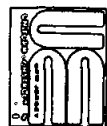


Brick

Permit Without a Jacket

Permit Number 2008-91



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received _____
Date Issued 7-14-97
Control # _____
Permit # 2008-92

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

CONTRACTORS: NOTIFY THIS OFFICE: CALL UTILITY DIG NO: 1-800-272-1000

Block 701 ~~2018~~ ~~2018~~ Lot 781516

Work Location ~~107 N. 1st St. & Rockaway Bldg~~

Owner in Fee ~~107 N. 1st St. & Rockaway Bldg~~

Address ~~5000 S. 13th St. N.W.~~

Tele. () _____

Contractor _____

Address ~~5000 S. 13th St. N.W.~~

Tele. () _____

Lic. No. _____

Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Const. Class. Present _____ Proposed _____

Heating Systems [] New [x] Existing

Type: [x] 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: 6/18/97

Approved by: [Signature]

SUBCODE APPROVAL:

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS:

Type:

Suppression Test

Fire Alarm Test

Smoke Test

Mechanical

TCO

Other

Other

Other

Dates (Month/Day)

Failure

Failure

Approval

Initial

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

Combustible Liquid Storage Tanks

L.P.G. Storage Tanks

L.N.G. Storage Tanks

Wet Sprinkler Heads

Dry Sprinkler Heads

TOTAL

Smoke Detectors

Heat Detectors

TOTAL

Stand Pipes

Kitchen Hood Exhaust Systems

Pre-Engineered Systems

CO₂ Suppression

Halon Suppression

Foam Suppression

Dry Chemical

Wet Chemical

Gas or Oil Fired Appliance

OTHER: [Signature]

Emergency: [Signature]

Administrative Surcharge

Paid [] Check # _____

Minimum Fee

DCA Training Fee

Collected by: _____

FEE (Office Use Only)

() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____