BLOCK 547.01 LOT 15 QUALIFICATION CODE N/A ADDRESS (SITE) 335 BRICK BLVD PERMIT NO. 02-1991

# CONSTRUCTION PERMIT APPLICATION

C17.14

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

## I. IDENTIFICATION

1. Propsed Work Site at: 335 BRICK BLVD
2. Name of Owner in Fee: Bench MARK MED Tel. (732) 262-2892
   Address 335 BRICK BLVD BRICK NJ 08723
   (street / municipality / zip code)
3. Ownership in Fee: Public X Private
4. Principal Contractor: Mariani Electric Tel. (610) 539-8183
   Address 2555 Industry La, Norristown PA 19403
   License No. OR, if new home, Builder Reg. No. 12846 Exp. Date
   Federal Employee No. 231878784 FAX: ( )
5. Architect or Engineer Tel. ( )
   Address
6. Responsible Person in Charge of Work Steven Moulder
   Tel. (610) 892-9224 FAX (610) 892-4757

* John DeGeorge

alarm

## V. FEE SUMMARY (for office use only)

| | | | Update | Update |
|---|---|---|---|---|
| 1. | Building | $ 35 | | |
| 2. | Electrical | | | |
| 3. | Plumbing | | | |
| 4. | Fire Protection | 35 | | |
| 5. | Elevator Devices | | | |
| 6. | Subtotal | $ | | |
| 7. | Less 20% for State Plan Review | | | |
| 8. | Subtotal | $ | | |
| 9. | DCA Training Fee | 2 | | |
| 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 | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|---|
| | **OPTIONAL** (for office use only) | | | | | | | | | |
| 1. | ☐ Minor Work | | | | | | | | | |
| 2. | ☐ New Building | | NIC | 5/16/02 | | | | | | |
| 3. | ☐ Addition | | | | | | | | | |
| 4. | ☐ Alteration | | | | | | | | | |
| 5. | ☒ Fire Protection | 1,800.00 | | | | 5-20-02 | DB | 6/12/02 Okfire | | |
| 6. | ☐ Plumbing | | | | | | | | | |
| 7. | ☐ ~~Electrical~~ | | | | | 5/22/02 | DB | | | |
| 8. | ☐ Elevator Devices | | | | | | | | | |
| 9. | ☐ Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. | ☐ Lead Hazard Abatement | | | | | | | | | |
| 11. | ☐ Demolition | | | | | | | | | |
| | TOTAL COSTS | | | | | | | | | |

## 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:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10101367

**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 _____

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 | | | |
|---|---|---|---|---|---|
| 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. | | | | |

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/06/2002
Control 0
Permit 0 02-1991

UCC NEW JERSEY
# CONSTRUCTION PERMIT

IDENTIFICATION Block 547.01 Lot 15 Qual

Work Site Location 335 BRICK BLVD
SMOKES/BURGLAR ALARMS
Owner in Fee BENCHMARK MED
Address SAME
BRICK, NJ 08723-
Telephone (732)262-2892

Contractor MARINARI ELECTRIC INC
Address 2555 INDUSTRY LN
NORRISTOWN, PA 19403-
Telephone (610)539-8183
Lic. No. or Bldrs. Reg. No. 12816
Federal Exp. No. 23-1878784

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
BURGLAR ALARM/SMOKES

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 $ 3,600

Construction Official 06/06/2002
Date

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

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 0 |
| Electrical | 35 |
| Plumbing | 0 |
| Fire Protection | 35 |
| Elevator Devices | 0 |
| Other | |
| DCA Training Fee | 2 |
| Cert. of Occupancy | 0 |
| Other | |
| Total | 72 |
| Check No. | 1481 |
| Cash | |
| Collected By | ERP |

06/06/02 09:52AM 0000002292
0007 SERV.007

| | |
|---|---|
| #021991 | |
| ELECTRIC | $35.00 |
| FIRE | $35.00 |
| DCA | $2.00 |
| CHECK | $72.00 |

~~TOWNSHIP OF BRICK~~
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/16/2002
Date Issued 6/6/02
Control # ~~C17 74~~
Permit # 02-1991

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 335 BRICK BLVD
SMOKES/BURGLAR ALARMS
Owner in Fee BENCHMARK MED
Address SAME
BRICK, NJ 08723-
Tele.(610)539-8183 Fax ( )
Contractor MARINARI ELECTRIC INC
Address 2555 INDUSTRU LN
NORRISTOWN, PA 19403-
Tele.(610)539-8183
Lic. No. or Bldrs. Reg. No. 12846
Federal Emp. No. 23-1878784

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] ~~No~~ Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 5/22/02 B
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

ALL EQUIPMENT TO BE LISTED FOR USE

D. TECHNICAL SITE DATA

| NO. | SIZE | ITEM | FEE (Office Use Only) |
|---|---|---|---|
| 0 | | Lighting Fixtures | |
| 0 | | Receptacles | |
| 0 | | Switches | |
| 6 | | Detectors | |
| 0 | | Light Poles | |
| 0 | | Motors-Fract HP | |
| 0 | | Emergency & Exit Lights | |
| 0 | | Communications Points | |
| 1 | | Alarm Devices/F.A.C. Panel | |
| 7 | | TOTAL NUMBERS | 35 |
| 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 | 0 |
| | | Other | 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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

| | | |
|---|---|---|
| Administrative Surcharge | $ | 0 |
| Minimum Fee | $ | 0 |
| TOTAL FEE | $ | 35 |
| DCA Training Fee | $ | 1 |

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

FIRE

Date Received 05/16/2002
Date Issued 6/16/02
Control # ~~C17-74~~
Permit # 02-1991

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 335 BRICK BLVD
SMOKES/BURGLAR ALARMS
Owner in Fee BENCHMARK MED
Address SAME
BRICK, NJ 08723-
Tele.(610)539-8183 Fax ( )
Contractor MARINARI ELECTRIC INC
Address 2555 INDUSTRU LN
NORRISTOWN, PA 19403-
Tele.(610)539-8183
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-1878784

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,800

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 5-20-02
Approved By: GS

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6-12-02
Approved By: (CB)

| INSPECTIONS Type | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm Sys | | | 6-10-02 | GS |
| Suppr Test | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| PreEng Sys | | | | |
| Mechanical | | | | |
| Smoke Ctl | | | | |
| TCO | | | | |
| Final | | | 6-10-02 | GS |
| Other | | | | |

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

| Storage Tanks | NUMBER | FEE (Office Use Only) |
|---|---|---|
| Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel | | |
| Alarm Systems [ ] 110v Interconnected [ ] System | | |
| Alarm Devices(smoke,heat,pulls,water/flow) | 6 | |
| Supervisory Devices (tampers,low/high air) | 0 | |
| Signalling Devices (horn/strobes, bells) | 0 | |
| Other Devices | 0 | |
| TOTAL | 6 | 35 |
| Suppression Systems | | |
| Fire Pump 0 GPM Type | 0 | |
| Dry Pipe/Alarm Valves | 0 | |
| Pre-action Valves | 0 | |
| Sprinkler Heads (Dry and Wet) | 0 | 0 |
| Standpipes | 0 | 0 |
| Pre-Engineered Systems | | |
| Wet Chemical | 0 | 0 |
| Dry Chemical | 0 | 0 |
| CO2 Suppression | 0 | 0 |
| Foam Suppression | 0 | 0 |
| Halon Suppression | 0 | 0 |
| Other | | 0 |
| Kitchen Hood Exhaust System | 0 | 0 |
| Smoke Control System | 0 | 0 |
| Gas [ ] or Oil [ ] Fired Appliances | 0 | 0 |
| Other | | 0 |
| Other | | 0 |

| | | |
|---|---|---|
| | Administrative Surcharge | $ 0 |
| Paid [ ] Check # | Minimum Fee | $ 0 |
| Collected by: | TOTAL FEE | $ 35 |
| | DCA Training Fee | $ 1 |

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

# UCC NEW JERSEY
# FIRE PROTECTION
# SUBCODE
# TECHNICAL SECTION

Date Received 05/16/2002
Date Issued 6/16/02
Control # ~~C17-74~~
Permit # 02-1991

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 335 BRICK BLVD
SMOKES/BURGLAR ALARMS
Owner in Fee BENCHMARK MED
Address SAME
BRICK, NJ 08723-
Tele.(610)539-8183 Fax ( )
Contractor MARINARI ELECTRIC INC
Address 2555 INDUSTRU LN
NORRISTOWN, PA 19403-
Tele.(610)539-8183
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-1078784

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,800

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 5-23-02
Approved By: JJ
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

| INSPECTIONS Type | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm Sys | | | | |
| Suppr Test | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| PreEng Sys | | | | |
| Mechanical | | | | |
| Smoke Ctl | | | | |
| TCO | | | | |
| Final | | | | |
| Other | | | | |

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

| Storage Tanks | NUMBER | FEE (Office Use Only) |
|---|---|---|
| Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel | | |
| Alarm Systems [ ] 110v Interconnected [ ] System | | |
| Alarm Devices(smoke,heat,pulls,water/flow) | 6 | |
| Supervisory Devices (tampers,low/high air) | 0 | |
| Signalling Devices (horn/strobes, bells) | 0 | |
| Other Devices | 0 | |
| TOTAL | 6 | 35 |
| Suppression Systems | | |
| Fire Pump 0 GPM Type | 0 | |
| Dry Pipe/Alarm Valves | 0 | |
| Pre-action Valves | 0 | |
| Sprinkler Heads (Dry and Wet) | 0 | 0 |
| Standpipes | 0 | 0 |
| Pre-Engineered Systems | | |
| Wet Chemical | 0 | 0 |
| Dry Chemical | 0 | 0 |
| CO2 Suppression | 0 | 0 |
| Foam Suppression | 0 | 0 |
| Halon Suppression | 0 | 0 |
| Other | | 0 |
| Kitchen Hood Exhaust System | 0 | 0 |
| Smoke Control System | 0 | 0 |
| Gas [ ] or Oil [ ] Fired Appliances | 0 | 0 |
| Other | | 0 |
| Other | | 0 |

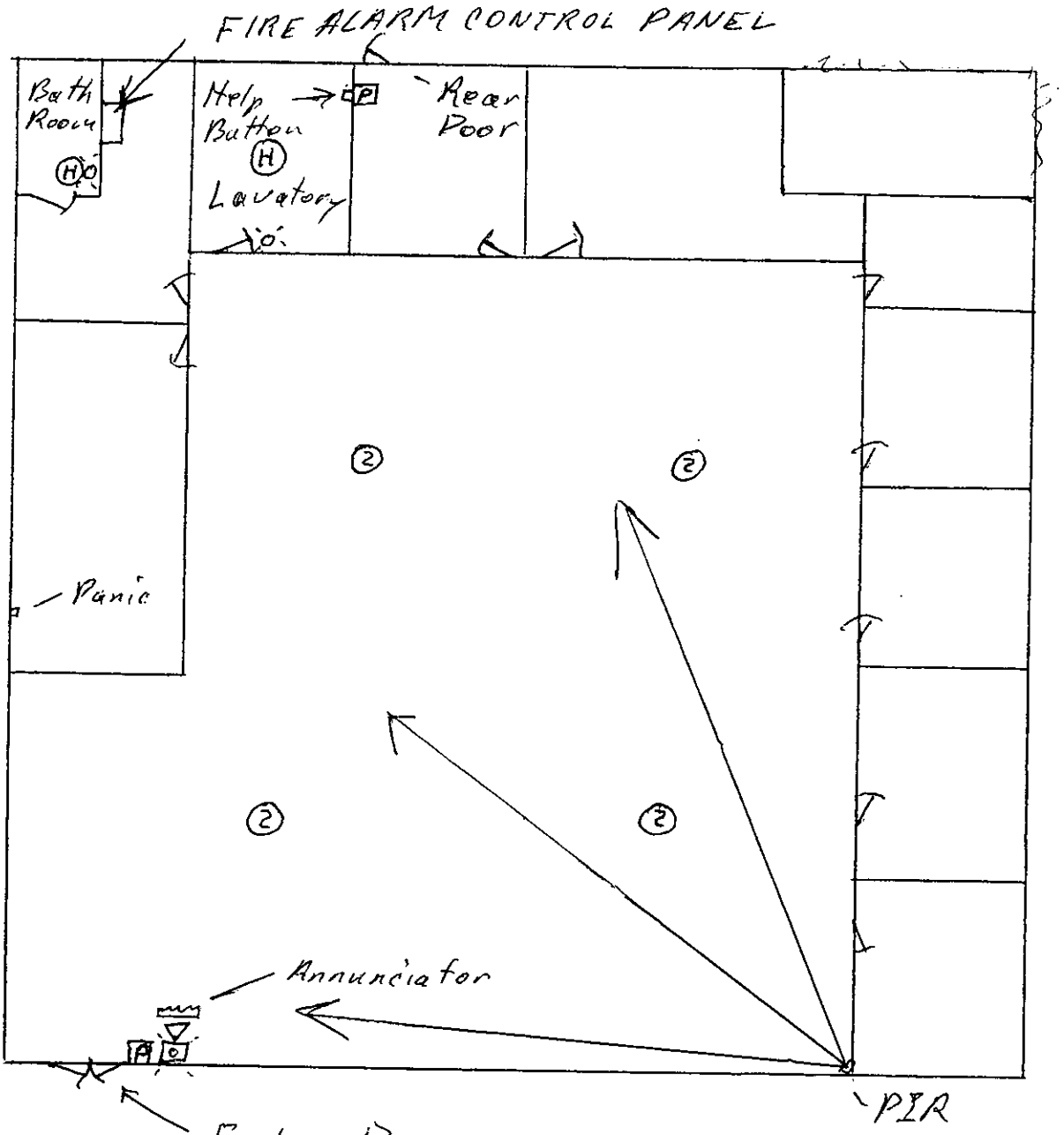
| | | |
|---|---|---|
| | Administrative Surcharge | $ 0 |
| Paid [ ] Check # | Minimum Fee | $ 0 |
| Collected by: | TOTAL FEE | $ 35 |
| | DCA Training Fee | $ 1 |

U.C.C. F140 (rev. 3/96)

Benchmark
335 Brick BLVD
Brick NJ 08723

732-262-9444

Block 542.01
Lot 15-




P = Pull Station

(2) = Smoke

(H) = Heat

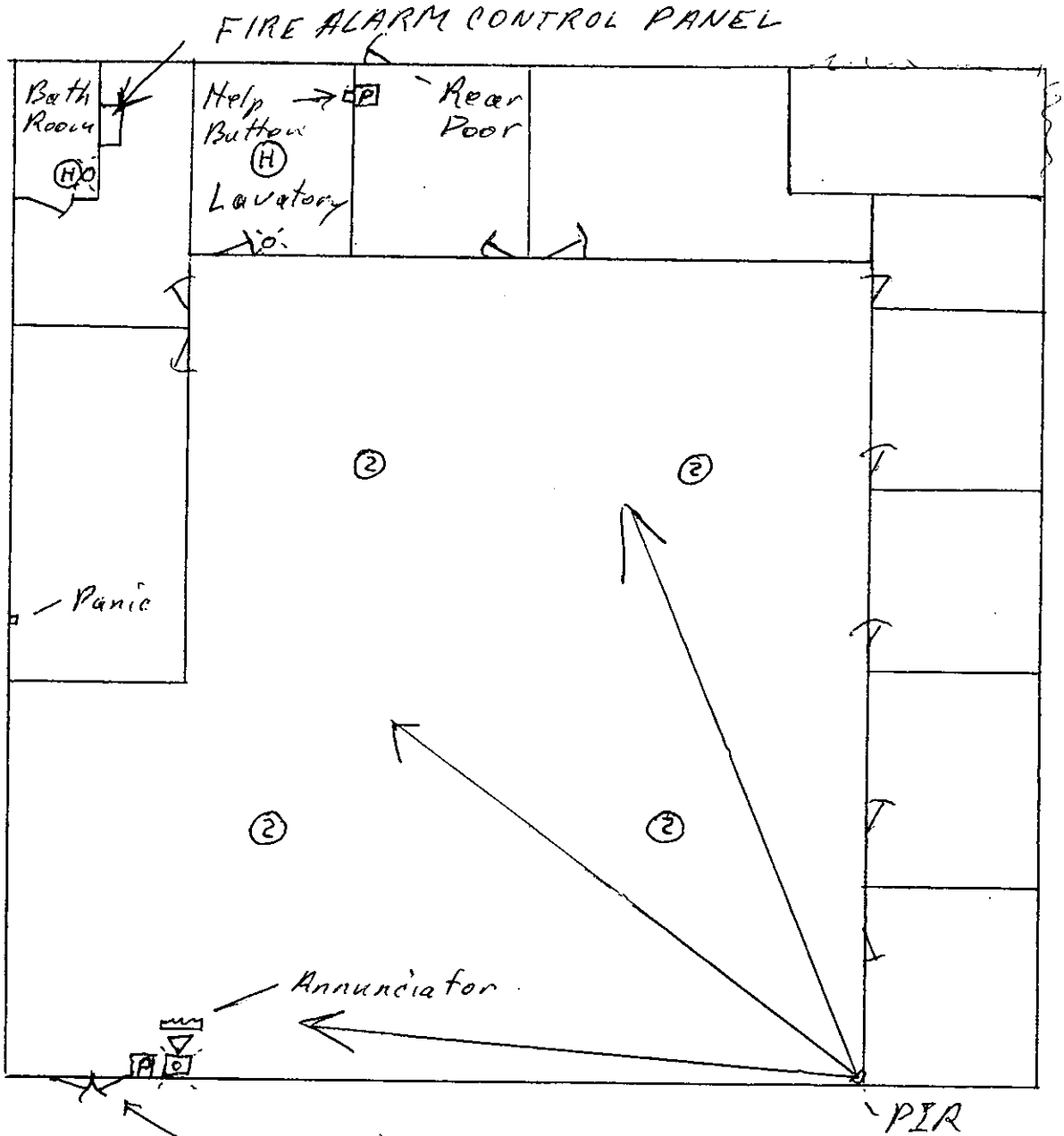
= Strobe

= Strobe Horn

PARKING LOT

Beachmark 732-262-9444
335 Brick BLVD
Brick NJ 08723

Block 542.01
Lot 15-




[P] = Pull Station
(2) = Smoke
(H) = Heat
'O' = Strobe
[O] = Strobe Horn

PARKING LOT

# Township of Brick
## Counter Form
**(PLEASE PRINT)**

Site Location: BENCH MARK - 335 - BRICK BLVD
Block: 547.01 Lot: 15 -
Owner's Name: BENCH MARK MCD
Owner's Mailing Address: 335 - BRICK BLVD

Phone: (732) 262 - 9444

## 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 |

### 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: $

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 Peter A. Marinari

## †ELECTRICAL seal

Contractor: Marinari Electric Inc.
Address: 2555 Industry lane
Norristown Pa. 19403
Phone#: 610 - 539 - 8183
Lis #: 12846
Federal Emp # or SSN 231878784

### Technical Data

| Item | Quantity |
|---|---|
| Lighting Fixtures | N/A |
| Receptacles | N/A |
| Switches | N/A |
| Detectors | 6 |
| Light Poles | N/A |
| Motors w/ Fract. HP | N/A |
| Emergency & Exit Lights | N/A |
| Communication Points | N/A |
| Alarm Devices/FAC Panel | HAPCO 3000 |
| Total | 12 |

| | |
|---|---|
| Pool (Receptacles, Switches, Lights, Motor 1HP ) | N/A |
| Spa/Hot Tub/Storable Pool | N/A |
| Electric Range | N/A KW |
| Oven/Surface Unit | N/A 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: 6 Det. 2 pull stations 1 strobe 1 panel (alarm)

Estimated Cost of Electrical Work: 1800 —

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 Peter A. Marinari

**CONTRACTOR'S SEAL**

# Counter Form
**PLEASE PRINT**

## PLUMBING

Contractor:_____
Address:_____

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

**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:

Estimated Cost of Plumbing 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**

## X FIRE

Contractor: Marinari Electric Inc.
Address: 2555 Industry Lane
Norristown PA 19403
Phone #: 610 - 539-8183
Lis #: 12846
Federal Emp # or SSN 23 1878784

**Technical Data**

Description of Work:

Heating Type: X Gas ____Oil ___Electric ____Solar
Heating System is X New ___Existing
Location of Furnace/Boiler: ROOF
Water Supply Source PUBLIC
Method of Valve Supervision_____
Local Alarm Supervision YES
Central Supervision: YES
Proprietary Supervision: YES

Flammable Storage Tanks N/A capacity_____fuel
Combustible Storage Tanks N/A capacity_____fuel
LPG Storage Tanks N/A capacity_____fuel

Item — Quantity

Wet Sprinkler Heads N/A
Dry Sprinkler Heads N/A
Total —

Smoke Detectors 4
Heat Detectors 2
Total 6

Stand Pipes N/A
Kitchen Hood Exhaust System N/A

**Pre-Engineered Systems:**
CO2 Suppression N/A
Halon Suppression N/A
Foam Suppression N/A
Dry Chemical N/A
Wet Chemical N/A

**Gas/ Oil Fired Appliances:**
Gas Stove N/A
Gas Dryer N/A
Furnace (Gas or Oil) N/A
Gas Fireplace N/A
Gas Logs N/A
Total Appliances —

Wood Burning Stove N/A
Wood Fireplace N/A
Other:

Estimated Cost of Fire Work 1800

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: [signature]

Print Name: Peter A. Marinari