



CONSTRUCTION PERMIT APPLICATION

C30.47

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

I. IDENTIFICATION

1. Proposed Work Site at LAUNDROMAT
351 BRICK BLVD BRICK NJ 08723

2. Name of Owner in Fee: DORANDA ENTERPRISES INC. Tel. (132) 477 0334
Address 113 GEORGETOWN BLVD BARNEGAT NJ 08005
street municipality zip code

3. Ownership in Fee: Public _____ Private 1

4. Principal Contractor: Bill Dalton P-114 Tel. (732) 458-2424
Address 555 New Jersey Ave. Brick NJ 08724
License No. OR, if new home, Builder Reg. No. 10633 Exp. Date 6/05
Federal Employee No. 22-36438170 FAX: ()
5. Architect or Engineer _____ Tel. ()
Address _____
6. Responsible Person in Charge of Work Bill Dalton
Tel. (232) 458-2424 FAX ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
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	\$		

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
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								
TOTAL COSTS								

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- | | |
|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 5. ☐ Cross-Connections/Backflow Preventers |
| 2. ☐ High Pressure Boilers | 6. ☐ Hazardous Uses/Places of Assembly |
| 3. ☐ Pressure Vessels | 7. ☐ Sprinklers |
| 4. ☐ Refrigeration Systems | 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: _____
3. Change in Use Group, Indicate Former _____

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

LDS BR 10302813

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.

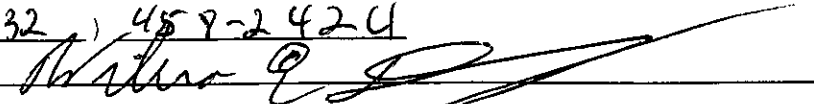
I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name Bill Dalton

Address 555 New Jersey Ave. Brick NJ. 08729

Telephone (732) 459-2424

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

Date Issued 05/30/2003
Control #
Permit # 03-2251

UCC NEW JERSEY
CONSTRUCTION
PERMITE

IDENTIFICATION Block 547.01 Lot 15

Qual

Work site location 351 BRICK BLVD
DISCONNECT WELL
Owner in fee DORAND ENTERPRISES INC
Address 113 GEORGETOWN BLVD
BARNESAT, NJ 08005-
Telephone (732)417-0234

Contractor WILLIAM DALTON PLUMBING & HTG
Address 555 NEW JERSEY AVE
BRICK, NJ 08724-
Telephone (732)458-2424
Lic. No. or Bldgs. Reg. No. 10633
Federal Emp. No. 35-438170

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:

DISCONNECT WELL FROM WATER SUPPLY CONNECT WATER EXISTING 2" PORTABLE
WATER SERVICE

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 \$ 300

DF Newman
Construction Official 05/30/2003

U.C.C. #170 (rev. 3/96)

Date

PAYMENTS (Office Use Only)

Building 0
Electrical 0
Plumbing 35
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 0
Cert. of Occupancy 0
Other
Total 35
Check No. 1885
Cash
Collected By JE

05/30/03 8:22AM 000000H0543
XX06 SERV.006

#032251
PLUMBING
CHECK \$35.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/30/2003
Date Issued 5/30/03
Control # C30-47
Permit # 03-2251

TECHNICAL SITE DATA (list all fixtures.)

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

Block 547.01 Lot 15 Qual _____
Work site location 351 BRICK BLVD

DISCONNECT WELL

Owner in Fee DORAND ENTERPRISES, INC.

Address 113 GEORGETOWN BLVD

BARNESGAL, NJ 08005-

Tele. (732) 477-0334

Contractor WILLIAM DALTON PLUMBING & HIG

Address 555 NEW JERSEY AVE

BRICK, NJ 08724-

Tele. (732) 458-2424

Lic. No. or Bldgs. Reg. No. 10633

Federal Emp. No. 36-438170

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Fire [] Elevator

[] Plumb. Plans Approved

Date: 5-30-03

Approved By: [Signature]

SUBCODE APPROVAL

[] CU [] CO [] CA

Approved By: [Signature]

Date: 6-2-03

INSPECTIONS

Type Failure Failure Approval Initial

Slab 6-2-03 6-2-03

Rough 6-2-03 6-2-03

Water 6-2-03 6-2-03

Sewer 6-2-03 6-2-03

Fixtures 6-2-03 6-2-03

Gas Equip. 6-2-03 6-2-03

Gas Piping 6-2-03 6-2-03

Solar 6-2-03 6-2-03

TCO 6-2-03 6-2-03

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet 0

Urinal / Bidet 0

Bath Tub 0

Lavatory 0

Shower 0

Floor Drain 0

Sink 0

Dishwasher 0

Drinking Fountain 0

Washing Machine 0

Hose Bib 0

Water Heater 0

Fuel Oil Piping 0

Gas Piping 0

Steam Boiler 0

Hot Water Boiler 0

Sewer Pump 0

Interceptor / Separator 0

Backflow Preventer 0

Greasetrap 0

Sewer Connection 0

Water Service Connection 0

Stacks 0

Other DISCONNECT WE 35

Other 0

Paid [] Check # _____
Collected by: _____
Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 35
DCA State Permit Fee \$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/30/2003
Date Issued 5/30/03
Control # C30-47
Permit # 03-2251

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

D. TECHNICAL SITE DATA (list all fixtures.)

Block 547.01 Lot 15 Qual _____
Work Site Location 351 BRICK BLVD

DISCONNECT WELL

Owner in Fee DORANDU ENTERPRISES, INC.

Address 113 GEORGETOWN BLVD

BARNEGAT, NJ 08005-

Tele. (732) 477-0334

Contractor WILLIAM DALTON PLUMBING & HIG

Address 555 NEW JERSEY AVE

BRICK, NJ 08724-

Tele. (732) 458-2424

Lic. No. or Bldgs. Reg. No. 10633

Federal Emp. No. 36-438170

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic
Water Sewer Size _____ ☐ Public Water ☐ Private Well
Estimated Cost of Plumbing Work \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required
Joint Plan Review Required:

☐ Bldg ☐ Elect

☐ Fire ☐ Elevator

☐ Plumb. Plans Approved

Date: 5-30-03

Approved By: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Approved By: _____

Date: _____

INSPECTIONS

Dates (Month/Day)

Failure Failure Approval Initial

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equip. _____

Gas Piping _____

Solar _____

TCO _____

NO.

FIXTURE/EQUIPMENT

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bib

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other DISCONNECT ME

Other _____

FEE (Office Use Only)

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

Paid ☐ Check # _____
Collected by: _____
Administrative Surcharge \$ _____
Minimum Fee \$ _____
TOTAL FEE \$ 35
DCA State Permit Fee \$ _____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/30/2003
Date Issued 5/30/03
Control # C30-47
Permit # 03-2251

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

D. TECHNICAL SITE DATA (list all fixtures.)

Block 547.01 Lot 15 Qual _____
Work Site Location 351 BRICK BLVD

DISCONNECT WELL

Owner in Fee DORANDO ENTERPRISES, INC

Address 113 GEORGETOWN BLVD

BARNEGAT, NJ 08005-

Tele. (732) 477-0334

Contractor WILLIAM DALTON PLUMBING & HTG

Address 555 NEW JERSEY AVE

BRICK, NJ 08724-

Tele. (732) 458-2424

Lic. No. or Bldgs. Reg. No. 10633

Federal Emp. No. 36-438170

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] NO Plans Required
Joint Plan Review Required:

[] Bldg [] Elect
[] Fire [] Elevator
[] Plumb. Plans Approved
Date: 5/23/03

Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Approved By: TCO
Date: _____

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
0	Water Heater	0
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	Grastrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other DISCONNECT ME	35
0	Other	0

Paid [] Check # _____ Administrative Surcharge \$ 0
Collected by: _____ Minimum Fee \$ 0
TOTAL FEE \$ 35
DCA State Permit Fee \$ 0

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

Township of Brick

Counter Form (PLEASE PRINT)

Site Location: 351 BRICK BLVD

Block: 547.01

Lot: 15

Owner's Name: JAMES M DORANDO / DORANDO ENTERPRISES INC

Owner's Mailing Address: 113 GEORGETOWN BLVD
BARNEGAT NJ 08005

Phone: (732) 477 0334

BUILDING

Contractor: _____

Address: _____

Phone#: _____

Lis # _____

Federal Emp # or SSN _____

Technical Data

Description of Work: _____

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft
☐ Fireplace wd/gas

Building Characteristics

Use Group Present: _____ Proposed: _____

No of Stories: _____

Height of Structure: _____

Area of the largest floor: _____

Area of New Structure: _____

Volume of New Structure: _____

Total Land Disturbed: _____

Cost of Alteration: \$ _____

Cost of New Building: \$ _____

Cost of Site Work \$ _____

Total Cost of New Building Work: \$ _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name _____

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 (Receptacles, Switches, Lights, Motor 1HP) _____

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 _____

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: _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Bill Dalton
Address: 555 New Jersey Ave
Brock NJ 08224
Phone #: 732 458-2424
Lis #: 10633
Federal Emp # or SSN 22 36 4 38170

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
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	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	

Other: Disconnect well
from water supply. Connect
water existing 2" Potable
water service

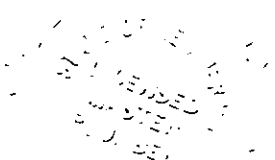
Estimated Cost of Plumbing Work \$300.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: William E Dalton

Please Print Name: William E Dalton

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:

Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: _____