BLOCK 835 LOT 13 QUALIFICATION CODE _____ ADDRESS (SITE) 1674 West Princeton Ave PERMIT NO. 00-4360

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Propsed Work Site at: 1674 West Princeton Ave.
2. Name of Owner in Fee: Robert Dilks Tel. [redacted]
   Address above
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor John Kander Home Remodeling Tel. (732) 929-3455
   Address 549 Vaughn ave Lavallette
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 158-54-3882 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work John Kander
   Tel. (732) 929-3455 FAX (_____) _____

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

| | | | Update | Update |
|---|---|---|---|---|
| 1. Building | $ | 105 | | |
| 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 | | 9 | | |
| 11. Cert. of Occupancy | | | | |
| 12. Other | | | | |
| 13. TOTAL | $ | 111 | | |

## 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 | |

Re Siding (Vinyl)

## 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 |
|---|---|---|---|---|---|---|---|---|---|
| 1. ☒ Minor Work | 3,900.00 | | | | | | 11/14/00 | | OK |
| 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 | 3900.00 | | | | | | | | |

**OPTIONAL** (for office use only)

## 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 10102494

U.C.C. F100-1 (rev 3/98)

**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 John Kander Home Remodeling

Address 549 Vaughn Ave

Toms River, N.J. 08753

Telephone (732) 929-3455

Signature John Kander

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

BRICK TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/03/2000
Control #
Permit # 00-4360

# CONSTRUCTION PERMIT

IDENTIFICATION: Block 835 Lot 13 Qual

Property Location 1674 WEST PRINCETON AVE
RE SIDE

Owner in Fee DILEO, ROBERT
Address SAME
SAME, NJ 08723-
Telephone [redacted]

Contractor JOHN KINDER HOME REMODEL
Address 549 VAUGHN AVE
TOMS RIVER, NJ 08753-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-8543682

11/03/00 9:00AM 000000#0190
**01 SERV.001
#004360
BUILDING $108.00
OCA $3.00
CHECK $111.00

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RE SIDE

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 $ 3,900

J Cerasuolo a/c CAS
Construction Official

11/03/2000
Date

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 108 |
| Electrical | 0 |
| Plumbing | 0 |
| Fire Protection | 0 |
| Elevator Devices | 0 |
| Other | |
| DCA Training Fee | 3 |
| Cert. of Occupancy | 0 |
| Other | |
| Total | 111 |
| Check No. | 1711 |
| Cash | |
| Collected by | CS |

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/03/2000
Date Issued 11/03/2000
Control #
Permit # 00-4360

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

Block 835 Lot 13 Qual
Work Site Location 1674 WEST PRINCETON AVE
RE SIDE
Owner in Fee DILEO, ROBERT
Address SAME
SAME NJ 08723-
Tele. [redacted]
Contractor JOHN KANDER HOME REMODEL
Address 549 VAUGHN AVE
TOMS RIVER, NJ 08753-
Tele.(__) Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-8543882

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

RE SIDE

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11-14-2000
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 | 108 |
| [ ] Roofing | 0 |
| [ ] Siding | 0 |
| [ ] Fence 0 Height (exceeds 6') | 0 |
| [ ] Sign 0 Sq. Ft. | 0 |
| [ ] Pool | 0 |
| [ ] Asbestos Abatement Subchapter 8 | 0 |
| [ ] Lead Haz. Abatement NJAC 5:17 | 0 |
| [ ] Other | 0 |
| Other | 0 |
| [ ] Demolition | 0 |

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
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 $ 3,900
3. Total (1+2)$ 3,900

Industrialized Building:
[ ] State Approved
[ ] HUD

| | |
|---|---|
| Administrative Surcharge | $ 0 |
| Minimum Fee | $ 0 |
| TOTAL FEE | $ 108 |
| DCA Training Fee | $ 3 |

Paid [X] Check # 1711
Collected by: CS

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/03/2000
Date Issued 11/03/2000
Control #
Permit # 00-4360

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

Block 835 Lot 13 Qual
Work Site Location 1674 WEST PRINCETON AVE
RE SIDE
Owner in Fee DILEO, ROBERT
Address SAME
SAME, NJ 08723-
Tele [redacted]
Contractor JOHN KANDER HOME REMODEL
Address 549 VAUGHN AVE
TOMS RIVER, NJ 08753-
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-8543882

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

RE SIDE

JOB SUMMARY (Office Use Only)

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req. | | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |
| Joint Plan Review Required: | | |
| [ ] Elec [ ] Plumb [ ] Fire | | |
| [ ] Elev | | |
| [ ] CCO [ ] FA | | |
| 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 | 108 |
| [ ] Roofing | 0 |
| [ ] Siding | 0 |
| [ ] Fence 0 Height (exceeds 6') | 0 |
| [ ] Sign 0 Sq. Ft. | 0 |
| [ ] Pool | 0 |
| [ ] Asbestos Abatement Subchapter 8 | 0 |
| [ ] Lead Haz. Abatement NJAC 5:17 | 0 |
| [ ] Other | 0 |
| Other | 0 |
| [ ] Demolition | 0 |

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
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 $ 6,000
Total (1+2)$ 6,000

Uniform Construction Code Surcharge $ 0
Paid Cash Check # 1711 Zoning Fee $ 0
Collected By: CS TOTAL FEE $ 108
DCA Training Fee $

Unlicensed Building:
[ ] Subdivision Approval
[ ] HUD

U.C.C. File Fee $

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/03/2000
Date Issued 11/03/2000
Control # #
Permit # 00-4360

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

Block 835 Lot 13 Qual
Work Site Location 1574 WEST PRINCETON AVE
RE SIDE
Owner in Fee BILEO, ROBERT
Address SAME
SAME, NJ 08723-
Tele [redacted]
Contractor JOHN ANDREW HOME REMODEL
Address 549 VAUGHN AVE
TOMS RIVER, NJ 08753-
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-6543882

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

RE SIDE

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elec [ ] Plumb [ ] Fire
[ ] Elev
[ ] CCO [ ]

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 | 108 |
| [ ] Roofing | 0 |
| [ ] Siding | 0 |
| [ ] Fence 0 Height (exceeds 6') | 0 |
| [ ] Sign 0 Sq. Ft. | 0 |
| [ ] Pool | 0 |
| [ ] Asbestos Abatement Subchapter 8 | 0 |
| [ ] Lead Haz. Abatement NJAC 5:17 | 0 |
| [ ] Other | 0 |
| Other | 0 |
| [ ] Demolition | 0 |

E. BUILDING CHARACTERISTICS

Use Group: Present R-3 Proposed R-3
Constr. Class: Present Proposed
No. of Stories
Height of Structure 0 Ft.
Area b/First Floor 0 Sq. Ft.
New Bldg. 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. $
2. Alteration $
3. Total (1+2) $

Paid [X] Check # 1711
Collected By: CS

Fire Subcode Surcharge $ 0
Fee $ 0
Total $ 108
DCA Training Fee $

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

Site Location: 1674 West Princeton Ave.
Block: 835 Lot: 13
Owner's Name: Robert Pileo
Owner's Mailing Address: 1674 West Princeton Ave
Brick N.J.
Phone: [redacted]

## BUILDING

Contractor: John Kander Home Remodeling
Address: 549 Vaughn ave
Toms River N.J.
Phone#: 732-929-3455
Lis #
Federal Emp # or SSN [redacted]

### Technical Data

Description of Work:
Re-Side
Vinyl

### Type of Work

| | |
|---|---|
| ___New Building | X 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 Building:_____
Volume of Structure:_____
Total Land Disturbed:_____

Cost of Alteration:_____

Cost of New Building:_____

Total Cost of Building Work: $3900.00

Signature: John Kander

Please Print Name John KANDER

## 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 | |
| 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:_____

Signature:_____

Please Print Name_____

CONTRACTOR'S SEAL

# Counter Form
PLEASE PRINT

## PLUMBING

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

### Technical Data

Fixtures — Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
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_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

## 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:**
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____