

BLOCK 670 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 2770 Hooper PERMIT NO. 08-3552



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 2770 Hooper Ave. Bricktown
2. Name of Owner in Fee: Kennedy Mall Assoc.
Tel. (732) 920-7006 e-mail _____
Address 13 Kennedy Mall Brick N.J. 08723
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: Self. (Stanley Chao) Tel. (732) 920-7000
Address (same as above) e-mail _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____
5. Architect or Engineer: SABLO & ASSO. LLC. Contact _____
Address 62 Montalvo Rd. e-mail _____
Tel. (732) 477-7751 FAX: (732) 477-6788
6. Responsible Person in Charge once Work has Begun
Tel. () _____ FAX: () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>40</u>		
2. Electrical	\$ <u>40</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ <u>3</u>		
8. Subtotal	\$ <u>37</u>		
9. State Permit Surcharge Fee			
10. Subtotal	\$ <u>37</u>		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>37</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ ft.
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 _____

(office use only)

COMMERCIAL

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)

- ☒ Building
☒ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>600</u>	<u>(Signature)</u>	<u>11/17/08</u>		<u>11-21-08</u>	<u>(Signature)</u>	<u>2-11-09</u>		
<u>1000</u>				<u>11-24-08</u>	<u>(Signature)</u>	<u>2-11-09</u>		
				<u>11-25-08</u>	<u>(Signature)</u>	<u>12-4-08</u>		

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/17/2009
Control Number C-08-005370
Permit Number 08-3552
Permit Issue Date 11/25/2008
Certificate Number 08-3552

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 2770 HOOPER AVE. Brick Township, NJ Block: 670 Lot: 4 Qual: _____
Owner in Fee: KENNEDY MALL ASSOCIATES
Owner Address: 13 KENNEDY MALL BRICK NJ 08723
Telephone: (732) 920-7000
Contractor: KENNEDY MALL ASSOCIATES
Address: 13 KENNEDY MALL BRICK NJ 08723
Telephone: (732) 920-7000 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL, ELECTRICAL ALTERATIONS VENTED SINK AS NEEDED; MOVED EMERGENCY LITE TO OTHER WALL, ETC

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: _____

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.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

11-17-08

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 _____

Address _____

Telephone (_____) _____

Signature _____

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



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 670

Lot 4

Qualification Code

Work Site Location

Gracie Farms Market

Owner in Fee: 3770 Hagar Ave, Brick Township, NJ, 08723

Tel. (973) 966-3400 ext 330 e-mail

Address 641 Shunpike Rd, Camden, NJ, 07924 zip code

Contractor: Bahr & Sons Elec Co Inc municipality

Tel. (732) 264-5333

Address 62 Shorewood Dr Bayville e-mail

Contractor License No. 11344

Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable)

Federal Emp. ID No. 22-3152770 FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Multi-unit Utility Co. SCNH

Est. Cost of Elec. Work \$ 1000-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	
☐ No Plans Required	Type	Failure	Failure	Approval	Initial
Joint Plan Review Required:					
☐ Building	☐ Plumbing				
☒ Fire	☐ Elevator				
☒ Elec. Plans Approved					
Date: <u>11/24/08</u>					
Approved by: <u>MM</u>					
SUBCODE APPROVAL					
☐ CO	☐ CO	☐ CA			
Date: <u>2-11-9</u>					
Approved by: <u>AS</u>					

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 ☐ Certificate Landscaping Contractor ☐ Exempt Applicant

U.C.C. F120 (rev. 10/06)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Minor Alterations,

Date Received

08-352

11-25-08

Control #

Date Issued

Permit #

QTY.	SIZE	ITEMS	FREE (Office Use Only)
4		Lighting Fixtures	
4		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		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	

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

COMMERCIAL



BUILDING 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 670 Lot 4 Qualification Code 08723
Work Site Location 2770 Hooper Ave Brick NJ

Owner in Fee: Brick Farm's market

Tel. (732) 920 7000 e-mail _____

Address 13 Kennedy mall Brick NJ 08723 zip code _____

Contractor: Solt street _____ Tel. (732) 920 7000 _____

Address 2770 Hooper Ave Brick NJ 08723 municipality _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial _____

☒ No Plans Required _____ Type: _____

☒ All _____ Type: _____

☒ Footings/Foundations _____ Type: _____

☒ Structural/Framework _____ Type: _____

☒ Exterior _____ Type: _____

☒ Interior _____ Type: _____

Joint Plan Review Required: _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____

SUBCODE APPROVAL for PERMIT _____

Date: _____

Approved by: _____

Barrier-Free _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of _____

report and am authorized to make this application.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

☒ VENTED SINK AS

NEEDED.

INSTALL 1 OUTLET BOX
MOVED EMERGENCY LIGHT TO
OTHER WALL.

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6')

☐ Sign _____ Sq. Ft.

☐ Pool

☐ Retaining Wall _____ Sq. Ft.

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other _____

☐ Demolition

FEE (Office Use Only)

\$ _____

COMMERCIAL

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received
Control #

Date Issued
Permit #

08-3552
11-25-08

24 08

OWNER SHOWED RECEPTACLE ON
WALL FROM COVEN TO RECEPTACLE -

NO REMOT TO ENT CONNECTION -

MC PLUG IN TO PLUG AND CORD -
WALL MOUNTED EMERGENCY LIGHT NO VISIBLE
WIRE ON FELD -

~~NO~~ 4 RECEPTACLES 4 SWITCHES ON TELL
LOCATION OF WORK?

POSSIBLE WORK NOT BY THIS CONTRACTOR

OTech ↑

CONNECTION



CONSTRUCTION PERMIT

Date Issued 11-25-09
Control # 08-005370
Permit # 08-005370

IDENTIFICATION Block: 670 Lot: 4 Qualifier _____
Work Site Location: 2770 HOOPER AVE. Brick Township, NJ Contractor KENNEDY MALL ASSOCIATES
Address 13 KENNEDY MALL BRICK NJ 08723
Owner in Fee KENNEDY MALL ASSOCIATES
13 KENNEDY MALL BRICK NJ 08723 Telephone: (732) 920-7000
Telephone: (732) 920-7000 Lic. No. or Bldrs. Reg. No. _____
Federal Employee. No. _____

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:

ALTERATION - COMMERCIAL, ELECTRICAL ALTERATIONS VENTED SINK AS NEEDED;
MOVED EMERGENCY LITE TO OTHER WALL, ETC

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 \$2,300

[Signature]
Construction Official

Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$40
Plumbing	\$40
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$123
Check No.	
Cash	\$0
Credit	\$0
Collected By	

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. | \$40.00 |
| 2. Foundations and all walls up to grade level prior to back filling. | \$40.00 |
| 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. | \$40.00 |
| 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment. | \$3.00 |
| | \$123.00 |
| | \$0.00 |
| | \$123.00 |

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:

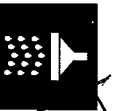
- ☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; 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.



PLUMBING SUBCODE TECHNICAL SECTION



Brick Farmers Market
11-25-08

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

Block 691D Lot 4 Qualification Code _____
Work Site Location 2770 Hooper Ave

Owner In Fee: Brick Farmers Market
Tel. (732) 920-7000 e-mail _____

Address same street: _____
Contractor: ABSOLUTE CONSTRUCTION Tel. (_____) zip code _____
Address ROSELLE e-mail _____

Contractor License No. 11217 FAX (908) 259-9808 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 223392751 FAX: (_____) _____

B. PLUMBING CHARACTERISTICS
Use Group Present Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 700

JOB SUMMARY (Office Use Only)
PLAN REVIEW
☐ No Plans Required
☐ Partial - Underslab Utilities Approved
Date: _____ Approved by: _____
☒ Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required: _____
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

INSPECTIONS
Type: _____ Failure _____ Failure _____ Approval _____ Initial _____
Slab _____
Rough _____
Water _____
Sewer _____
Fixtures _____
Gas Equipment _____
Gas Piping _____
LPGas Tank _____
Fuel Oil Piping _____
Solar _____
TCO _____
Final _____

SUBCODE APPROVAL for PERMIT
Date: 11-25-08
Approved by: [Signature]
SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: 11-25-08
Approved by: [Signature]

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/Operator's Seal and Signature
[Signature]
11-25-08

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

vent for sink

Date Received 08-3552
Control # _____
Date Issued 11-25-08
Permit # _____

QTY.

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		
LPGas Tank		
Steam Boiler		
Hot Water Boiler		
Sewer Pump		
Interceptor/Separator		
Backflow Preventer		
Greasetrap		
Sewer Connection		
Water Service Connection		
Stacks		
Other <u>Vent for sink</u>		
Other _____		

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

COMMERCIAL