED WORK

1. ☐ Minor Work *Send*
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates		Re- viewer
					Approval	Rejection	
[Signature]	5/14		5-14-01	Fm	10/12/01		[Signature]
Enc	5/16/01		5/16/01	H			

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- | | |
|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 5. ☐ Cross-Connections/Backflow Preventers |
| 2. ☐ High Pressure Boilers | 6. ☐ Hazardous Uses/Places of Assembly |
| 3. ☐ Pressure Vessels | 7. ☐ Sprinklers |
| 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells |
| | 9. ☐ Underground Storage Tanks |

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

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:

LDS BR 10102458

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 5-4-21

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 _____

Address _____

Telephone (_____) _____

Signature _____

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.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

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

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

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/17/2001
Control #
Permit # 01-1551

USE HER JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 821 Lot 7 Dual _____

Work Site Location 1608 N PRINCETON AVE
FENCE

Owner in Fee SANCIA, BRUCE
Address SAME
Telephone 801-247-1174

Contractor M O M E G N H E R
Address _____
Telephone () _____
Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No. NO-

I hereby granted permission to perform the following work:

CK) BUILDING () PLUMBING () LEAD HAZARD ABATEMENT
() ELECTRICAL () FIRE PROTECTION () DEMOLITION
() ELEVATOR DEVICES () ASBESTOS ABATEMENT () OTHER _____
(Subchapter 3 only)

DESCRIPTION OF WORK:
B STOCKADE FENCE

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 \$ 200

Construction Official *[Signature]* 03/17/2001

U.C.C. F170 (REV. 3/96)

Date

PAYMENTS (Office Use Only)

Building 8
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Device 0
Other _____
DCI Training Fee 0
Cert. of Occupancy 0
Other 2196
Total 23-
Check No. 2196
Cash _____
Collected By TL

03/17/01 12:21PM 000000#3752
#011551
BUILDING \$8.00
ZPA \$15.00
***TOTAL \$23.00
CHECK \$23.00
CHANGE \$0.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/07/2001
Date Issued 5/17/01
Control # C7-821
Permit # 01-1551

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIS NO: 1-800-272-1600

Block 821 Lot 7 Sub 1
Work Site Location 1606 N PRINCETON AVE
FENCE

Owner in Fee GARCIA, BRUCE
Address SAME
BRICK, NJ 08724
Telephone
Contractor
Address

Telephone () Fax ()
Lic. No. of Dir. Reg. No.
Federal Emp. No. NJ-

C. CERTIFICATION IN LIEU OF DATA
I hereby certify that I as the (agent of) owner
of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

6' STORAGE FENCE

25' FROM FRONT PROPERTY LINE

108 SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
No Plans Reg 5-14-01-KP

INSPECTIONS	Dates (Month/Day)
Type	Failure Failure Approval Initial
Footing	
Foundation	
Slab	
Frame	
BarrierFree	
Joint Plan Review Required:	
[] Elect [] Plumb [] Fire	
SUBCODE APPROVAL [] Elev	
[] CO [] ECO [] CA	
Date:	
Approved By:	
Other	
Final	
BarrierFree	

2. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 0
2. Alteration \$ 200
3. Total (1+2) \$ 200
Paid () Check \$
Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$
DCA Training Fee \$
U.C.C. F110 (rev. 3/96)

TYPE OF WORK	FEE (Office Use Only)
[] New Building	0
[] Addition	0
[X] Alteration	0
[] Roofing	0
[] Siding	0
[] Fence 0 Height (exceeds 6')	0
[] Sign 0 Sq. Ft.	0
[] Pool	0
[] Asbestos Abatement Subchapter 8	0
[] Lead Haz. Abatement NJAC 5:17	0
[X] Other FENCE	8
Other	0
[] Demolition	0

TOWNSHIP OF BRICK
461 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

NEW JERSEY
BUILDINGS
SURCODE
TECHNICAL SECTION

Date Received 05/07/2001
Date Issued 5/17/01
Contract # 07-021
Parcel # 01-1551

A. IDENTIFICATION-APPLICANT'S COMPLETE AND APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG HOT: 1-800-872-1000

Block 021 Lot 3 Sub 1
Mort Site Location 1000 IL PRINCEDRY AVE
FENCE

Owner in Fee GARCIA, BRUCE

Address SAME

EDICE, NJ 08723

Telephone

Contractor

Address

Telephone

Lic. No. of State Reg. No.

Federal Exp. No. NO.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date Initial

No Plans Recd 5-14-01 K

All

Footings

Foundation

Fence

Other

Joint Plan Review Required:

Elect [] Plumb [] Fire

SURCODE APPROVAL [] Elev

[] CD [] CG [] CA

Date:

Approved By:

INSPECTIONS

Type

Footings

Foundation

Slab

Fence

Barrier/Fence

Level/section

Finishes

Energy

Mechanical

TCO

Other

Final

Barrier/Fence

Dates (Month/Day)

Failure Failure Approval Initial

Footings

Foundation

Slab

Fence

Barrier/Fence

Level/section

Finishes

Energy

Mechanical

TCO

Other

Final

Barrier/Fence

TYPE OF WORK

[] New Building

[] Addition

[X] Alteration

[] Roofing

[] Siding

[] Fence

[] Sign

[] Pool

[] Asbestos Abatement Subchapter 8

[] Lead Mar. Abatement NJAC 5:17

[X] Other FENCE

Other

[] Demolition

FEE (Office Use Only)

\$

0

0

0

0

0

0

0

0

0

0

0

0

B. BUILDING CHARACTERISTICS

Use Group Present

Proposed F-3

Exterior Class Present

Proposed

No. of Stories

Height of Structure

Area Largest Floor

New Bldg. Area/All Floor

Volume of New Structure

Est. Cost of Bldg. Work:

1. New Bldg. \$

2. Alterations \$

3. Total (1+2) \$

Industrialized Building?

[] State Approved

[] FPD

[] FPD

Administrative Surcharge

Minimus Fee

TOTAL FEE

DCA Training Fee

U.C.C. F119 (REV. 3/75)

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

6' STOCKADE FENCE

25' FROM FRONT PROPERTY LINE

TOWNSHIP OF BRICK ZONING PERMIT

Approved: May 8, 2001

No. 1.0631

Block: 821

Lot: 7

Zone: R-7.5

Property Address: 1606 West Princeton Avenue

Applicant: Bruce M. Garcia

Property Owner: Same

Existing Use: Single-family residential

Proposed Use: Single-family residential.

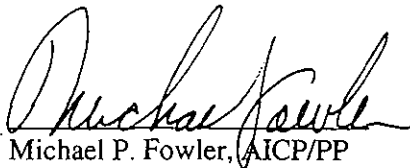
Proposed Construction: Stockade fence, six (6) feet high.

Conditions: The stockade fence must be set back at least 25 feet from the front property line.

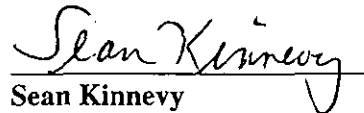
The finished side of the fence must face the exterior of the lot.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect.

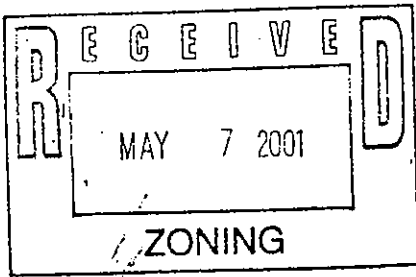
This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.



Michael P. Fowler, AICP/PP
Municipal Planner



Sean Kinnevy
Zoning Officer



TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

Block 821 Lot 7-8-9-10-11-12 Qualifier D/A

PROPERTY ADDRESS 1606 Princeton Ave Brick

PERSONAL NAME OF APPLICANT Bruce M Garcia

BUSINESS NAME OF APPLICANT _____

PROPERTY OWNER Bruce M Garcia

PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) _____

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION (check all that apply)

- ☐ New Building (please describe) _____
☐ Addition
☐ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☒ Fence (state type & height) 6' wood stockade on both sides of
☐ Swimming Pool ☐ in-ground ☐ above-ground House to tie in w/ existing
☐ Other (please describe) fence

CHECKLIST

- ☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

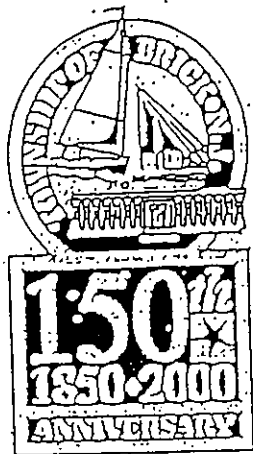
Signature of applicant _____

Date 5-4-01

Date 5-8-01

(X) Approved () Denied

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050



1 C. Scarpelli Mayor

Department of Administration & Finance

Township Council
Frederick J. Underwood, Sr - President
Stephen C. Acropolis
Timberley S. Casten
Lorena N. Cucci
Gregory S. Kavanagh
Cathy M. Russell
Anthony R. Shupin

Office of Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
www.twp.brick.nj.us

Date: 5-4-01

Block 821 Lot 7, 8, 9, 10, 11, 12

Property Address: 1606 W Princeton Ave Brick

I, Bruce M Garcia of 1606 W Princeton Ave Brick
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 5/10/01

Signed:

Rejected on: _____

Signed: _____

Comments:

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 1606 W Princeton Ave Brick
Block: 821 Lot: 7, 8, 9, 10, 11, 12
Owner's Name: Bruce M Garcia
Owner's Mailing Address: 1606 W Princeton Ave Brick NJ
Phone: [REDACTED]

BUILDING

Contractor: Myself
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN: _____

Technical Data

Description of Work:

Install 6' Stockade
Fencing w/ Single gate
on North side of
House

Install 6' Stockade
Fence w/ double gate
on South side of
House

Type of Work

☐ New Building ☐ Siding
☐ Addition ☒ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Building: _____
Volume of Structure: _____
Total Land Disturbed: _____

Cost of Alteration: _____

Cost of New Building: \$200

Total Cost of Building Work: _____

Signature: [Signature]

Please Print Name Bruce M Garcia

ELECTRICAL

Contractor: _____
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN: _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Pool _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____ KW
Oven/Surface Unit _____ KW
Electric Water Heater _____ KW
Electric Dryer _____ KW
Dishwasher _____ KW
Garbage Disposal _____ HP
A/C Unit - Central Air _____ KW
Space Heater/Air Handler _____ KW
Baseboard Heating _____ KW
Motors 1+ HP _____
Transformer/Generator _____ KW
Light Stander _____ AMP
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
Furnace _____
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: _____

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

FIRE

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures

Quantity

Water Closets _____
Urinals/Bidets _____
Bath Tub _____
Lavatory _____
Shower _____
Floor Drain _____
Sink _____
Dishwasher _____
Drinking Fountain _____
Washing Machine _____
Hose Bib _____
Gas Piping _____
Fuel Oil Piping _____
Water Heater _____
Steam Boiler _____
Hot Water Boiler _____
Sewer Pump _____
Interceptor/Separator _____
Backflow Preventer _____
Greasetrap _____
Water Cooled A/C or Refrig. Unit _____
Septic Tank Closure _____
Sewer Service Connection _____
Water Service Connection _____
Active Solar System _____
Auxiliary Meter _____
Sprinkler Heads _____
Sump Pump _____
Other: _____

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel _____
Combustible Storage Tanks _____ capacity _____ fuel _____
LPG Storage Tanks _____ capacity _____ fuel _____

Item

Quantity

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
Total _____
Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Plumbing Work _____

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

Estimated Cost of Fire Work _____

Signature: _____

Print Name: _____