CSF 114 — 644 Rt. 70

8/30/99 — NONNO NINO'S Italian Grill

BLOCK 701 LOT 7-8-9.03-15-16 QUALIFICATION CODE ______ ADDRESS (SITE) RT 70 & CHAMBERS BRIDGE RD PERMIT NO. 99-3490

DATE 9-10-99 APPROVED BY KS

CONSTRUCTION PERMIT APPLICATION

elec. later

New Jersey Uniform Construction Code

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

I. IDENTIFICATION

1. Propsed Work Site at: RT 70 CHAMBERS BRIDGE Rd. (644 ~~Atlan~~ Rt. 70)
2. Name of Owner in Fee: VORNADO REALTY TRUST Tel. (201) 587-1000
   Address PARK 80 WEST PLAZA II SADDLE BROOK, N.J. 07662 (street / municipality / zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: JERSEY SIGNS INC Tel. (732) 206-1044
   Address 390 - 19TH AVE BRICK, N.J.
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. 222-875-876 FAX: (732) 206-1044
5. Architect or Engineer ______ Tel. ( )
   Address ______
6. Responsible Person in Charge of Work JERSEY SIGNS INC.
   Tel. (732) 206-1044 FAX (732) 206-1044

NONNO NINOS — Sign

9/14/99 contractor called was told it was ready

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 112		
2.	Electrical	45		
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	$		

240

NO FEE REQUIRED

COMPUTED

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		

II. PROPOSED WORK

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	$4,500.00								
2. ☐ New Building		LP	8/30/99		9-13-99	TM			
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ Electrical					9/14/99	[illegible]			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		Eng	9/2/99		9/2/99	[illegible]			
TOTAL COSTS									

OPTIONAL (for office use only)

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: SIGN
2. Use Group: (FOOD)
3. Change in Use Group, Indicate Former:

IMPORTANT - MANDATORY FEE - H.B.I. - COMMERCIAL

LDS BR 10109967

U.C.C. F100-1 (rev 3/98)

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 JERSEY SIGNS INC.

Address 390-19TH AVE BRICK, N.J. 08724

Telephone (732) 206-1044

Signature Louis P. Martinez

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 09/14/99
Control #
Permit # 99-3490

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 701 Lot 7 Qual

Work Site Location ROUTE 70 - NONNO ITALIAN SIGN

Owner in Fee VORNADO REALTY TRUST
Address PARK 80 WEST PLAZA II
SADDLE BROOK, NJ 07663
Telephone (201)587-1000

Contractor JERSEY SIGNS INC.
Address 390 19TH AVE
BRICK, NJ 08724
Telephone ( )
Lic. No. or Bldr. Reg. No.
Federal Emp. No. 22-2875876

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SIGN FOR NONNO/NINO'S ITALIAN GRILL

PAYMENTS (Office Use Only)	
Building	11?
Electrical	45
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	8
Cert. of Occupancy	0
Other ZPEP 195 -	30
Total	1?5
Check No.	2440
Cash	
Collected By	C?

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 $ 9,700

J. Cunnazza / cas
Construction Official

09/14/99
Date

U.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/30/99
Date Issued 9 1 14 99
Control # C31-179
Permit # 99-3490

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 ROUTE 70 - NONNO ITALIAN SIGN
Owner in Fee VORNADO REALTY TRUST
Address PARK 80 WEST PLAZA II
SADDLE BROOK, NJ 07663-
Tele.(201)587-1000
Contractor JERSEY SIGNS INC.
Address 390 19TH AVE
BRICK,, NJ 08724-
Tele.(__) Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2875876

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

SIGN FOR NONNO/NINO'S ITALIAN GRILL

99-3626 +0

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9-13-99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 4,500
3. Total (1+2) $ 4,500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[X] Sign 112 Sq. Ft.	112
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 112
DCA Training Fee	$ 4

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/30/99
Date Issued 09/14/99
Control #
Permit # 99-3490

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 ROUTE 70 - NONNO ITALIAN SIGN
Owner in Fee VORNADO REALTY TRUST
Address PARK 80 WEST PLAZA II
SADDLE BROOK, NJ 07663-
Tele.(732)477-1725 Fax ( )
Contractor ITS ELECTRICAL CONT
Address 566 MICHELLE PL
BRICK, NJ 08723-
Tele.(732)477-1725
Lic. No. or Bldrs. Reg. No. 11930
Federal Emp. No. 15-7301631

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 5,200

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10 18 99
Approved By: Thmlk

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
~~Service~~			10-14-99 ZD	
Final			10-18-99 ZD	

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

Visible Sign

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an 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	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
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other SIGN ONLY	45
		Other	0

see attached approval

Administrative Surcharge $
Paid [X] Check # 2440 Minimum Fee $
Collected by: CS TOTAL FEE $
DCA Training Fee $

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/30/99
Date Issued 9/14/99
Control # C31-179
Permit # 99-3490

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 ROUTE 70 - NONNO ITALIAN SIGN
Owner in Fee VORNADO REALTY TRUST
Address PARK 80 WEST PLAZA II
SADDLE BROOK, NJ 07663-
Tele.(732)477-1725 Fax ( )
Contractor ITS ELECTRICAL CONT
Address 566 MICHELLE PL
BRICK, NJ 08723-
Tele.(732)477-1725
Lic. No. or Bldrs. Reg. No. 11930
Federal Emp. No. 15-7301631

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 5,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 9/14/99
Approved By: W

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)
27		Lighting Fixtures	
1		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
1		Motors-Fract HP	
1		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
33		TOTAL NUMBERS	45
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
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
2	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

See permits 99-3626+B for tenant fit up. Sign fully permitted 10/14/99

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
Minimum Fee	$	0
TOTAL FEE	$	45
DCA Training Fee	$	4

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/30/99
Date Issued 09/14/99
Control #
Permit # 99-3490

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 ROUTE 70 - NONNO ITALIAN SIGN
Owner in Fee VORNADO REALTY TRUST
Address PARK 80 WEST PLAZA II
SADDLE BROOK, NJ 07663-
Tele.(732)477-1725 Fax ( )
Contractor ITS ELECTRICAL CONT
Address 566 MICHELLE PL
BRICK, NJ 08723-
Tele.(732)477-1725
Lic. No. or Bldrs. Reg. No. 11930
Federal Emp. No. 15-7301631

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 5,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
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

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	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
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other SIGN ONLY	45
		Other	0

see attached approval

Administrative Surcharge $
Paid [X] Check # 2440 Minimum Fee $
Collected by: CS TOTAL FEE $
DCA Training Fee $

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/30/99
Date Issued 9/14/99
Control # C31-179
Permit # 99-3490

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 ROUTE 70 - NONNO ITALIAN
SIGN
Owner in Fee VORNADO REALTY TRUST
Address PARK 80 WEST PLAZA II
SADDLE BROOK, NJ 07663-
Tele.(732)477-1725 Fax (___) ____
Contractor ITS ELECTRICAL CONT
Address 566 MICHELLE PL
BRICK, NJ 08723-
Tele.(732)477-1725
Lic. No. or Bldrs. Reg. No. 11930
Federal Emp. No. 15-7301631

B. ELECTRICAL CHARACTERISTICS
Use Group - Present U Proposed U
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as ____ Utility Co. ____
Estimated Cost of Electrical Work $ 5,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[✓] Elect Plans Approved
Date: 9 ____
Approved By: ____
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved By: ____

INSPECTIONS — Dates (Month/Day)

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 ____

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
27		Lighting Fixtures	
11		Receptacles	
5		Switches	
0		Detectors	
0		Light Poles	
4		Motors-Fract HP	
4		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
53		TOTAL NUMBERS	45
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
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
2	0	KW Elect Sign/Outline Light	0
		Other ____	0
		Other ____	0

Trof to 99-3626 +B

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 $ 45
DCA Training Fee $ 4

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: September 1, 1999 No. 1999-1448

Block 701 Lot 7 Zone: B-3, H.D.

Property Address: Route 70 & Chambers Bridge Road

Owner: Vornado Realty Trust

Applicant: Louis Montanaro Phone: 831-0087

Existing Use: Vacant Unit (former Chinese restaurant)

Proposed Use: Italian restaurant

Proposed Construction: Channel letter sign, 3'4" x 32'4", 112 square feet, "Nonno Nino's Italian Grill"

Conditions: The sign area may not exceed 15% of total facade area.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean P. Kinnevy
Zoning Officer

RECEIVED
AUG 31 1999
ZONING

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 701 LOT 7-8-9.03-15-16

PROPERTY ADDRESS (number and street) RT 70 CHAMBERS Bridge Rd.

NAME OF PROPERTY OWNER VORNADO REALTY & TRUST

PERSONAL NAME OF APPLICANT ~~ANTHONY SCHIFFLITI~~ Louis P. MONTANARO

BUSINESS NAME OF APPLICANT NONNO NINO'S ITALIAN GRILL

MAILING ADDRESS OF APPLICANT 3113 ADAMS AVE TOMS RIVER, 08753

TELEPHONE NUMBER OF APPLICANT (732) 831-0087

PRESENT USE OF PROPERTY (check all that apply)

___Vacant Lot ___Single-family dwelling ___Multi-family Dwelling

___Commercial(please describe) SHOPPING CENTER

PROPOSED USE OF PROPERTY(check all that apply)

___Vacant Lot ___Single-family dwelling ___Multi-family Dwelling

___Commercial(please describe) ITALIAN GRILL & PIZZA

PROPOSED CONSTRUCTION TO FABRICATE & INSTALL CHANNEL LETTER SIGN - ON FRONT OF BUILDING ABOVE STORE.

__All dimensions: 5" Width 32'4" Length 3'4" Height

Deck or Garage: _____Attached _____Detached _____Height

Fence: Style_____ Material_____ Height_____

CHECKLIST:

___All information completed above

___Two (2) copies of the property survey map containing:

___All existing and proposed structures

___All dimensions of the lot and structures

___All setbacks from the structures to the property lines

___All adjacent streets and waterways

___If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the site map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

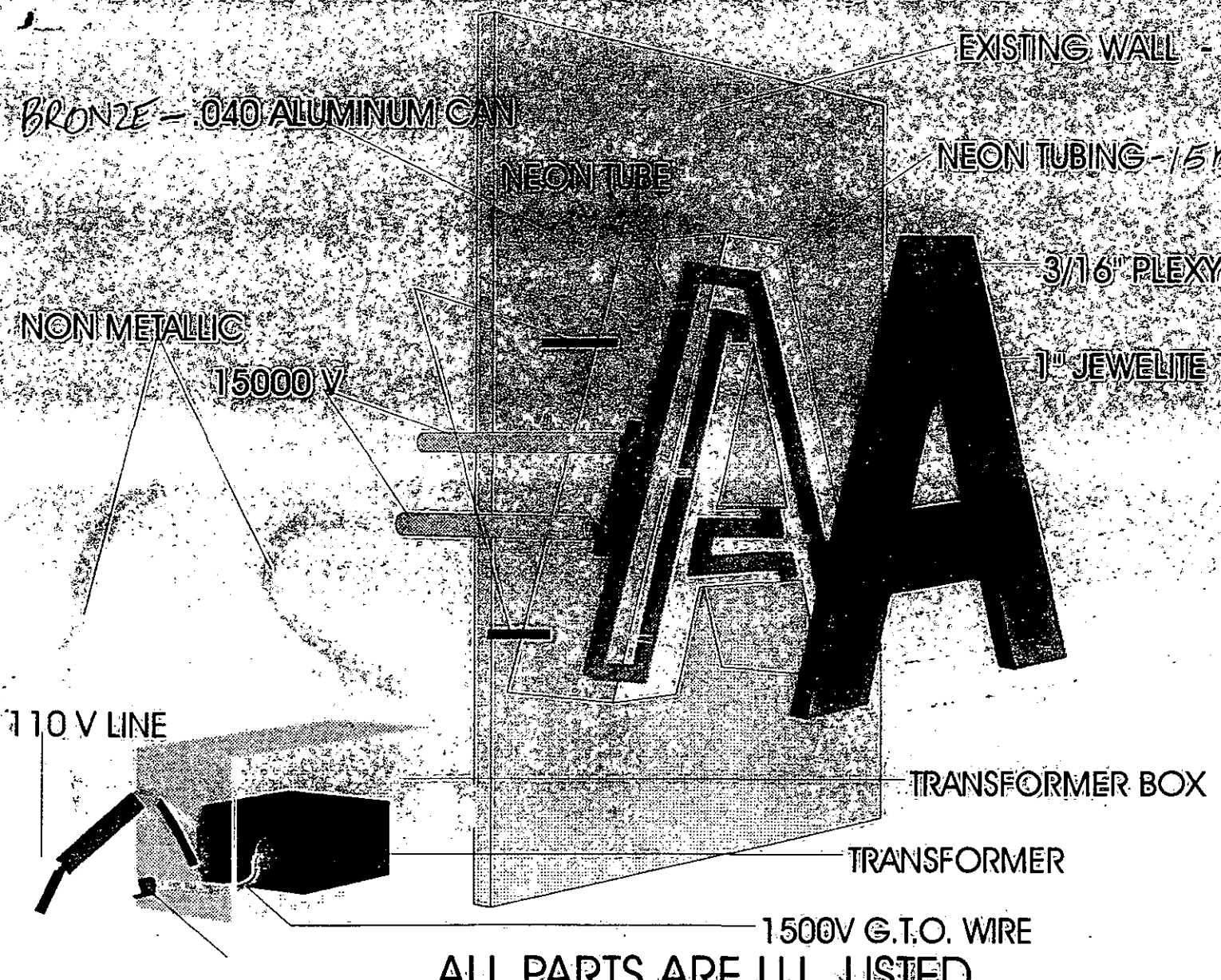
The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other State approvals and ordinances, and all County, State, and Federal regulations.

X Louis P. Montanaro

Signature of applicant JERSEY SIGNS INC. Date 8/24/99

Zoning Officer Date 9/1 (X)Approved ()Rejected

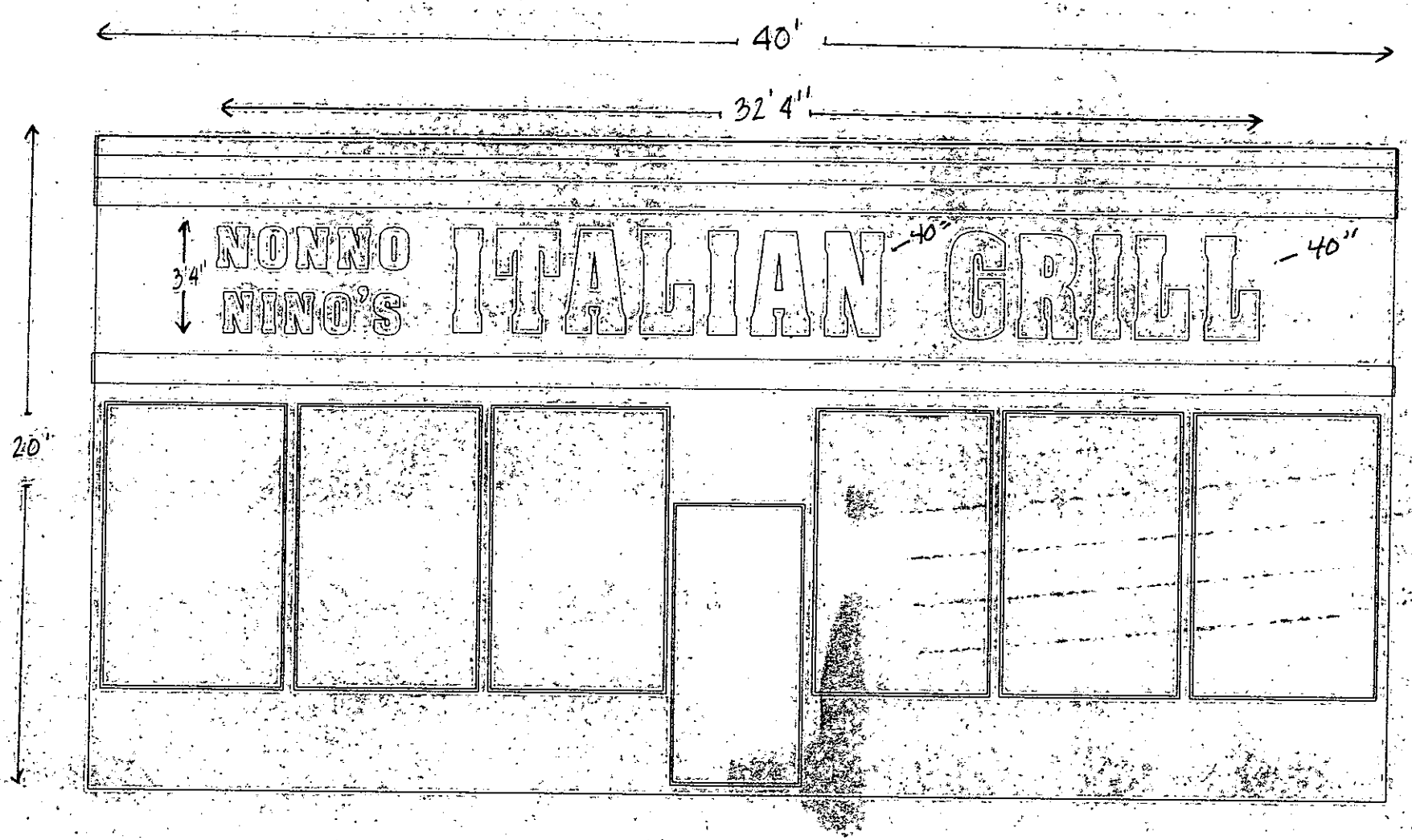
SIMPLE LAYOUT DIAGRAM FOR INDIVIDUAL



ALL PARTS ARE U.L. LISTED

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
Energy			
Electrical			



CHANNEL	.040 BRONZE ALUMINUM
FACES	3/16" RED 2283 PLEXY
TRIM	1" BRONZE JEWELITE
NEON	15 MM DOUBLE STROKE CLEAR RED

PROPOSED SIGNAGE

1'3" ILLUMINATED CHANNEL LETTERS "NONNO NINO'S"

3'4" ILLUMINATED CHANNEL LETTERS "ITALIAN GRILL"

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning	Wall Sign	9/1/99	
Plumbing			
Building			
Fire			
Energy			
Electrical			

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000
Zoning, extension 269

Office of
Division of Inspections

SIGN CONSTRUCTION PERMITS

1. A construction permit is required before a sign or advertising structure may be erected or replaced.
2. Zoning approval is required before a sign construction permit may be issued. All requirements of Chapter 190 of the Township Code must be met.
3. A plot plan or survey map must be submitted with the sign permit application and must show the proposed location of the sign and the setbacks from all property lines.
4. A drawing must be submitted with the sign permit application showing the following:
   a. Dimensions of the sign
   b. Square footage of the sign 112. SqFT
   c. Total height of the sign 3'4"
   d. Distance above ground level 12'
   e. Wording of the sign NONNO NINO'S ITALIAN GRILL

WE WERE OK AT 120 SqFt.

5. The fee for a sign construction permit shall be one dollar ($1.-) per square foot of the surface area of the sign, [redacted]. In the case of double-faced signs, the area of the surface of only one (1) side of the sign shall be used for purpose of the fee computation.

John Kennevy
John Kennevy
Zoning Officer 4-19-89

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 701 LOT 7.5 963-15.16 SITE ADDRESS RT 70 [illegible]
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Sign

APPLICANT Jersey Signs Inc PHONE NUMBER 206-1044
APPLICANT ADDRESS 570-19th Ave CITY & STATE Brick NJ
PERMIT # C31-199 NAME OF BUSINESS Nunan Signs Trailer

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

✗ Commercial is .01 %

Estimated Assessment $ 0 Date 9-7-99

Estimated Required Fee $ 0

Required Deposit on Estimate $ _____ Date _____

Check # _____ Receipt # _____

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

NO FEE REQUIRED

Carol A. Wolfe
Affordable Housing Administrator

APPROVED BY KT DATE 9-10-99

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 9-7-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 701 LOT 7.8 9.03-15.16 SITE ADDRESS Rt 70 & Chambers Bridge Rd

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Nonno Nino's Italian Grill / Sign

APPLICANT Jersey Signs Inc CITY & STATE Brick

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 642

Frederick R. Millman, CTA, Tax Assessor

9/7/99
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

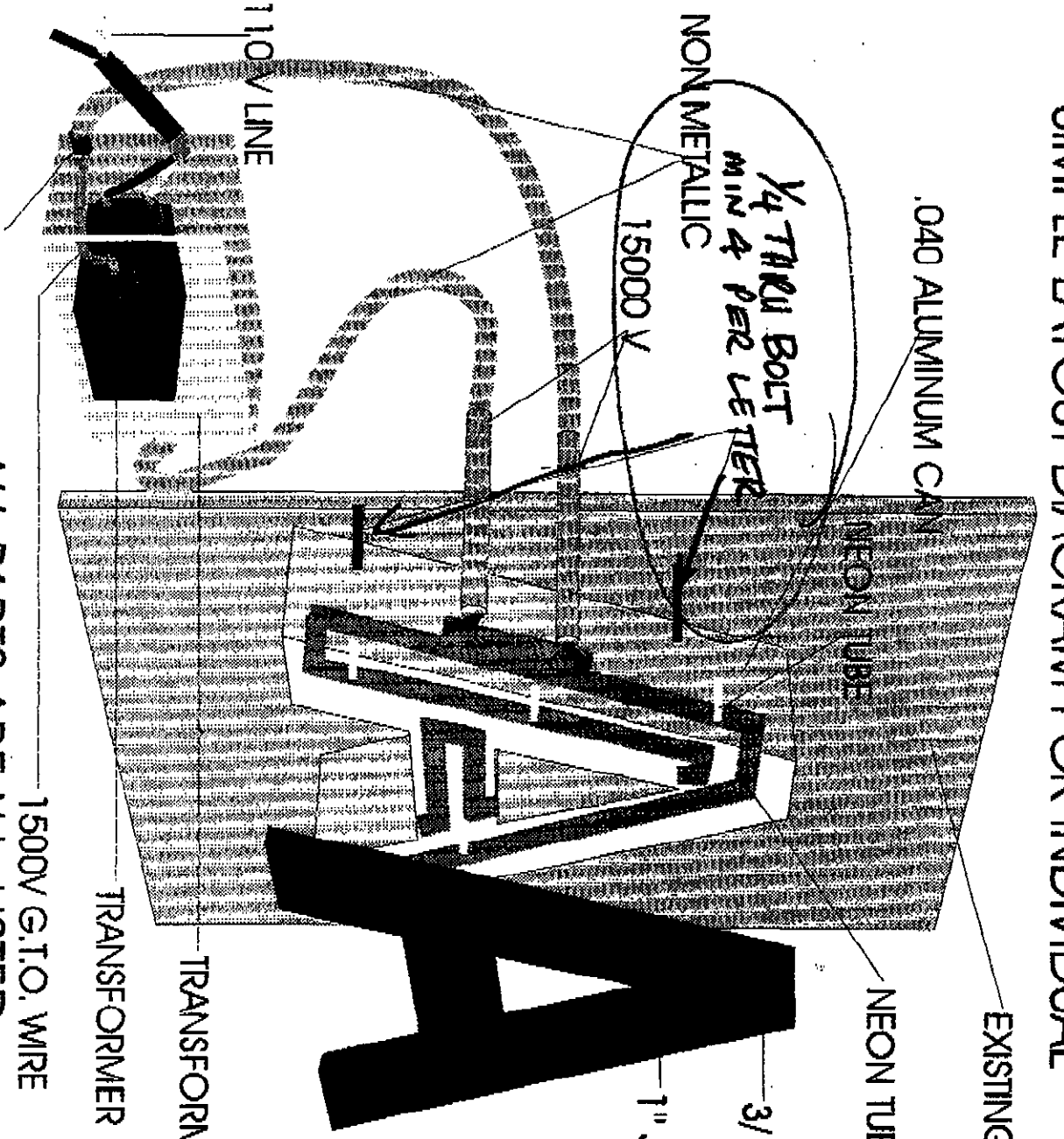
$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

SIMPLE LAYOUT DIAGRAM FOR INDIVIDUAL



ALL PARTS ARE U.L. LISTED

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 9-13-99

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION RT 70 & Chambers Bridge
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY FM

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
1	No Attachment Method	
		BOCA
	10.05	BOCA
	Called 10.10	

06/93

Site Location: 644 RT 70 | Date Rec'd:
Block: 701 Lot: 7 | Date Issued:
Owner id Fee: MONALD NINO'S ITALIAN RST. | Control #:
Address: 3113 ADAMS AVE | Permit #:
TOMS RIVER, NJ

State: NJ Zip: 08753 Phone: (732) 831-0087
SS #: Provide only if Applicant is owner

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

BUILDING

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

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

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

Approved by:

Date:

ELECTRICAL

CONTRACTOR: ITS Electrical Contractors
ADDRESS: 566 Michelle Pl.
Brick NJ 08723
PHONE: 732 477-1725
LIC #: 11930 EXP. DATE: 3/2000
FEDERAL EMPL #: (or S.S. #) [redacted]

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures	27	
Receptacles	11	
Switches	5	
Detectors		
Light Poles		
Motors - Exact HP		
Emergency & Exit Lights	4	
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	2	KW
Other CONNECT EXISTING SIGN CKT TO NEW		
Other SIGN. SIGN IS ON SEPERATE PERMIT		
Other (4) FANS		
Other		

Estimated Cost of Electrical Work: $ 5200.00
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name): FRED DRIES
Owner o Contractor X

SUBCODE APPROVAL:
PLANS: Required o Approved o
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

COUNTER FORM
PLEASE PRINT

PLUMBING

CONTRACTOR:
ADDRESS:
PHONE:
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
	Water Heater
	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:

FIRE

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 Supervision
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:

Site Location: RT 70 C Hambers Bridge Rd Date Rec'd:
Block: 701 Lot: 7-8-9.03 1576 Date Issued:
Owner Id Fee: VORNADO REALTY & TRUST Control #:
Address: PARK 80 WEST PLAZA II Permit #:
SADDLE BROOK, N.J.
State: N.J. Zip: 07662 Phone: ( )
SS #: Provide only if Applicant is owner

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

CANCELLED

BUILDING

CONTRACTOR: JERSEY SIGNS INC.
ADDRESS: 390 - 19TH AVE BRICK, N.J.
PHONE: (732) 206-1044
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMPL #: (or S.S. #): 222-875-876

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

* TO FABRICATE & INSTALL CHANNEL LETTERS. WALL MOUNT. NONNO & NINO'S - 15" ITALIAN GRILL 40" SQ FT OF SIGN 112 FT. FRONT OF BUILDING 40 FT - 200 SQ. FT. SEE DRAWING.

TYPE OF WORK

- o New Building
- o Addition
- o Alteration
- o Roofing
- o Siding
- o Other:
- o Other:
- o Fence: Height (6' or More)
- X Sign: Sq. Ft.
- o Pool (In Ground)
- o Pool (Above Ground)
- o Asbestos Abatement
- o 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: Louis P. Mathesius

Estimated Cost of Building Work: $ 4,500.00
New Building (1): $
Alteration (2): $
TOTAL (1+2): $

SUBCODE APPROVAL:
PLANS: Required o Approved o
Approved by:
Date:

ELECTRICAL

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 - Exact 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 o Contractor o

SUBCODE APPROVAL:
PLANS: Required o Approved o
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

COUNTER FORM
PLEASE PRINT

PLUMBING

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMPL # (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
	Water Heater
	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:

FIRE

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 Supervision
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: