



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1676 W Princeton Ave
 2. Name of Owner in Fee: Gallagher Bros Tel. [REDACTED]
 Address 1676 W. PRINCETON AVE BRICK 08734
street municipality zip code
 3. Ownership in Fee: Public ☐ Private ☒
 4. Principal Contractor: NJR Home Services - T/A Scott B. Schweyher
 Address 1415 Wyckoff Rd, Wall NJ 07719
 License No. 10126 Exp. Date 6/2003
 Federal Employee No. 22-3609806
 5. Architect or Engineer: SCOTT B. SCHWEYHER
 Address [REDACTED]
 6. Responsible Person: SCOTT B. SCHWEYHER
 Tel. 732-938-1155 Fax. 732-493-6479

emergency elec wh replacement

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>450</u>		
2. Electrical	\$ <u>350</u>		
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	\$ <u>41</u>		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

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		<u>2/19/02</u>	<u>7/11/02</u>						
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									

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:

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.

NJR Home Services: T/A Scott B. Schweyher
Agent Name 1415 Wyckoff Road
Address Wall, NJ 07719
Phone: (732) 938-1153 Fax (732) 938-9910
Lic. No. 10126
Telephone ()
Signature 

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/31/2008
Control Number
Permit Number 03-0241
Permit Issue Date 01/23/2003
Certificate Number 03-0241

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1676 WEST PRINCETON AVE ELECTRIC Block: 835 Lot: 11 Qual:
HWH REPLACEMENT, NJ
Owner in Fee: GALLAGHER, BRIAN
Owner Address: SAME BRICK NJ 08724-
Telephone:
Contractor: NJR HOME SERVICES
Address: 1415 WYCKOFF RD WALL TOWNSHIIP NJ 07719-
Telephone: 732/938-1260 Fax: 732/938-3010
License Number or Builders Registration Number: 13VH00361500 Federal Emp. Number: 22-3609806

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use:

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: \$0.00

Check Number:

Collected By:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
**CONSTRUCTION
PERMITE**

Date Issued 01/23/2003
Control #
Permit # 03-0241

IDENTIFICATION Block 835 Lot 11 Qual

Work Site Location 1676 WEST PRINCETON AVE

ELECTRIC HWH REPLACEMENT

Owner in Fee GALLAGHER, BRIAN

Address SAME

BRICK NJ 08724-

Telephone [REDACTED]

Contractor DILLON ELECTRIC

Address 1011 WOODHILL DR

CRANBURY, NJ 08512-

Telephone (609)371-1272

Lic. No. or Bldrs. Reg. No. 7490

Federal Emp. No. 15-8607405

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:
HWH REPLACEMENT

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Total	71
Check No.	2467
Cash	
Collected By	JB

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 \$ 1,150

Construction Official

01/23/2003

Date

In register

orig lost

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/19/2002
Date Issued 1/23/03
Control # C22-76
Permit # 03-0241

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

Block 835 Lot 11 Qual
Work Site Location 1676 WEST PRINCETON AVE
ELECTRIC HWY REPLACEMENT
Owner in Fee GALLAGHER, BRIAN
Address SAME
BRICK, NJ 08724-
Contractor DILLON ELECTRIC
Address 1011 WOODMILL DR
CRANBURY, NJ 08512-
Tele. (609) 371-1272
Lic. No. or Bldrs. Reg. No. 7490
Federal Emp. No. 15-8607405

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
Joint Plan Review Required:

[] Bldg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved

Date: 7/20/02

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO

Date: 7/19/02

Approved By: [Signature]

INSPECTIONS

Type Failure Dates (Month/Day)
Rough Failure Approval Initial
Temp Serv
Const Serv
TCO
Other
Service
Final

Temp. Cut-In-Card Date Issued 7/9/02

Final Cut-In-Card Date Issued

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
0		Lighting Fixtures
0		Receptacles
0		Switches
0		Detectors
0		Light Poles
0		Motors-Fract HP
0		Emergency & Exit Lights
0		Communications Points
0		Alarm Devices/F.A.C. Panel
0		TOTAL NUMBERS
0		Pool Permit/with UW Lights
0		Storable Pool/Spa/Hot Tub
0		KW Elect Range/Receptacle
0		KW Oven/Surface Unit
1	3	KW Elect Water Heater
0		KW Elect Dryer/Receptacle
0		KW Dishwasher
0		HP Garbage Dispos
0		KW Central A/C Unit
0		HP/KW Space Heater/Air Handler
0		Baseboard Heat
0		HP Motors 1/+ HP
0		KW Transformer/Generator
0		AMP Service
0		AMP Subpanels
0		AMP Motor Control Center
0		KW Elect Sign/Outline Light
0		Other
0		Other

Administrative Surcharge \$ 0
Paid [] Check # Minimum Fee \$ 26
Collected by: TOTAL FEE \$ 35
DCA Training Fee \$ 0

[illegible][illegible][illegible]



PLUMBING
SUBCODE
TECHNICAL SECTION

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

Block 835 Lot 11
Work Site Location 6676 W Princeton Ave
Owner in Fee Bred 0824
Address Galagher Dr
Address same
Tele. () 938-1155 Fax () 732 493-6479
Contractor NJK Plumbing Services T/A Scott B. Schweyher
Address 1415 Wyckoff Rd
Wall NJ 07719
Lic. No. 10126
Federal Emp. No. 22-3609806

B. PLUMBING CHARACTERISTICS

Use Group Present ☒ Proposed ☐
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work \$ 1100.

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☒ No Plans Required	Type:	Slab	Failure	Approval	Initial
☐ Joint Plan Review Required:		Rough			
☐ Building ☐ Electric		Water			
☐ Fire ☐ Elevator		Sewer			
☐ Plumbing Plans Approved		Fixtures			
Date: <u>7/22/03</u>		Gas Equipment			
Approved by: <u>[Signature]</u>		Gas Piping			
SUBCODE APPROVAL		Solar			
☐ CO ☐ CCO ☐ CA		TCO			
Date: <u>1-29-08</u>		<u>4/9/07</u>			
Approved by: <u>[Signature]</u>					

C. CERTIFICATION IN LIEU OF OATH

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 — Contractor's Seal [Signature]

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA (List of all fixtures.)

NO. FIXTURE/EQUIPMENT

Water Closet
Urinal/Bidet
Bath Tub
Lavatory
Shower
Floor Drain
Sink
Dishwasher
Drinking Fountain
Washing Machine
Hose Bibb
Water Heater elc
Fuel Oil Piping
Gas Piping
Steam Boiler
Hot Water Boiler
Sewer Pump
Interceptor/Separator
Backflow Preventer
Greasetrap
Sewer Connection
Water Service Connection
Stacks
Other
Other
Other

Administrative Surcharge \$
Minimum Fee \$
DCA Training Fee \$
TOTAL FEE \$

FEE (Office Use Only)

4/9/03

①. IMPDET - PROTECTION PROVIDED

② - 305.3 INFORMATION OF TOWN SOURCE



FIRE
SUBCODE
TECHNICAL SECTION

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

Block 835 Lot 1
Work Site Location 1676 W Princeton Ave
Block 08224
Owner in Fee Balaguer Brian
Address 31 me
Contractor NJR Home Services
Address 1415 Wyckoff Rd
Wall NJ 07719
Tele. (732) 938-1155 Fax (732) 493-6479
Lic. No. _____
Federal Emp. No. 22-3609806

B. FIRE PROTECTION CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Constr. Class _____ Present _____ Proposed _____
Heating Systems [] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Electric [] Solar
[] Other _____
Location: _____
Fire Alarm System
New [] Existing []
Location of Panel: _____
Fire Suppression/Standpipe System
New [] Existing []
Location of Main Control Valve: _____
Total Cost of Fire Protection Work \$ _____

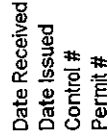
JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
[] No Plans Required	Joint Plan Review Required:	Type:	Failure	Failure	Approval
[] Building	[] Plumbing	Alarm System			Initial
[] Electric	[] Elevator	Suppression Sys.			
[] Fire Plans Approved		Standpipe			
Date: _____		Fire Pump			
Approved by: _____		Pre-Eng. System			
SUBCODE APPROVAL		Mechanical			
[] CO	[] CCO	Smoke Control			
Date: _____	[] CA	TCO			
Approved by: _____		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]
Signature



D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: EMERGENCY REPLACEMENT
OF WATER HEATER. RELOCATE ~~WATER~~ WATER
HEATER AND INSTALL NEW ELECTRIC HEATER
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: [] Flammable Liquid [] Combustible Liquid

[] LPG [] LNG Capacity 40 Fuel _____

Alarm Systems [] 110v Interconnected NUMBER _____

[] System

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tampers, low/high air) _____

Signalling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

Halon Suppression _____

Other _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Gas [] or Oil [] Fired Appliances _____

Other _____

FEE (Office Use Only)

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____



Plumbing Services

A New Jersey Resources Company

blk 835, lot 11

~~1676~~ W Princeton

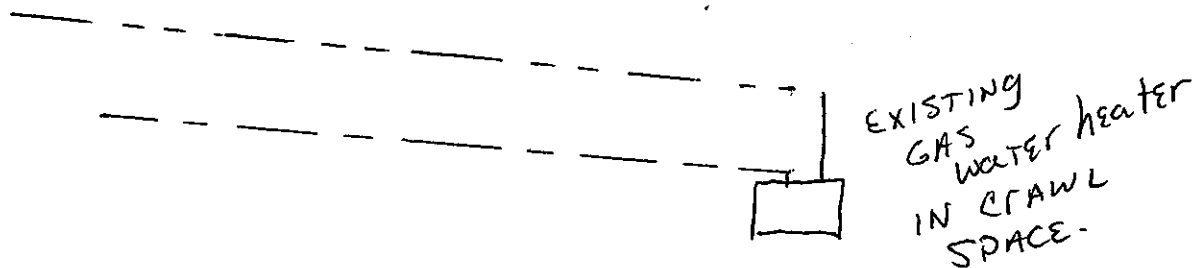
Buck

Gallagher

732 458-4864

1415 Wyckoff Road
P.O. Box 1468
Wall, NJ 07719
Phone: 732-938-1155
Fax: 732-938-3010
Plumbing Lic. #B1010126

MOVE HOT AND COLD WATER LINES
INTO GARAGE.
25'



WILL CAP OFF
GAS FOR OLD WATER
HEATER AND RELOCATE
NEW ELECTRIC HEATER
IN GARAGE

Township of Brick

Counter Form (PLEASE PRINT)

Site Location: 1676 W Princeton Ave, brick
Block: 835 Lot: 11
Owner's Name: Gallagher Brian
Owner's Mailing Address: 1676 W Princeton Ave
Brick 08724
Phone: [REDACTED]

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 Building: _____
Volume of Structure: _____
Total Land Disturbed: _____
Cost of Alteration: _____
Cost of New Building: _____
Total Cost of Building Work: _____

Signature: _____
Please Print Name _____

ELECTRICAL

Contractor: Dillon Electric
Address: 1011 Woodmill Dr
Cranbury NJ 08512
Phone#: 609-371-1272
Lis #: 7490
Federal Emp # or SSN 158607405

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: \$50.-

Signature: Michael Dillon
Please Print Name Michael Dillon

CONTRACTOR'S SEAL

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 _____
Haloh 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: _____