C19-701

BLOCK 701 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 99-1433

RECEIVED FEB 19 199

CONSTRUCTION PERMIT APPLICATION

Shop-Rite

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

DIV. OF CONSTRUCTION RT 70 / Chambers Bridge Road

I. IDENTIFICATION

1. Propsed Work Site at: _____
2. Name of Owner in Fee: SHOPRITE Foodmarts Tel. (732) 462-4700
   Address RT 33 suite 6 Freehold NJ
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: LOBOCCO PLUMBING Tel. (908) 355-9233
   Address 980 DEHART PL Elizabeth
   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 _____
   Tel. (908) 355-9233 FAX (____) _____

Replace H.W.H.

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		35	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal		$ 250	
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 285

	(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	

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	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☑ Plumbing					12-7-99				
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
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: Shop-Rite Food Store
3. Change in Use Group, Indicate Former:

LDS BR 10502806

U.C.C. F100-1 (rev 3/96)

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 LOBOSCO Plumbing

Address 980 DeHART PL.

Elizabeth NJ

Telephone (908) 355-9233

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									
☐ 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		Other	
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

Date Issued 05/07/99
Control #
Permit # 99-1433

0004 05/07/99 08:23
1433*# 0.00
BLOCK 701 # 0.00
LOT 7 # 35.00
PLUMBING 250.00
PENALTY 285.00
TOTAL 285.00
CHECK 0.00
CHANGE 0009A005

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 701 Lot 7 Qual

Work Site Location RT 70 & CHAMBERS BRIDGE
HOT WATER HEATER REPLACE
Owner in Fee SHOP RITE FOODARAMA
Address ROUTE 33 SUITE 6
FREEHOLD, NJ -
Telephone (732)462-4700

Contractor LOBOSCO PLUMBING
Address 980 DEHART PL
ELIZABETH, NJ
Telephone (908)351-9233
Lic. No. or Bldrs. Reg. No. 2550
Federal Emp. No. 22-2341994

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACEMENT HOT WATER

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 $ 600

Construction Official

05/07/99
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other PENALTY	250
Total	285
Check No. # 9083	999
Cash	
Collected By	TL

U.C.C. P170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
- SUBCODE
TECHNICAL SECTION

Date Received 02/19/99
Date Issued 5/7/99
Control # C19-701
Permit #

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

Block 701 Lot 7 Qual
Work Site Location RT 70 & CHAMBERS BRIDGE
HOT WATER HEATER REPLACE
Owner in Fee SHOP RITE FOODARAMA
Address ROUTE 33 SUITE 6
FREEHOLD, NJ
Tele.(908)351-9233 Fax ( )
Contractor LOBOSCO PLUMBING
Address 980 DEHART PL
ELIZABETH, NJ
Tele.(908)351-9233
Lic. No. or Bldrs. Reg. No. 2550
Federal Emp. No. 22-2341994

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 2-22-99
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 0

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/19/99
Date Issued 5/7/99
Control # C19-701
Permit #

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

Block 701 Lot 7 Qual
Work Site Location RT 70 & CHAMBERS BRIDGE
HOT WATER HEATER REPLACE
Owner in Fee SHOP RITE FOODARAMA
Address ROUTE 33 SUITE 6
FREEHOLD, NJ -
Tele.(908)351-9233 Fax ( )
Contractor LOBOSCO PLUMBING
Address 980 DEHART PL
ELIZABETH, NJ
Tele.(908)351-9233
Lic. No. or Bldrs. Reg. No. 2550
Federal Emp. No. 22-2341994

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 2-22-99
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 0

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

FINAL NOTICE
SUMMONS TO FOLLOW

Shop-Rite Foodrama
Rt. 33 Suite 6
Freehold, NJ

Date: April 13, 1999

An application for a Building Permit has been approved for the following:

emergency hot water heater replacement

Please be sure to pick up the permit or call for arrangements by mail. The fee for the permit is $35—. If arrangements have not been made to pick up and pay for the permit and an inspection reveals that the work has been completed, we will have no other alternative but to issue a violation notice which can result in a fine and/or summons.

Very Truly Yours,

J Curiazza

Joseph Curiazza
Construction Official

You have 7 days to obtain this permit.

LOBOSCO PLUMBING & HEATING INC.

PLUMBING HEATING & AIR CONDITIONING
980 DEHART PLACE · ELIZABETH, NEW JERSEY 07202 · (908) 355-9233

FACSIMILE TRANSMISSION

DATE: February 19, 1999

TO: Carol

COMPANY: Bricktown Plumbing Dept.

FAX #: 732-262-8954

FROM: Kathy - Secretary

TRANSMITTING NUMBER: (908) 354-5155

IF THERE ANY QUESTIONS PLEASE CALL: (908) 355-9233
NUMBER OF PAGES (including this page): 2

HARD COPY WILL FOLLOW VIA U.S. MAIL: YES _____ NO ✓

COMMENTS Bricktown Shoprite #641
Hot Water heater installed

Carol,

Shoprite of Bricktown Store #641
Rt 70 & Chambersbridge Road
Bricktown, NJ 08723

Lobosco Plumbing & Htg. Inc
980 Elmora Place
Elizabeth, NJ 07202. (908) 355-9235

Federal Id # 222-341-994-000
Plumbing License # BI 025550
Cost of Job # 4,495.12.

Copy of License

If you need anymore information please call me.

Thank You
Kathy

THE FACE OF THIS DOCUMENT HAS A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES

State Of New Jersey
Department Of Law and Public Safety
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
BOARD OF MASTER PLUMBERS

HAS LICENSED

JOSEPH S LOBOSCO
T/A LOBOSCO P&H INC
11 GARDENWAY COURT
LAKEWOOD NJ 08701-7504

FOR PRACTICE IN NEW JERSEY AS A(N): MASTER PLUMBER

07/01/97 TO 06/30/99
VALID

BI 02550
LICENSE/REGISTRATION/CERTIFICATION #

SIGNATURE OF REGISTRANT

DIRECTOR

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/04/99
Control 0
Permit 0

UCC NEW JERSEY

NOTICE OF VIOLATION AND ORDER TO TERMINATE
NOTICE AND ORDER OF PENALTY

IDENTIFICATION

Work Site Location STORE #641 RT 70 & CHAMBERS BRIDGE Block 701 Lot 7

Owner in Fee SHOP RITE FOODARAMA
Address ROUTE 33 SUITE 6
FREEHOLD, NJ 07728-

Agent/Contractor LOBOSCO PLUMBING
Address 980 DEHART PLACE
ELIZABETH, NJ 07202

ACTION

Date of Notice 05/04/99 Compliance Due Date 05/11/99 Date of Inspection 05/04/99

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
N.J.A.C. 5:23-2.14 - HOT WATER HEATER REPLACEMENT. WORK PERFORMED WITHOUT A PERMIT

You are hereby ordered to terminate the said violations on or before 05/11/99. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[X] Failure to comply with this Order will subject you to a penalty of $ 500 per week.

[X] You are hereby ordered to pay a penalty in the amount of $ 500 for each violation for a total penalty of $ 500. Each week that any of the said violations remain outstanding after 05/11/99 shall result in an additional penalty of $ 500 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the BOARD OF APPEAL/OCEAN CTY within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 HOTT PLACE, TOMS RIVER, NJ 08753.

If you have any questions concerning this matter, please call: JOE CURIAZZA, CONSTRUCTION OFFICIAL 262-1030.

NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ SCO DATE: _____

NOTICE AND ORDER OF PENALTY: J Curiazza CO DATE: 5/4/99

U.C.C. F210 (rev. 3/90)

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: Shoppe (cambridge Rd.) Date Rec'd: 2-19-99
Block: 701 Lot: 7 Date Issued: 2-19-99
Owner in Fee: Control #:
Address: Permit #:
State: N.J. Zip: Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: Lobosco Plumbing
ADDRESS: 980 Dehart Pl.
Elizebeth NJ.
PHONE: 1800-357-8282
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
1 ✓	Water Heater Replacement
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:
Owner ☐ Contractor ☒
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA
DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
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 w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
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
Other:
Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date: