



20k

1. Proposed Work Site at: BRICK MEMORIAL High School

2. Name of Owner in Fee: Brick Board of Ed Tel. (732) 262-2625
Address 2001 LANEMILL Rd BRICK 08724
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Brick Schools MAINTENANCE Tel. (732) 262-2625
Address: 346 Chambers Bridge Rd
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal/Employee No. _____ FAX: (_____) _____

5. Architect or Engineer Yezzi Tel. (732) 240-3433
Address 18 WASHINGTON ST Toms River N.J.

6. Responsible Person in Charge of Work Joseph Guglielmo
Tel. (732) 262-2625 FAX (732) 477-8228

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 *204*
13. TOTAL

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)

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

3,000

[illegible]

- ☐ Partial Releases
- ☐ Prototype Processing

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

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 10516017

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.

THE COMMENTS SECTION

[illegible]

Name of Code & Edition

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Mechanical _____

Other

Energy _____

Barrier Free _____ *

Flood Hazard _____

As Built Elevation Cert. _____

Other _____

DATE ISSUED

No. _____

DATE EXPIRED

DATE REISSUED

DATE EXPIRED

- ☐ Temporary Certificate of Occupancy
- ☐ Temporary Certificate of Compliance
- ☐ Continued Certificate of Occupancy
- ☐ Certificate of Compliance
- ☐ Certificate of Occupancy
- ☐ Certificate of Approval
- ☐ Lead Abatement Clearance Certificate

[illegible]

[illegible]

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 03/27/98
Control #
Permit # 98-0643

IDENTIFICATION Block 1211 Lot 2

Work Site Location 2001 LANES MILL RD
ALTERATION
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ 08724-
Telephone (732)262-2625

Contractor BRICK SCHOOL'S MAINTENANCE
Address 346 CHAMBERSBRIDGE RD
BRICK, NJ 08724-
Telephone (732)262-2625
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 26-22625
or Social Security No.

Is hereby granted permission to perform the following work:

[X] BUILDING [] PLUMBING [] OTHER
[] ELECTRICAL [] FIRE PROTECTION
[] ELEVATOR DEVICES

DESCRIPTION OF WORK:

MAKE 1 CLASSROOM INTO 3 OFFICES

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 \$ 3,000

PAYMENTS (Office Use Only)
Building 0
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA Training Fee 0
Cert. of Occ. 0
Total 0
Check No.
Cash
Collected By:

CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE

TECHNICAL SECTION

Date Received 03/19/98
Date Issued 3/31/98
Control # C19-2-1
Permit # 98-0643

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

Block 1211 Lot 2
Work Site Location 2001 LANES MILL RD

ALTERATION

Owner in fee BRICK BOARD OF EDUCATION

Address 101 HENRICKSON AVE

BRICK, NJ 08724-

Tele. (732) 262-2625

Contractor BRICK SCHOOLS MAINTENANCE

Address 346 CHAMBERS BRIDGE RD

BRICK, NJ 08724-

Tele. (732) 262-2625

Lic. No. of Bldrs. Reg. No.

Federal Emp. No. 26-22625

or Social Security No.

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

MAKE 1 CLASSROOM INTO 3 OFFICES

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial

INSPECTIONS

Dates (Month/Day)

Failure Failure Approval Initial

☒ No Plans Req.

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☒ CA

Date: 3/25/98

Approved By: J. Chambers

Type

Footing

Foundation

Slab

Frame

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (6' or over)

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement

☐ Other

☐ Demolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 85

B. BUILDING CHARACTERISTICS

Use Group Present Proposed E

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 \$ 3,000

3. Total (1+2) \$ 3,000

Industrialized Building:

☐ State Approved

☐ HUD

Administrative Surcharge

Paid ☐ Check #

Collected by: DCA Training fee

Minimum fee

TOTAL FEE

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 19, 1998 1998 - 0248

Block 1211 Lot 2 Zone R-R-1

Property Address: 2001 Lanes Mill Road

Owner: Brick Township Board of Education (Phone): (732) 262-2625

Applicant: Joseph Guagliardo (Phone): Same

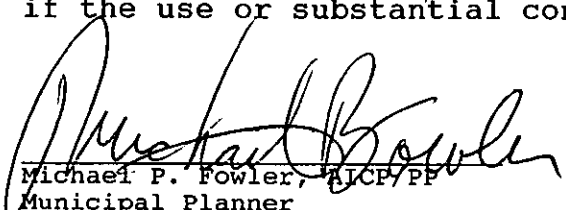
Existing Use: Brick Memorial High School

Proposed Use: Brick Memorial High School

Proposed Construction (if any): Interior alteration to convert one classroom
into three offices.

Conditions: Interior work only.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.


Michael P. Fowler, AICP/PP
Municipal Planner


Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 19, 1998 1998 - 0248

Block 1211 Lot 2 Zone R-R-1

Property Address: 2001 Lanes Mill Road

Owner: Brick Township Board of Education (Phone): (732) 262-2625

Applicant: Joseph Guagliardo (Phone): Same

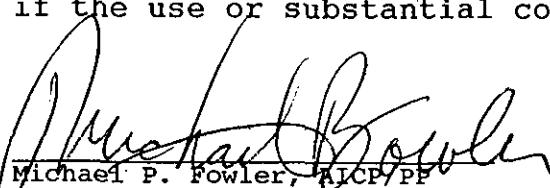
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Michael P. Fowler, AICP/PP
Municipal Planner


Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 1211 LOT 12
PROPERTY ADDRESS 2001 LANES Mill Rd BRICK
NAME OF OWNER Brick Board of Ed OWNER'S PHONE (732) 267-2625
NAME OF APPLICANT Brick Board of Ed Joseph Guglielmo Superintendent Maint
APPLICANT'S COMPLETE ADDRESS 101 Hendrickson Ave BRICK 08712
APPLICANT'S PHONE NUMBER (732) 267-2625 APPLICANT'S BUSINESS NAME _____

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
☒ Commercial (please describe) School
☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
☒ Commercial (please describe) School
☐ Other (please describe) _____

PROPOSED CONSTRUCTION CLASSROOM Alteration - make 3 offices

All Dimensions _____ W _____ L _____ Ht _____
Deck or Garage ☐ Attached ☐ Detached
Fence Type _____ Ht _____

CHECKLIST:

- ☐ All information completed above
☐ Two (2) accurate Survey / Plot Plans containing:
☐ all existing and proposed structures
☐ all dimensions of lot and structures
☐ set backs to all property lines
☐ all streets and waterways shown
☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of Applicant Joseph Guglielmo

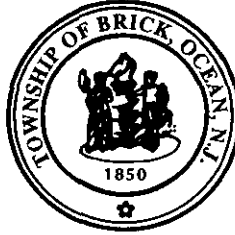
Date 3-18-98

Reviewed by Zoning Officer _____

Date 3/19/98

☒ Approved ☐ Rejected

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723



Joseph C. Scarpelli, Mayor

Township Council:

Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 3.24.98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1211 LOT 2 SITE ADDRESS 2001 Lincoln Mill Rd

TYPE OF SITE Commercial TYPE OF BUSINESS Auto Shop
(Residential/Commercial)

APPLICANT Dickson & Felt CITY & STATE Brick, NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

\$ 100,000

Frederick R. Millman, CTA, Tax Assessor

3/24/98
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

\$ _____

Frederick R. Millman, CTA, Tax Assessor

3/24/98
Date

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 1211 LOT 2 SITE ADDRESS 2011 Lincoln Blvd
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Apartment
APPLICANT Bank Building Ltd PHONE NUMBER 212 625 1234
APPLICANT ADDRESS 2011 Lincoln Blvd CITY & STATE NYC NY
PERMIT # _____ NAME OF BUSINESS Bank Building Ltd

INCLUSIONARY DEVELOPMENT

☐ Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
☐ Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

☐ Residential is .005 %
☒ Commercial is .01 %

Estimated Assessment \$ 1500.00 Date 7-24-98
Estimated Required Fee \$ 16
Required Deposit on Estimate \$ _____ Date _____
Check # _____ Receipt # _____
Actual Assessment \$ _____ Date _____
Actual Required Fee \$ _____
Minus Deposit of Estimate \$ _____
Balance Due \$ A.H.B.T. - EXEMPT Date _____
Check # _____ Receipt # _____
Amount Paid In Full \$ _____

Fees Imposed To Date _____
Fees Reached \$15,000 _____ Date _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe
Affordable Housing Administrator

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723



Joseph C. Scarpelli, Mayor

Township Council:

Victor Cantillo – President
Martin J. Anton
Helen Fayad
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
<http://www.gbshost.com/brick>

DATE 3-18-98

Municipal Engineer
401 Chambers Bridge Road
Brick, New Jersey 08723

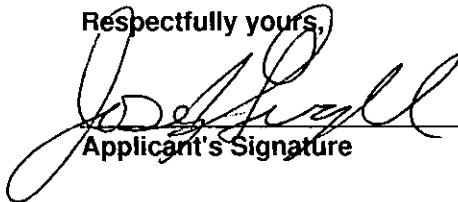
RE: Block 1211 Lot 2

Dear Sir:

I, Joseph Guagliardo of 101 Hendrickson Ave
(Name) (Address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,


Applicant's Signature

262-2625
Phone #

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved Date _____ BY _____
Rejected Date _____ BY _____

REMARKS: _____

Applicable to Ordinance 728-92

This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

2001 Lanes Mill Rd
Work Site Address

Block

Lot

Brick Board of Ed
Owner's Name, Address, Phone

1012 Henderson Ave

Joseph Guagliardo MAINTENANCE Dept
Contractor's Name, Address, Phone

346 W. Chamber bridge Rd

Construction CLASS ROOM Alteration

Describe type (Single -family home, etc.)

Demolition NONE

Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 50 metal studs, 20 5/8

type Fire Rated Sheet rock 3" Fire Rated sound Blanket

Name, address and phone of party responsible for removal of debris:

Size of dumpster: NONE

Destination of discarded debris: None

Hauler's DEP Permit No.: None

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Joseph Guagliardo
Printed/Typed Name

Signature

Date

3-18-98

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:

1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

BLOCK 1211 LOT 2 SITE LOCATION 2001 LAVES MILL RD Brick

BUILDING INSPECTION

Contractor BRICK BOARD OF ED MANNING 1201
Address 346 Chambers Bridge Rd Phone (732) 262-2605
Town BRICK State NJ Zip 08723
LIC # FEDERAL EMP. NO. (or SSN#)

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) \$ ALTERATION (2) \$ 3000
ADDITION (3) \$ TOTAL (1+2+3) \$

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING
USE GROUP PRESENT PROPOSED
CONSTRUCTION CLASS PRESENT PROPOSED
NO. OF STORIES HT. OF STRUCTURE FT.
AREA: LARGEST FLOOR SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS SQ. FT.
VOLUME OF STRUCTURE CU. FT.
TOTAL LAND AREA DISTURBED SQ. FT.

TYPE OF WORK	COST	TYPE OF WORK	COST
NEW BLDG.		FENCE	44.
ADDITION		SIGN	50. FT.
ALTERATION	3000	POOL	
ROOFING		ASBESTOS ABATEMENT	
SIDING		DCA	
DEMOLITION		TOTAL	

DESCRIPTION OF WORK

COMMENTS Alteration Make 1 Classroom
into 3 Offices 800 sq ft of space

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.
SEAL &
SIGNATURE

PLUMBING INSPECTION

Contractor
Address Phone ()
Town State Zip
LIC # FEDERAL EMP. NO. (or SSN#)

ESTIMATED COST OF PLUMBING WORK: \$

Sewer Size Water Size

TECHNICAL SITE DATA (List all fixtures)

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

DESCRIPTION OF WORK

COMMENTS

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.
SEAL &
SIGNATURE (Contractor's Seal)

FIRE INSPECTION

Contractor
Address Phone ()
Town State Zip
LIC # FEDERAL EMP. NO. (or SSN#)

ESTIMATED COST OF FIRE PROT. WORK: \$

Alarm Type ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
Heating System ☐ New ☒ Existing
Location of furnace/boiler

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE
METHOD OF ALARM SUPERVISION
LOCAL ALARM SUPERVISION
CENTRAL SUPERVISION
PROPRIETARY SUPERVISION
Flammable Liquid Storage Tanks ☐ Capacity
Combustible Liquid Storage Tanks ☐ Capacity
L.P.G. Storage Tanks ☐ Capacity
L.N.G. Storage Tanks ☐ Capacity
NO. ITEM NO. ITEM
Wet Sprinkler Heads
Dry Sprinkler Heads
TOTAL
Smoke Detectors
Heat Detectors
TOTAL
Stand Pipes
Kitchen Hood Exhaust System

Fuel
Pre-Engineered System
CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical
Gas or Oil Fired Appliance
Other

DESCRIPTION OF WORK

COMMENTS

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.
SEAL &
SIGNATURE (Contractor's Seal)