

Brick

Permit Without a Jacket

Permit Number 9935

John Paul Carter



**FIRE
SUBCODE**



PERMIT NO.	9935
DATE ISSUED	3.6.82
REVISION DATE	
Block	469
Lot	12
Subdivision	

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only		When changing contractors, notify this office	
Owner	Cedar Bridge Assoc.	Contractor	
Address	510 S. BURK M.I. RD.	Address	
	Verona N.J. 08043		
Tel.	(609) 428-1832	Tel.	()
Work Site Address	318 "B" 990	Lic. No.	
	Cedar Bridge Ave.	Federal Emp. No.	

CERTIFICATION IN LIEU OF OATH:	
(Complete for Minor Work and Small Job Only)	
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.	
AGENT SIGNATURE	

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☒ Wet ☐ Dry ☐ Other	FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)	
No. of Heads: _____ No. of Spare Heads: _____	
☐ Valves Supervised - Method: _____	
Water Supply - Source: _____ Size: _____	
FD Connection Location: _____	
Estimated Cost of Work: \$ _____	

B3. ALARM

TYPE: ☐ Manual ☐ Automatic	FEE
Supervision Type: ☐ Local ☐ Central	
☐ Proprietary ☐ Remote Location	
Estimated Cost of Work: \$ _____	\$30-

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: \$ _____

B5. OTHER

Subtotal	\$
	\$
	\$
	\$

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO2
☐ Halon ☐ Foam
☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: \$ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____	Present _____	Proposed _____
Heating Systems - Location: _____		
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other		
Fuel Storage Tank - Location: _____	Fuel Type: _____	Capacity: _____
Total Estimated Cost of Fire Protection Work: \$ _____		

D. COMMENTS

☐ Partial Releases	☐ Prototype Processing
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Minimum Fire Protection Fee (If Applicable)	\$
Total Fire Protection Fee (Greater of Minimum or Subtotal)	\$30

PLAN REVIEW AND INSPECTION - FIRE

DATE _____

2-1789

- JOB CONDITION/COMMENTS.

2.1789. Complains with Cough &



JOB SUMMARY

- ☐ No Plans Required
☒ Plan Review Approved

Date: 3-1-37

Approved By: C. J. [Signature]

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 2-17-89

Inspected By: _____

INSPECTIONS

Type

- | | |
|-------------------------------------|-----------------------|
| ☒ | Fire Suppression Test |
| ☐ | Fire Alarm Test |
| ☐ | Smoke Test |
| ☐ | TCO |
| ☒ | Other: <i>Final</i> |
| ☐ | Other |
| ☐ | Other |
| ☐ | Other |

Failure Date

Approval Date

88/12/1

2-17-89