

BLOCK 670 LOT 4 QUALIFICATION CODE C22-41 ADDRESS (SITE) 2770 Hooper Ave PERMIT NO. 02-0194



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: KENNEDY MALL 2770 HOOPER AVE BRICKTON
2. Name of Owner in Fee: JAI ME TORRES Tel. (232) 492-2813
Address 33 CENTRAL AVE PT. PLEASANT N.J. 08742
street municipality zip code
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: NO WORK BEING DONE Tel. () _____
Address JUST TURN OVER OWNERSHIP
- 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 JAI ME TORRES
Tel. () _____ FAX () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>35</u>		
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	\$ <u>30</u>		
13. TOTAL	\$ <u>65</u>		

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 _____ 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)

Tenant fit-up
no work being done

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only)							
		Plans 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. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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

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) BOCA
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) BOCA

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: _____

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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.

X Signature JAMES J. TORRES

Date X 1-22-02

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									IMPORTANT A.H.B.T. - EXEMPT
☐ 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
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.			



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/03/2010
Control Number _____
Permit Number 02-0196
Permit Issue Date 01/29/2002
Certificate Number 02-0196

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 2770 HOOPER AVE - EL TENAMPA TENANT Block: 670 Lot: 4 Qual: _____
FIT-UP - NO WORK, NJ
Owner in Fee: TORRES, JAIME
Owner Address: 33 CENTRAL AVE PT PLEASANT NJ 08742-
Telephone: 732/492-2813
Contractor: TORRES, JAIME
Address: 33 CENTRAL AVE PT PLEASANT NJ 08742-
Telephone: 732/492-2813 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: B Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: _____

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: _____

**TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS**

**UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION**

Date Received 01/22/2002
Date Issued 1/24/02
Control # C22-47
Permit #

02-0194

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 Qual Kennedy mail

Work Site Location 2770 HOOPER AVE - EL TENAMPA

TENANT FIT-UP - NO WORK

Owner in Fee TORRES, JAIME

Address 33 CENTRAL AVE

PT PLEASANT, NJ 08742-

Tele. (732) 492-2813

Contractor JAIME TORRES

Address 33 CENTRAL AVE

PT PLEASANT, NJ 08742-

Tele. (732) 492-2813 Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. 1/23/02 F#

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CA

Date: 1/24/02

Approved By: [Signature]

INSPECTIONS

Type

Footings

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Use Group Present B Proposed B

Constr. Class Present Proposed

No. of Stories

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.

Dates (Month/Day)

Failure Failure Approval Initial

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Demolition

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 100

3. Total (1+2) \$ 100

Industrialized Building:

☐ State Approved

☐ HUD

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

TENANT FIT-UP FOR EL TENAMPA

NO WORK BEING DONE; JUST CLEAN UP; TURN AROUND STORE

No work / same use

FEE (Office Use Only)

\$ 0

0

0

4

0

0

0

0

0

0

0

0

0

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/29/2002
Control #
Permit # 02-0196

NEW JERSEY
CONSTRUCTION
PERMITS

IDENTIFICATION Block 670 Lot 4 Qual _____
Work Site Location 2770 ROOPER AVE - EL TERNIPPA
REPAIR FIT-UP - NO WORK
Owner in Fee JONES, JANE
Address 33 CENTAL AVE
PT PLEASANT, NJ 08742-
Telephone (732) 492-2013
Lic. No. or Bldgs. Reg. No.
Federal Eqp. No.

Contractor JANE JONES
Address 33 CENTAL AVE
PT PLEASANT, NJ 08742-
Telephone (732) 492-2013
Lic. No. or Bldgs. Reg. No.
Federal Eqp. No.

Is hereby granted permission to perform the following work:

- ☒ BUILDINGS ☐ LEAD HAZARD ASSESSMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ASSESSMENT ☐ OTHER _____
(Subchapter 2 only)

DESCRIPTION OF WORK:

REPAIR FIT-UP FOR EL TERNIPPA
NO WORK BEING DONE; JUST CLEAN UP; TURN AROUND STORE

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 \$ 100

Construction Official
01/29/2002

U.C.C. FILE (rev. 3/96)

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	0
SEA Training Fee	0
Cert. of Occupancy	0
Other	20
Total	55
Check No.	
Cash	X
Collected By	HJR

01/29/02 11:14AM 000000049260
H0196
BUILDING
ZPA
EPA
XXXTOTAL
CASH
CHANGE
01/29/02 11:14AM 000000049260
XXXTOTAL

**TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS**

**UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION**

Date Received 01/22/2002
Date Issued 1/24/02
Control # C22-47
Permit #

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 Qual _____
Work Site Location 2770 HOOPER AVE - EL TENAMPA
TENANT FIT-UP - NO WORK

Owner in Fee TORRES, JAIME
Address 33 CENTRAL AVE
PT PLEASANT, NJ 08742-

Tele. (732) 492-2811
Contractor JAIME TORRES
Address 33 CENTRAL AVE
PT PLEASANT, NJ 08742-

Tele. (732) 492-2811 Fax ()
Lic. No. of Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Req. 1/24/02 FM			Type	Failure
☐ All			Footings	Approval
☐ Footing			Foundation	Initial
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			Barriers/Free	
Joint Plan Review Required:			Insulation	
☐ Elect ☐ Plumb ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Date:			TCO	
Approved By:			Other	
			Final	
			Barrier/Free	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ 0
No. of Stories	0	0	2. Alteration \$ 100
Height of Structure	0 Ft.	0 Ft.	3. Total (1+2) \$ 100
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.	Industrialized Building:
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.	☐ State Approved
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.	☐ HUD
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.	

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 _____

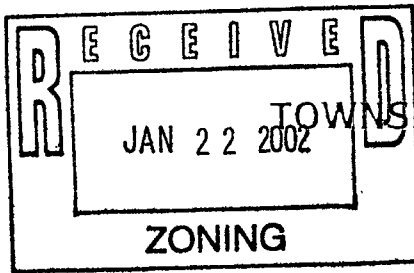
**D. TECHNICAL SITE DATA
DESCRIPTION OF WORK**

TENANT FIT-UP FOR EL TENAMPA
NO WORK BEING DONE; JUST CLEAN UP; TURN AROUND STORE

No work / same USA

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ 0
☐ Addition	0
☒ Alteration	4
☐ Roofing	0
☐ Siding	0
☐ Fence	0
☐ Sign	0
☐ Pool	0
☐ Asbestos Abatement Subchapter 8	0
☐ Lead Haz. Abatement NJAC 5:17	0
☐ Other	0
☐ Demolition	0

Administrative Surcharge	Minimum Fee	TOTAL FEE	DCA Training Fee
\$ 0	\$ 31	\$ 35	\$ 0



TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

Block 670 Lot 4 Qualifier —

PROPERTY ADDRESS 2770 HOOPER AVE

PERSONAL NAME OF APPLICANT JAME TORRES

BUSINESS NAME OF APPLICANT EL TENAMPA

PROPERTY OWNER FIDELITY CARD DEVEREUX

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Same Tenant Fit up

PROPOSED CONSTRUCTION (check all that apply)

- ☐ New Building (please describe) _____
☐ Addition
☐ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Tenant Fit up TURN OVER

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.

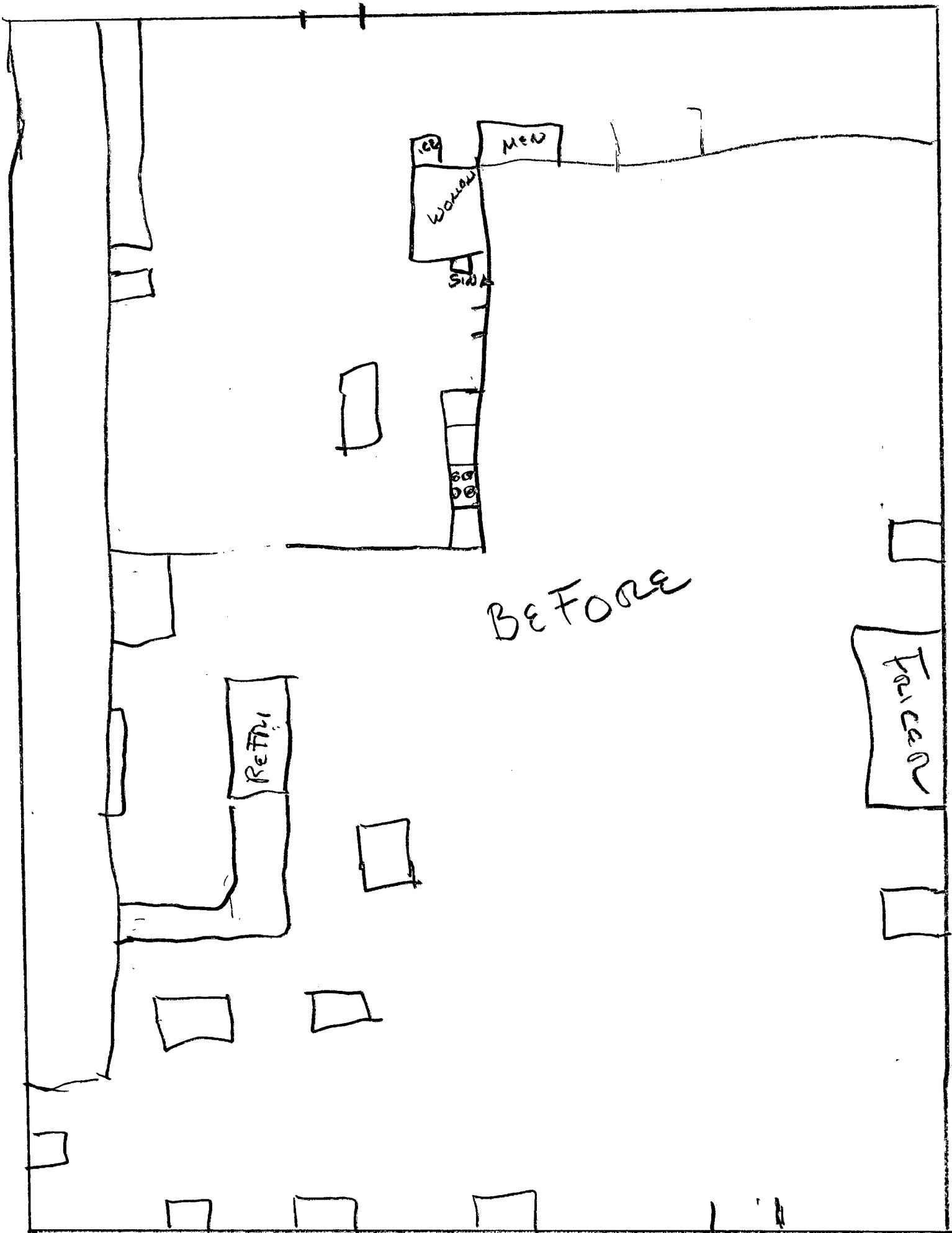
Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

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 JAME TORRES Date ✓

Reviewed by Zoning Office JTC Date 1/22/2 ☒ Approved () Denied

COMMERCIAL



OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 670 LOT 4 SITE ADDRESS 2746 Hiram Ave.
TYPE OF SITE Residential / Commercial NAME OF BUSINESS CC [unclear] - [unclear]
APPLICANT Fairview [unclear] PHONE NUMBER 732-492-9813
APPLICANT ADDRESS 3340 14th St. N.W. CITY & STATE PHILADELPHIA, NJ 08142

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
Market Rate	No Fee Required	

NO FEE REQUIRED

MANDATORY DEVELOPER FEES

- ☐ Residential is .005 %
- ☒ Commercial is .01%
- ☒ The estimated equalized assessed value of the proposed construction is

APPROVED BY [Signature] DATE 1/28/02

\$ 1

Frederick R. Millman, CTA, Tax Assessor

Date

- ☐ The final equalized assessed value of the construction at the above referenced site is:

\$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

Preliminary Fee Required _____

Date _____

Preliminary Paid _____

Check # _____

Receipt # _____

Final Total Fee Required _____

Preliminary Paid _____

Date _____

Final Paid _____

Check# _____

Balance Due _____

Receipt # _____

Fees Imposed To Date _____

Fees Reached \$15,000 _____ Date _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

[Signature]
Office of Affordable Housing

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 2770 HOSPER AVE

Block: 670

Lot: 4

Owner's Name: JAIME TORRES

Owner's Mailing Address: 33 CENTRAL AVE PT. PLEASANT N.J.

Phone: (732) 492-2813

BUILDING

Contractor: NOT APPLICABLE

Address:

Phone#:

Lis #

Federal Emp # or SSN

Technical Data

Description of Work:

Tenant Fit Up
NO WORK BEING DONE
JUST CLEAN UP,
TURN AROUND STORE

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: _____

Total Cost of Building Work: _____

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

Signature: _____

Please Print Name

JAIME TORRES

ELECTRICAL

Contractor: NOT APPLICABLE

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: _____

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

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: _____	

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

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 Fire Work _____

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

Signature: _____

Print Name: _____