



CONSTRUCTION PERMIT APPLICATION

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

"Red Lion"

I. IDENTIFICATION

1. Proposed Work Site at: 2545 Hooper Ave
 2. Name of Owner in Fee: PAT Battaglia Tel. [REDACTED]
 Address 2545 Hooper street municipality zip code
 3. Ownership in Fee: Public ☒ Private ☐
 4. Principal Contractor: T.R.O. Construction Tel. (723) 5570485
 Address 1792 Todd Rd
 License No. OR, if new home Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. [REDACTED] FAX: (_____) _____
 5. Architect or Engineer _____ Tel. (_____) _____
 Address _____
 6. Responsible Person in Charge of Work _____
 Tel. (_____) _____ FAX (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>60 -</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$ _____		
7. Less 20% for State Plan Review			
8. Subtotal	\$ <u>2 -</u>		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>62 -</u>		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

Remove & Replace Roof

Roofing

II. PROPOSED WORK

1. ☐ Minor Work
 2. ☐ New Building
 3. ☐ Addition
 4. ☐ Alteration
 5. ☐ Fire Protection
 6. ☐ Plumbing
 7. ☐ Electrical
 8. ☐ Elevator Devices
 9. ☐ Asbestos Abat. Subch. 8
 10. ☐ Lead Hazard Abatement
 11. ☐ Demolition

Est. Cost

2000

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
					Approval	Rejection

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:
 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

LDS BR 10100593

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

9/22/00

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

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	Other
Building _____	Energy _____	_____
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

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 09/22/2000
Control #
Permit # 00-3830

IDENTIFICATION Block 552 Lot 19 Qual

Work Site Location 2545 HOOPER AVE RED LION
REMOVE & REPLACE ROOF

Owner in Fee BOTTAZZI, PAT
Address SAME
RPTV NT

Telephone

Contractor TKO CONSTRUCTION
Address 1792 TODD RD
TOMS RIVER, NJ 08753-
Telephone (732)557-0485
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE & REPLACE ROOF

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 \$ 2,000

Construction Official
[Signature]

09/22/2000
Date

D.C.C. P770 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	60
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	62
Check No.	
Cash	X
Collected By	LRT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/22/2000
Date Issued 09/22/2000
Control #
Permit # 00-3830

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

Block 552 Lot 19 Quad
Work Site Location 2545 HOOPER AVE RD L10R

REMOVE & REPLACE ROOF

Owner in Fee 80774321, PAT

Address SAME

BRICK, NJ

Tele

Contractor TIO CONSTRUCTION

Address 1792 TODD RD

TONS RIVER, NJ 08753-

Tele (732) 557-0485 Fax ()

lic. No. or Bldrs. Reg. No.

Federal Emp. No.

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REMOVE & REPLACE ROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure
☐ All			Footings	Failure Approval
☐ Footing			Foundation	Initial
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			BarrierFree	
Joint Plan Review Required:				
☐ Elect	☐ Plumb	☐ Fire	Insulation	
SUBCODE APPROVAL ☐ Riev				
☐ CO	☐ CCO	☐ CA	Energy	
Mechanical				
Date:				
Approved By:				
Other				
Final				
BarrierFree				

TYPE OF WORK

☐ New Building			
☐ Addition			
☒ Alteration			
☐ Roofing			
☐ Siding			
☐ Fence	0	Height (exceeds 6')	
☐ Sign	0	Sq. Ft.	
☐ Pool			
☐ Asbestos Abatement Subchapter 8			
☐ Lead Baz. Abatement NJAC 5:17			
☐ Other			
Other			
☐ Demolition			

FEE (Office Use Only)

\$

\$

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TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/22/2000
Date Issued 09/22/2000
Control #
Permit # 00-3830

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG BO: 1-800-272-1000

Block 552 Lot 19 Qual
Work Site Location 2545 HOOPER AVE RD LION
REMOVE & REPLACE ROOF

Owner in Fee E0714241, PAT
Address SAME
BRICK, NJ

Tele [REDACTED]
Contractor FKO CONSTRUCTION

Address 1792 TODD RD
TOWNSHIP OF BRICK, NJ 08753-

Tele (732)557-0485 Fax ()
Lic. No. of Bldg. Reg. No.

Federal Emp. No.

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REMOVE & REPLACE ROOF

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial
☐ No Plans Req. ☐ All
☐ Roofing
☐ Foundation
☐ Frame
☐ Other

Joint Plan Review Required:
☐ Elect ☐ Plumb ☐ Fire
SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA
Date:

Approved By:

INSPECTIONS	Dates (Month/Day)	Initial
Roofing		
Foundation		
Slab		
Frame		
BarrierFree		
Insulation		
Finishes		
Energy		
Mechanical		
TCO		
Other		
Final		
BarrierFree		

TYPE OF WORK
☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Bas. Abatement BJA 5:17
☐ Other
☐ Demolition

Height (exceeds 6')
Sq. Ft.

Other
[] Demolition

B. BUILDING CHARACTERISTICS
Use Group Present Proposed
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 \$ 2,000
3. Total (1+2) \$ 2,000

Industrialized Building:
☐ State Approved
☐ HUD

Paid ☐ Check # Administrative Surcharge \$
Collected by: Minimum Fee \$
TOTAL FEE \$
DCA Training Fee \$

SHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/22/2000
Date Issued 09/22/2000
Control #
Permit # 00-3830

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

Block 552 Lot 19 Qual
Work Site Location 2545 HOOPER AVE RD LION
REMOVE & REPLACE ROOF

Owner in Fee BOTTAZZI, PAT

Address SAME

PRICK, NJ

Tele

Contractor TNO CONSTRUCTION

Address 1792 TODD RD

TOMS RIVER, NJ 08753-

Tele (732)557-0485 Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REMOVE & REPLACE ROOF

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial

INSPECTIONS

Dates (Month/Day)

TYPE OF WORK

FEE (Office Use Only)

☐ No Plans Req.

Type

Failure Failure Approval Initial

☐ New Building

\$

☐ All

Footings

☐ Addition

0

☐ Footing

Foundation

☒ Alteration

60

☐ Foundation

Slab

☐ Roofing

0

☐ Frame

Frame

☐ Siding

0

☐ Other

BarrierFree

☐ Fence

0

Joint Plan Review Required:

Insulation

☐ Sign

0

☐ Elect ☐ Plumb ☐ Fire

Finishes

☐ Pool

0

SUBCODE APPROVAL ☐ Elev

Energy

☐ Asbestos Abatement Subchapter 8

0

☐ CO ☐ CCO ☐ CA

Mechanical

☐ Lead Haz. Abatement NJAC 5:17

0

Date:

TCO

☐ Other

0

Approved By:

Other

☐ Other

0

BarrierFree

BarrierFree

☐ Demolition

0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U

Est. Cost of Bldg. Work:

1. New Bldg. \$

0

Constr. Class Present Proposed

2. Alteration \$

2,000

No. of Stories

0

3. Total (1+2) \$

2,000

Height of Structure

0 Ft.

Paid ☐ Check #

Administrative Surcharge

Area Largest Floor

0 Sq. Ft.

Minimum Fee

0

New Bldg. Area/All Floors

0 Sq. Ft.

TOTAL FEE

60

Volume of New Structure

0 Cu. Ft.

DCA Training Fee

2

Total Land Area Disturbed

0 Sq. Ft.

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

Applicable to Ordinance 728-92

This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

2545 Hooper 552 19
Work Site Address Block Lot

RAT Bottazzi
Owner's Name, Address, Phone

TKO Court 1892 5800 Rd
Contractor's Name, Address, Phone

Construction Roofing Deck
Describe type (Single-family home, etc.)

Demolition Roof
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material

Name, address and phone of party responsible for removal of debris:

Size of dumpster: 20 Yd

Destination of discarded debris:

Hauler's DEP Permit No.:

Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Edward W. Rat Bottazzi 9-27-00
Printed/Typed Name Signature Date

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

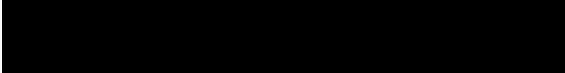
Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

- DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
 2. Construction Code Office
 3. Applicant

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 2545 Hooper Av
Block: 552 Lot: 19
Owner's Name: PAV BATTARZIC
Owner's Mailing Address: 2545 Hooper Av
Phone: 

BUILDING

Contractor: TKO contr
Address: 1292 TORD Rd
Phone#: 387 058
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

*Remove & replace
roof*

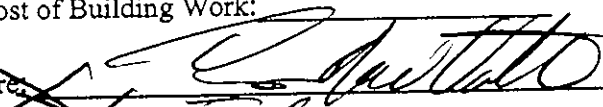
Type of Work

☐ 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: Paul

ELECTRICAL

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

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	_____ KW
Transformer/Generator	_____ KW
Light Stander	_____ AMP
Service	_____ AMP
Subpanel	_____ AMP
Motor Control Center	_____ AMP
Sign/Outline Light	_____ KW
Furnace	_____
Steam Boiler	_____
Other:	_____

Estimated Cost of Electrical Work: _____

Signature: 
Please Print Name: Edward Volterra

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets _____	
Urinals/Bidets _____	
Bath Tub _____	
Lavatory _____	
Shower _____	
Floor Drain _____	
Sink _____	
Dishwasher _____	
Drinking Fountain _____	
Washing Machine _____	
Hose Bib _____	
Gas Piping _____	
Fuel Oil Piping _____	
Water Heater _____	
Steam Boiler _____	
Hot Water Boiler _____	
Sewer Pump _____	
Interceptor/Separator _____	
Backflow Preventer _____	
Greasetrap _____	
Water Cooled A/C or Refrig. Unit _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Other: _____	

Estimated Cost of Plumbing Work _____

Signature: _____

Please Print Name: _____

CONTRACTOR'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: _____