

RECEIVED

BLOCK

1170.01

LOT

4

ADDRESS (SITE)

1672 Rt #88 West

PERMIT NO.

151-94



CONSTRUCTION PERMIT APPLICATION

DIV. OF INSPECTION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1672 Rt #88 West
2. Name of Owner: Amerada Hess Tel. (908) 636-3000
 Address: 1 Hess Plaza Woodbridge, N.J. 07095
street municipality zip code
3. Ownership Public ☐ Private ☒
4. Principal Contractor: J.W. Finley Inc. Tel. (908) 349-4343
 Address: 76 Rt #37 Toms River, N.J.
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Emp. No. 21-0681992 Social Security No. _____
5. Architect or Engineer _____ Tel. () _____
 Address _____
6. Responsible Person in Charge of Work: J.W. Finley Tel. (908) 349-4343

II. PROPOSED WORK

1. ☒ Minor work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☒ Plumbing
8. ☐ Electrical
9. ☐ Elevator Devices
10. ☐ Asbestos Abatement
11. ☐ Demolition
- TOTAL COSTS

Est. Cost

1700⁰⁰

oil to oil

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
WP	2/1/94						
			2-2-94		2/4/94		
			2-2-94		2/4/94		

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing		25-	
4. Fire Protection		33-	
5. Elevator Devices			
6. Subtotal	\$	58	
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee		1-	
10. Subtotal	\$		
11. Cert. of Occupancy		20	
12. Other			
13. TOTAL	\$	79	

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 _____ sq. ft.
no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

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:

Ness Gas Station

2. Use Group:

3. Change in Use Group.
Indicate Former:

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 New Jersey 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 J.W. Finley

Address 76 Rt #37

Toms River

Telephone (908) 349-4343

Signature J.W. Finley Date 2/1/94

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued _____

Control # _____

Permit # _____

IDENTIFICATION Block 1170.01 Lot 4Work Site Location 1672 Rt #88 West
BriertonOwner in Fee Amerasia HessAddress 1 Hess Plaza
Woodbridge N.J.Tele. (908) 636-300Contractor J.W. Finley Inc.Address DL Rt #37
Long RiverTele. (908) 349-4343

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. 21-0681992

or Social Security No. _____

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☒ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK: Oil to Oil FurnaceReplacement

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 \$ 1700.⁰⁰**PAYMENTS (Office Use Only)**

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA Training Fee _____

Cert. of Occ. _____

Other _____

Total _____

Check No. _____

Cash _____

Collected By: _____

CONSTRUCTION OFFICIAL _____

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- ☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.
- ☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

2/2/94
151-94IDENTIFICATION Block 1170.01 Lot 4Work Site Location 1277 R+85 W

Contractor

Address

Owner in Fee

Address

Tele. ()

Tele. ()

Lic. No. or Bids. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

151#4

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ OTHER☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Ref to Kil

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 \$ 17.00 -

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

BLOCK		0.00
PAYMENTS (Office Use Only) 1170 #		
Building	_____	0.00
Plumbing	<u>25</u> - LDT	0.00
Electrical	_____ 4 #	
Fire Protection	<u>33</u> - PLUMBING	15.00
Other	_____ FIRE	13.00
Other	_____ D.C.H.	1.00
DCA Training Fee	<u>1.00</u>	10.00
Cert. of Occ.	<u>27</u> - TOTAL	9.00
Other	_____ CHECK	9.00
Total	<u>71</u> - TOTAL	0.00
Check No.	<u># 82467</u>	
Cash	_____	15.32
Collected By:	<u>[Signature]</u>	



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 2-2-94
Date Issued
Control #
Permit # 151-94

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

Block 1170.01 Lot 4
Work Site Location 1672 RT #88 Wad
Owner in Fee Conrad's Plaza
Address 11666 Plaza N.S.
Tele. (AOC) 636-3000
Contractor J.W. Fire & Alarm
Address 76 RT #37
Tele. (AOC) 349-4343
Lic. No. _____
Federal Emp. No. 21-0681992 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Constr. Class. _____ Present _____ Proposed _____
Heating Systems () New () Existing
Type: () Gas () Oil () Electrical () Solar
Location: Under Room
Total Est. Cost of Fire Prot. Work \$ 100.00 () Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)	Initial
() No Plans Required	Type:	Failure	Failure
Joint Plan Review Required:	Suppression Test		
() Bldg. () Plumb.	Fire Alarm Test		
() Elec. () Elevator	Smoke Test		
() Fire Plans Approved	Mechanical		
Date: <u>2-2-94</u>	TCO		
Approved by: _____	Other		
SUBCODE APPROVAL:	Other		
() CO () CCO () CA	Other		
Date: <u>2-4-94</u>	Other		
Approved by: _____	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.

J.W. Fire & Alarm
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____
Flammable Liquid Storage Tanks () Capacity _____ Fuel _____
Combustible Liquid Storage Tanks () Capacity _____ Fuel _____
L.P.G. Storage Tanks () Capacity _____ Fuel _____
L.N.G. Storage Tanks () Capacity _____ Fuel _____

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 1
OTHER _____

Paid () Check # _____
Collected by: _____
Administrative Surcharge \$ 35
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____

FEE (Office Use Only)



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received 2-2-94
Date Issued
Control #
Permit # 151-94

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

Block 1170.01 Lot 4
Work Site Location 1672 RT #88 Wad
Owner in Fee Convent Plaza
Address 11444 Plaza U.S.
Tele. (AOC) 636-3000
Contractor J.W. Fire & Alarm
Address 76 RT #37
Tele. (AOC) 349-4343
Lic. No. _____
Federal Emp. No. 21-058192 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Constr. Class. _____ Present _____ Proposed _____
Heating Systems () New () Existing
Type: () Gas () Oil () Electrical () Solar
Location: Under Room Conduit att
Total Est. Cost of Fire Prot. Work \$ 100.00 () Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
() No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Suppression Test	
() Bldg. () Plumb.	Fire Alarm Test	
() Elec. () Elevator	Smoke Test	
(X) Fire Plans Approved	Mechanical	
Date: <u>2-2-94</u>	TCO	
Approved by: <u>[Signature]</u>	Other	
SUBCODE APPROVAL:	Other	
() CO () CCO () CA	Other	
Date: _____	Other	
Approved by: _____	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]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks _____
Combustible Liquid Storage Tanks _____
L.P.G. Storage Tanks _____
L.N.G. Storage Tanks _____

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 _____

Number

FEE (Office Use Only)

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



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

2-2-94
151-94

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1170.01

Lot 4

Work Site Location

1672 RT #88 Woodbury (Hess)

Owner in Fee

General Home

Address

1 Hess Place

City

Woodbury, NJ

Telephone (AOS)

636-3000

Contractor

S.W. Fendley Inc.

Address

76 RT #37

City

Irvington

Telephone (AOS)

349-4343

Lic. No.

3563

Federal Emp. No. 21-0681992

or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group

Present

Proposed

Building Sewer Size

Public Sewer

Private Septic

Water Service Size

Public Water

Private Well

Estimated Cost of Plumbing Work \$ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plans Required

Joint Plan Review Required:

☐ Bldg. ☐ Elec.

☐ Fire ☐ Elevator

☐ Plumb. Plans Approved

Date: 2-2-94

Approved by: [Signature]

SUBCODE APPROVAL:

☐ CO ☐ CCO ☒ CA

Approved By: [Signature]

Date: 2-4-94

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
A.W. Fendley

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Water Cooled A/C

or Refrigeration Unit

Sewer Connection

Water Service Connection

Active Solar System

Other

Administrative Surcharge \$

Paid ☐ Check # Minimum Fee \$

DCA Training Fee \$

Collected by: TOTAL \$



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

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

Block 1170.01 Lot 4
Work Site Location 1622 RT #88 West
Owner in Fee General Home
Address 1 Home Place
Woodbury, NJ
Tel. (AOC) 636-3000
Contractor S.W. Family Inc.
Address 76 RT #37
Long River
Tel. (AOC) 349-4343
Lic. No. 3563
Federal Emp. No. 81-0681992 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS				
Joint Plan Review Required:		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Slab				
☐ Bldg. [] Elec.		Rough				
☐ Fire [] Elevator		Water				
☐ Plumb. Plans Approved		Sewer				
Date: <u>2-2-94</u>		Fixtures				
Approved by: <u>gatt</u>		Gas Equipment				
SUBCODE APPROVAL:		Gas Piping				
☐ CO ☐ CCO ☐ CA		Solar				
Approved By: _____		TCO				
Date: _____						

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
ABU
6600

Oil to Oil Services Replacement

D. TECHNICAL SITE DATA (List all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Paid ☐ Check # _____ Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL \$ 25.00

TOWNSHIP OF
BRICK NJ

02/02/94 NO. 5

0004

151**

BLOCK 0.00

1170 #

LOT 0.00

4 #

PLUMBING 25.00

FIRE 33.00

D.C.A. 1.00

C / O 20.00

TOTAL 79.00

CHECK 79.00

CHANGE 0.00

0008A005 15:32
