Brick

Permit Without a Jacket

Permit Number 2008-91

LDS BR 10419558

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 7-14-97
Control #
Permit # 2008-97

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

Block 701 [illegible] Lot 7 8 15 16

Work Site Location Vornado Plaza & Rockaway Building

Owner in Fee Vornado Realty Trust

Address Saddle Brook N.J.

Tele. (_____)

Contractor

Address SELF

Tele. (_____)

Lic. No.

Federal Emp. No. ________ or Social Security No. ________

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ________ Proposed ________

Constr. Class. Present ________ Proposed ________

Heating Systems [ ] New [✓] Existing

Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar

[ ] Other

Location:

Total Est. Cost of Fire Prot. Work $ ________ [ ] Other ________

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb.

[ ] Elec. [ ] Elevator

[ ] Fire Plans Approved

Date: 6/10/97

Approved by: [signature]

SUBCODE APPROVAL:

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS: Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
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.

[signature]

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervision

Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____

Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____

L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____

L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	Tennant fit up	35
OTHER Exit Signs Emergency Lites Battery Back up		

Administrative Surcharge $ 35-

Paid [ ] Check # ________ Minimum Fee $

DCA Training Fee $

Collected by: ________ TOTAL FEE $

U.C.C. Form F-140B

1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant Copy