BLOCK 1119 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 135-67 Van Zile PERMIT NO. 04-2061

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 157 Van Zile Rd Brick NJ 08724
2. Name of Owner in Fee: BrickTown Plaza Assoc. Tel. ( ) _____
   Address 600 (street) Old Country Rd #425 (municipality) Garden City NY (zip code) 11530
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Como Tel. (732) 449-7625
   Address 909 Wall Rd. Spring Lake Hgts NJ 07762
   License No. OR, if new home, Builder Reg. No. 6745A Exp. Date _____
   Federal Employee No. 223736701 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Loretta Campagna
   Tel. (732) 920-9041 FAX: (732) 920-5703

Elec. Service

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		50	
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		50	
13. TOTAL	$		

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	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates 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	100								
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	100								

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:
   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

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

LDS BR 10501744

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 Loretta Campagna

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

Constituent Contact Report

Date	Comments	Initials

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/27/2004
Control #
Permit # 04-2061

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 1149 Lot 1 Qual

Work Site Location 135-167 VAN ZILE RD THEATRE GROUP ELECTRIC SERVICE
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Telephone (516)393-9000

Contractor COMO ELECTRIC INC
Address 904 WALL RD
SPRING LAKE HEIGHTS, NJ 07762-
Telephone (732)449-7625
Lic. No. or Bldrs. Reg. No. 6745 A
Federal Emp. No. 22-3736501

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
ELECTRIC METER RESET

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

D. Newman 05/27/2004
Construction Official Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5:24E

PAYMENTS (Office Use Only)

Building	0
Electrical	50
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	50
Check No.	1065
Cash	
Collected By	MJR

05/27/04 8:44AM 001558W9675
XX02 SERV.002
#2061
ELECTRIC $50.00
CHECK $50.00

C3 NS 24R55.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/27/2004
Date Issued 05/27/2004
Control #
Permit # 04-2061

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

Block 1149 Lot 1 Qual
Work Site Location 135-167 VAN ZILE RD THEATRE GROUP
ELECTRIC SERVICE
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor COMO ELECTRIC INC
Address 909 WALL RD
SPRING LAKE HEIGHTS, NJ 07762-
Tele.(732)449-7625
Lic. No. or Bldrs. Reg. No. 6745 A
Federal Emp. No. 22-3736501

31667860

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 5 27 04
Approved By: VMC

SUBCODE APPROVAL
[ ] CO [X] CCO [ ] CA
Date: 6 10 04
Approved By: VMC

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service			6 to 9 VMC	
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		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	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	50
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 50
DCA State Permit Fee	$ 0

U.C.C. F120 (rev. 3/96)

C3 NJ UCC4R35.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/27/2004
Date Issued 05/27/2004
Control #
Permit # 04-2061

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Block 1149 Lot 1 Qual
Work Site Location 135-167 VAN ZILE RD THEATRE GROUP
ELECTRIC SERVICE
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor COMO ELECTRIC INC
Address 909 WALL RD
SPRING LAKE HEIGHTS, NJ 07762-
Tele.(732)449-7625
Lic. No. or Bldrs. Reg. No. 6745 A
Federal Emp. No. 22-3736501

B. ELECTRICAL CHARACTERISTICS

Use Group - Present _____ Proposed U
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 5 27 04
Approved By: MC

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved By: _____

INSPECTIONS Type	Dates (Month/Day) 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 _____

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		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	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	50
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other _____	0
		Other _____	0

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

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 50
DCA State Permit Fee	$ 0

U.C.C. F120 (rev. 3/96)

C3 NJ UCCARS5.84E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/27/2004
Date Issued 05/27/2004
Control #
Permit # 04-2061

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Block 1149 Lot 1 Qual
Work Site Location 135-167 VAN ZILE RD THEATRE GROUP
ELECTRIC SERVICE
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor COMO ELECTRIC INC
Address 909 WALL RD
SPRING LAKE HEIGHTS, NJ 07762-
Tele.(732)449-7625
Lic. No. or Bldrs. Reg. No. 5745 A
Federal Emp. No. 22-3736501

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 5 27 04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) 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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		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	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	50
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 50
	DCA State Permit Fee	$ 0

U.C.C. F120 (rev. 3/96)

Land Use/ Bldg Dept Fax:732-262-8954

*** Transmit Conf. Report ***

Jun 1 2004 14:42

P.1

Telephone Number	Mode	Start	Time	Page	Result	Note
7328925828	NORMAL	1,14:41	0'36"	1	*OK	

CUT-IN-CARD

MUNICIPALITY Bricktown

LOCATION 36 Johnson UTILITY CO PP

311376617 BLK 875 LOT 2.02

OWNER T Collins OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☐ FINAL ☒ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 200 amp Temp pole

INSTALLED BY Point Elect Contractors LICENSE NO 9192

DATE 6-1-04 PERMIT # 041952 INSPECTOR UM

☐ CALLED IN / / Lic. No: 6455

U.C.C. Form F-3608 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

CUT-IN-CARD

MUNICIPALITY Bricktown

LOCATION 342 Iroquois Dr UTILITY CO pp

BLK 880 LOT 10

OWNER Baumann OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☐ FINAL ☒ TEMPORARY This approval void after ____ days 1

DESCRIPTION OF SERVICE 150 Amp Service

INSTALLED BY Villa Elect LICENSE NO 12156

DATE 6 104 PERMIT # 040958 INSPECTOR UM

☐ CALLED IN / / Lic. No: 6455

U.C.C. Form F-3608 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

MUNICIPALITY Bricktown

LOCATION 157 Van Zile

311 667 980

OWNER Brick Plaza Ass

"Installation in the above p
in accordance with N

☐ FINAL ☒ TEMPORARY This approval vo

DESCRIPTION OF SERVICE [redacted]

INSTALLED BY Como Elect

DATE 6-1-04 PERMIT # 0

☐ CALLED IN / /

U.C.C. Form F-3608 1 WHITE—UTILITY 2 CANARY—O

MUNICIPALITY Brick

LOCATION 419 East lo

OWNER Maco Builders

"Installation in the above p
in accordance with N

☐ FINAL ☒ TEMPORARY This approval vo

DESCRIPTION OF SERVICE 200

INSTALLED BY MS Elect.

DATE 6-1-04 PERMIT # 0

☐ CALLED IN / /

U.C.C. Form F-3608 1 WHITE—UTILITY 2 CANARY—O

04-2041

Township of Brick
Counter Form
(PLEASE PRINT)

135-67 Van Zile
Site Location: 157 Van Zile Rd Brick NJ 08724
Block: 1149 Lot: 1
Owner's Name: ~~Brick Childrens Community Theatre~~ Bricktown Plaza Assoc.
Owner's Mailing Address: [redacted]
Phone [redacted]

BUILDING

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

Technical Data

Description of Work:

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:

Signature:

Please Print Name

ELECTRICAL

Contractor: Como Electric Inc.
Address: 909 Wall Road
Spr. Lk Hts NJ 07762
Phone#: 732-449-7625
Lis #: 6745A
Federal Emp # or SSN 223736501

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 200 per Marcel	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other: meter set	

Estimated Cost of Electrical Work: $100-

Signature:

Please Print Name: WALTER J GRAETZ

CONTRACTOR'S SEAL

WR#
DR# 3116678880

Counter Form
PLEASE PRINT

PLUMBING

ractor:_____
ress:_____
_____
e #:_____
:_____
ral Emp # or SSN_____

Technical Data

ures Quantity

r Closets_____
als/Bidets_____
Tub_____
tory_____
ver_____
r Drain_____
_____
washer_____
king Fountain_____
hing Machine_____
e Bib_____
Piping_____
l Oil Piping_____
er Heater_____
m Boiler_____
Water Boiler_____
er Pump_____
rceptor/Separator_____
kflow Preventer_____
asetrap_____
er Cooled A/C or Refrig. Unit_____
tic Tank Closure_____
er Service Connection_____
ter Service Connection_____
ive Solar System_____
xiliary Meter_____
inkler Heads_____
np Pump_____
ier:

imated Cost of Plumbing Work_____

gnature:_____

ase Print Name:_____

ONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
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:_____