



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1629 Rt 88 West
2. Name of Owner in Fee: MONOC Tel. () 578 9800
Address 151 Industrial Way Eatontown NJ 07724
street municipality zip code
3. Ownership in Fee: Public ☒ Private ☐
4. Principal Contractor: Sodons Elec Tel. () 291 1713
Address 25 West Highland
License No. OR, if new home, Builder Reg. No. 222401656 Exp. Date _____
Federal Employee No. _____ FAX: () _____
5. Architect or Engineer _____ Tel. () _____
Address _____
6. Responsible Person in Charge of Work _____
Tel. () _____ FAX () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
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			
13. TOTAL	\$		

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
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

Est. Cost

Plans

Date

Rejection

Approval

Re-

Resubmission Dates

Re-

OPTIONAL (for office use only)

Rec'd by

Rec'd

Date

Date

viewer

Approval

viewer

TOTAL COSTS

III. DO YOU WANT: (optional)

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

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:

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 _____

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.

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 _____	
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

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 08/17/2001
Control #
Permit # 01-3044

\$35.00
\$2.00
\$37.00

IDENTIFICATION Block 827 Lot 27

Work Site Location 1629 ROUTE 88 WEST

RECEIPTS

Owner in Fee MONOC

Address 151 INDUSTRIAL WAY

Telephone (732) 578-9800

Contractor SODON'S ELECTRIC INC
Address 25 W HIGHLAND AVE
Telephone (732) 291-1713

Lic. No. or Bldrs. Reg. No. 1500A

Federal Emp. No. 22-2401656

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
- ☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
- ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

REMARKS

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 \$ 3,000

Construction Official *[Signature]*

Date 08/17/2001

B.C.C. #170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Total	37
Check No.	19915
Cash	
Collected By	SC

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

USE NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/14/2001
Date Issued 8/17/01
Control # C14-28
Permit # 01-3044

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

D. TECHNICAL SITE DATA

FEE (Office Use Only)

Block 827 Lot 27 Qual
Work Site Location 1629 ROUTE 88 WEST

RECEIPTS

Owner In Fee MONOC

Address 151 INDUSTRIAL WAY

EAIONTOWN, NJ

Tele. (732) 291-1713 Fax (732) 291-8702

Contractor SODON'S ELECTRIC INC

Address 25 W. HIGHLAND AVE

ATLANTIC HIGHLANDS, NJ 07716-

Tele. (732) 291-1713

Lic. No. or Bldgs. Reg. No. 1500A

Federal Emp. No. 22-2401556

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 8-15-01

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: 8-15-01

Approved By: [Signature]

INSPECTIONS

Type Failure Failure Approval Initial

Rough

Temp Serv

Const Serv

Other

Service

Final

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

ITEM

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors-Fract HP

Emergency & Exit lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/With UM lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elect Sign/Outline Light

Other

Other

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.

Paid [] Check #
Collected by:

Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$
DCA Training Fee \$

Applicant's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/14/2001
Date Issued 8/11/01
Control # C14-28
Permit # 01-3044

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

Block 827 Lot 27 Qual _____
Work Site Location 1629 ROUTE 88 WEST

RECEIPTS

Owner in Fee MONOC

Address 151 INDUSTRIAL WAY

FAIRHURST, NJ

Tele. (352) 291-1713 Fax (352) 291-8702

Contractor SODON'S ELECTRIC INC

Address 25 N HIGHLAND AVE

ATLANTIC HIGHLANDS, NJ 07716-

Tele. (352) 291-1713

Lic. No. or Bldgs. Reg. No. 15004

Federal Emp. No. 22-2401656

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U

[] Pole/Pad [] Temporary [] Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 3,000

C. SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date 8/15/01

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CM

Date: _____

Approved By: _____

D. TECHNICAL SITE DATA

NO. SIZE

ITEM

Lighting fixtures

Receptacles

Switches

Detectors

Light Poles

Motors-Fract HP

Emergency & Exit lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UM lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elect Sign/Outline light

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Administrative Surcharge \$ 0

Minimum fee \$ 0

TOTAL FEE \$ 35

DCA Training fee \$ 2

Applicant's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant

FEE (Office Use Only)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/14/2001
Date Issued 8/1/01
Control # C14-28
Permit # 01-3044

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

Block 827 Lot 27
Work Site Location 1639 ROUTE 88 WEST
RECEPIABLES:

Owner in Fee NONE
Address 151 INDUSTRIAL WAY
FAIRHURST, NJ
Tele. (732) 291-1713 Fax (732) 291-8702
Contractor SUDON'S ELECTRIC INC
Address 25 W HIGHLAND AVE
ATLANTIC HIGHLANDS, NJ 07716-
Tele. (732) 291-1713
Lic. No. or Bldgs. Reg. No. 15006
Federal Emp. No. 22-2401656

B. ELECTRICAL CHARACTERISTICS
Use Group - Present U Proposed U
☐ Pole/Pad ☐ Temporary ☐ Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 3,000

JOB SUMMARY (Office Use Only)
PLAN REVIEW
☒ No Plans Required
☐ Joint Plan Review Required:
☐ Rough ☐ Temp Serv ☐ Const Serv ☐ TCO ☐ Other
Approved By: [Signature]
SUBCODE APPROVAL
☐ CO ☐ CC0 ☐ CA
Date: 8/15/01
Approved By: [Signature]
INSPECTIONS
Type Failure Failure Approval Initial
Rough
Temp Serv
Const Serv
TCO
Other
Service
Final
Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA
NO. SIZE

ITEM	NO.	SIZE
Lighting fixtures	0	
Receptacles	3	
Switches	0	
Detectors	0	
Light Poles	0	
Motors-Fract HP	0	
Emergency & Exit lights	0	
Communications Points	0	
Alarm Devices/F.A.C. Panel	0	
TOTAL NUMBERS	3	
Pool Permit/with UM lights	0	
Storable Pool/Spa/Hot Tub	0	
KW Elect Range/Receptacle	0	
KW Oven/Surface Unit	0	
KW Elect Water Heater	0	
KW Elect Dryer/Receptacle	0	
KW Dishwasher	0	
HP Garbage Disposal	0	
KW Central A/C Unit	0	
HP/KW Space Heater/Air Handler	0	
Baseboard Heat	0	
HP Motors 1/4 HP	0	
KW Transformer/Generator	0	
AMP Service	0	
AMP Subpanels	0	
AMP Motor Control Center	0	
KW Elect Sign/Outline Light	0	
Other	0	

Paid ☐ Check \$
Collected by: [Signature]
Administrative Surcharge \$ 0
Minimum fee \$ 0
TOTAL FEE \$ 35
OCA Training Fee \$ 2

LETTER OF TRANSMITTAL

105

SODON'S ELECTRIC, INC.

25 W. Highland Avenue
P.O. Box 408
ATLANTIC HIGHLANDS, NJ 07716

(908) 291-1713
FAX (908) 291-8702

JOB NUMBER/PHONE	DATE 08/09/2001
ATTENTION	
RE: 1629 Route #88 West Bricktown	

TO Bricktown Building Dept.
401 Chambers Bridge Road
Brick, NJ 08723

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via ☐ Mailed ☐ the following items.

Shop drawings Prints Plans Specifications Samples
Copy of letter Change order Other:

COPIES	DATE	NUMBER	DESCRIPTION
1	08/09/2001		Electrical Permit-Counter Form

THESE ARE TRANSMITTED as checked below:

☐ For your approval	☐ Approved as submitted	☐ Resubmit	☐ copies for approval
☒ For your use	☐ Approved as noted	☐ Submit	☐ copies for distribution
☐ As requested	☐ Returned for corrections	☐ Return	☐ corrected prints
☐ For review and comment	☐ Other		

FOR BIDS DUE/DATE:

PRINTS RETURNED AFTER LOAN TO US

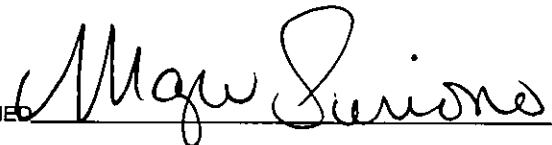
REMARKS

Please contact us with the fee for the permit. 732-291-1713 Ask for Marylu. Thank you in advance.

COPY TO File

If enclosures are not as noted, please notify us at once.

SIGNED



Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1629 Route # 88 West, Bricktown, NJ
Block: 827 Lot: 27
Owner's Name: MONOC- Attention: Jeanine
Owner's Mailing Address: 151 Industrial Way East,
Eatontown, NJ 07724
Phone: (732) 578-9800 x173

BUILDING

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

Technical Data

Description of Work:

Installation of receptacles

Type of Work
____ New Building _____ Siding
____ Addition _____ Fence
____ Alteration _____ Pool
____ Roofing _____ Demolition
____ Asbestos Abatement _____ Sign _____ sq ft

Building Characteristics

Use Group Present: X 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: _____

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: Sodon's Electric, Inc
Address: 25 W. Highland Avenue, PO Box 408
Atlantic Hlds, NJ 07716
Phone#: 732-291-1713
Lis #: 1500A
Federal Emp # or SSN 222401656

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	Three (3)
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	Three (3)

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: \$ 2000.00

Signature: _____

Please Print Name Robert A. Sodon

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures	Technical Data	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 _____
Signature: _____
Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

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

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 _____
Signature: _____
Print Name: _____