BLOCK 827 LOT 24 QUALIFICATION CODE _____ ADDRESS (SITE) 1631 Hwy 88 PERMIT NO. 99-4564

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1631 Hwy 88 Brick
2. Name of Owner in Fee: Richard Yeager [redacted]
   Address 319 Newark Ave Pt Pleasant Beach NJ 08742
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Ace Insulation Tel. (732) 294-1757
   Address 95 Montrose Rd Colts Neck NJ 07722
   License No. OR, if new home, Builder Reg. No. 13VH02086700 Exp. Date _____
   Federal Employee No. 22-2610453 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Jack Gall
   Tel. (732) 294-1751 FAX (_____) _____

Asbestos Removal

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 70 ✓		
2.	Electrical			
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	$ 70 ✓		

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

		Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building		MS	12/9/99						
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									
	TOTAL COSTS	500								

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
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

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:

LDS BR 10103476

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 Ace insulation

Address 95 Montrose Rd
Cokesbury NJ 07022

Telephone (732) 994 1157

Signature [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 12/09/99
Control #
Permit # 99-4564

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 827 Lot 24 Qual

Work Site Location 1631 RT 88
ASBESTOS REMOVAL
Owner in Fee NIMAN, CATHERINE
Address SAME
BRICK, NJ
Telephone ( )

Contractor ACE INSULATIO
Address 95 MONTROSE RD
COLTS NECK, NJ 07722-
Telephone (732)294-1757
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2610443

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ASBESTOS ABATEMENT

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 $ 500

J. Cavanaugh / cas
Construction Official

12/09/99
Date

PAYMENTS (Office Use Only)

Building	70
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	70
Check No.	3802
Cash	
Collected By	CS

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/09/99
Date Issued 12/09/99
Control #
Permit # 99-4564

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

Block 827 Lot 24 Qual
Work Site Location 1631 RT 88
ASBESTOS REMOVAL
Owner in Fee NIMAN, CATHERINE
Address SAME
BRICK, NJ
Tele.( )
Contractor ACE INSULATIO
Address 95 MONTROSE RD
COLTS NECK, NJ 07722-
Tele.(732)294-1757 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2610443

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

ASBESTOS ABATEMENT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

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
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[X] Asbestos Abatement Subchapter 8	70
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present 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 $ 500
3. Total (1+2) $ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 70
DCA Training Fee	$ 0

Paid [X] Check # 3802
Collected by: CS

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

WASTE TRACKING NUMBER 20738

99-4564

827 lot 24

CHRIN BROTHERS SANITARY LANDFILL
635 INDUSTRIAL DRIVE
EASTON, PA 18042
(610) 258-8737

PLEASE TYPE OR PRINT CLEARLY (DO NOT REMOVE ANY COPIES FOR YOUR RECORDS.)

GENERATOR

1. Generator Name RICHARD YEAGER
2. Generator Location 1631 HWY 88 BRICK NJ
3. Generator Contact Name [redacted] Title OWNER
4. Generator Phone Number [redacted] Fax Number
5. Date Shipped From Generator Location 12-22-99 Time ____ am ____ pm
6. Description of Waste Type / Types NO FRIABLE
7. Quantity Shipped - Tons 1.90 Cubic Yards ____ Bags ____ Drums ____ Other ____
8. Container Type Dumper
9. GENERATOR AUTHORIZED SIGNATURE Jack Gall

TRANSPORTER

1. Transporter Name and Address ACE INSULATION CO INC 95 MONTROSE RD COLTS NECK NJ 07722
2. Transporter Phone Number ( ) 732 294 1757
3. Date of Pickup 12-22-99 Time of Pickup ____ am ____ pm
4. Driver Name Jack Gall
5. DRIVER SIGNATURE Jack Gall
6. Transporter Delivery Date 12-22-99 Time of Delivery ____ am ____ pm
7. Container Type Dumper
8. Driver Name Jack Gall
9. DRIVER SIGNATURE Jack Gall

CONTRACTOR

1. Contractor Name ACE INSULATION CO INC
2. Contractor Address 95 MONTROSE RD COLTS NECK NJ 07722
3. Contractor Phone Number ( ) 732 294 (757)
4. CONTRACTOR AUTHORIZED SIGNATURE Jack Gall DATE 12 22 99

DISPOSAL FACILITY - CHRIN LANDFILL WEIGHT TICKET NUMBER 39604

1. Delivery Date 12/22/99 Time of Delivery 11:04 am ____ pm
2. Chrin Inspector Name ____ Waste Code NE 1824
3. Is Waste From a Transfer Facility - Yes ____ No X
4. If Yes, Location of Transfer Facility ____
5. Was Waste Sampled - Yes ____ No
6. Sample I.D. Number ____ Sampling Date ____
7. Waste Accepted X Waste Rejected ____
8. CHRIN AUTHORIZED SIGNATURE ____ DATE 12/22/99

Chrin Brothers Sanitary Landfill is not permitted to accept hazardous waste, as defined in 40 CRF 261.20. An authorized representative of the waste generator shall sign the bottom of this form attesting to his/her recognition that Chrin has no permit authorization to dispose of hazardous waste, Chrin does not accept hazardous wastes, and that the waste generator's load to which this form applies, does not contain hazardous waste as defined by 40 CFR 261.20.

White	Yellow	Pink	Golden Rod
1) Chrin Landfill Copy	2) Generator Copy	3) Contractor Copy	4) Transporter Copy

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1): 12/02/99

[X] EPA
[X] DEP
[ ] DOH
[X] DCA

[X] Initial Notification
[ ] Modification
[ ] Cancellation

Name of Building Owner/Operator (2): Richard Vanaman

319 NEWARK AVE

City, State, Zip Code: POINT PLEASANT BCH NJ 08742

Name of Contact: DENISE ROSATTO

Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): YEARLY OWNED PROPERTY

Street Address: 1631 HIGHWAY 88

City (5): BRICK

County (6): OCEAN

County Code (7) (STATE USE ONLY):

Type of Facility (4):
[ ] School (K-12)
[ ] Subchapter 8 (Other than K-12)
[X] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet: 1200 | # of Floors: 2 | Bldg. Age: 50

Current Use (Prior if being demolished): RESIDENCE

Name of Monitoring Firm Hired by Building Owner (8):

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone Number:

Name of Abatement Contractor (9): Ace Insulation Co. Inc

Street Address: 95 Montrose Rd

City, State, Zip Code: Colts Neck NJ 07722

Telephone Number: 732-294-1757

License Number: 00029

Scheduled Start Date (10): 1/17/99 (Month/Day/Year)

Sched. Completion Date (11): 1/31/98 (Month/Day/Year)

Name of OSHA Monitor: BRIGS ASSOC

Street Address: 3 CROSS WICKET NJ

City, State, Zip Code:

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe:

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL.	ENCLOSURE
OUTDOOR			X	SIDING	1200 SF	X			

Name of Registered Waste Hauler: Ace Insulation Co Inc

NJDEP Waste Hauler ID No.: 120816

Cubic Yards of Waste: 4

Disposal Date: 12/30/99

Name of Registered Landfill: Chrins Landfill

City, State: Colts Neck NJ

City, State: Easton Pa.

Completed By (Print or Type): Bree M. Wuest

Title: Office Mang

Signature: Bree M Wuest

Date: 12/2/99

ASB-41
JUN 95

Q4667

Chain Brothers Sanitary Landfill (610)258-[illegible] Ticket No : [illegible]
635 Industrial Drive Date : 12/[illegible]/99

Easton,PA 18042

Customer: ACE
95 MONTROSE ROAD
ATTN: GEORGE WUEBT
COLTS NECK,NJ 07722

Order No :1
Loads : 76
Miles : 0
Tons : 165.40

ACE
ASBN ASBESTOS-NON FRIABLE
NJSB NEW JERSEY - STATE SB
Price/tn $ 60.0000

Gross : 17100 Scale 1 In 11:04:12PM
Tare : 11710 Scale 1 In 11:10:33PM
Net : 5390 lb In
2.695 tn

Weigh Master: ED

Driver: Jack Gall

Remarks: COD ONLY! NO MANIFEST REQUIRED

Material $	162.[illegible]
Delivery $	0.[illegible]
Misc $	0.[illegible]
Tax $	0.[illegible]
Total $	162.[illegible]
Rec'd	162.[illegible]
Check #	[illegible]

TANK ABATEMENT OR
ASBESTOS ABATEMENT NOTIFICATION

Date: 12/9/99

Project: 1631 Hwy 88 Brick

Street: Hwy 88

Town: Brick

DEP # Lic #

Contractor: Ace insulation License No. 120860 00029

Address: 95 montrose Rd Colts Neck NJ 07722

A.S.C.M: _____ License No. _____

Address: _____

OSHA AIR MONITOR: H. E. Gibbs Associates

Address: 3 crosswicks St Bordentown NJ 08505

BUILDING OWNER: Richard Yeager

Street: 319 New York Ave

Town: Pt Pleasant Beach

Phone: 732-899 1372 County: Ocean Zip 08742

Engineer/Architect: _____

Street: _____

Town: _____

Phone: _____ County _____ Zip _____

Waste Hauler: Ace insulation Co. Inc license No. 120860

Address: 95 Montrose Rd coltsneck NJ 07722

Land Fill: Cnrin Brothers Landfill

Town: Easton PA

Job Size: (Circle one) Minor _____ Small ✓ Large _____

Quantity of Waste Generated: (All applicable)
Cu. Yds _____
Linear Footage: _____
Square Footage: _____

Proposed Start Date: 12-16-99 Proposed Finish Date: 12-20 99

Cost of work: $ 500

Construction permit number: _____ Date issued: _____

OS43A

1-19-89

COUNTER FORM
PLEASE PRINT

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

Site Location: 1631 Hwy 88 — Date Rec'd.:
Block: 227 Lot: 24 — Date Issued:
Owner in Fee: Richard Teager — Control #:
Address: 319 Newark Ave, Point Pleasant Beach — Permit #:
State: NJ Zip: 08742 Phone: [redacted]
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

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:

BUILDING SUBCODE

CONTRACTOR: ACo Insulation Co Inc
ADDRESS: 95 Montrose Rd Cotsneck N.J. 07720
PHONE: (732) 294-1751
LIC.#: Dep 12086
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 22-2610453

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
* Asbestos Abatement
Remove Non-Friable
Asbestos Siding

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: [signature]

Estimated Cost of Building Work: $500
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

(XX) 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/E.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:

(XX) 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: