BLOCK 1211 LOT 2 QUALIFICATION CODE C06-2 ADDRESS (SITE) 2001 LANES MILL RD PERMIT NO. 98-2789

RECEIVED
AUG 06 1998

CONSTRUCTION PERMIT APPLICATION

DIV. OF CODE ENFORCEMENT

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

I. IDENTIFICATION

1. Propsed Work Site at: 2001 Lanes Mill Rd Jol
2. Name of Owner in Fee: Brick Board of Ed Tel. (732) 262-2625
   Address 101 Hendrickson Ave (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Maintenance Dept 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 Associates Tel. (732) _____
   Address 18 Washington St Toms River
6. Responsible Person in Charge of Work _____
   Tel. (____) _____ FAX (____) _____

Interior Wall in Gym.

V. FEE SUMMARY (for office use only)

		Update	Update
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			
13. TOTAL	$		

Exempt

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
1. ☐ Minor Work									
2. ☐ New Building		CWS	8/6/98		8-12-98	KM			
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical					8-11-98	KM	9/3/98		OK
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	$19,000								

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

LDS BR 10211380

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 Joseph Guglielmo

Address 346 Chamberbridge Rd

Brick N.J

Telephone (732) 269-2005

Signature Joseph Guglielmo

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/12/98
Control #
Permit # 98-2789

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1211 Lot 2 Qual

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

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

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
BUILD WALL ACROSS AUX GYM

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 $ 19,100

J. Cuniazza
Construction Official

08/12/98
Date

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

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	0
Check No.	
Cash	
Collected By	

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/06/98
Date Issued 8/12/98
Control # C06-2
Permit # 98-2789

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

Block 1211 Lot 2 Qual
Work Site Location 2001 LAKES MILL RD
ALTER/GYM WALLS
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ 08724-
Tele.(732)262-2625
Contractor BRICK SCHOOLS MAINTENANCE
Address 346 CHAMBERSBRIDGE RD
BRICK, NJ 08724-
Tele.(732)262-2625 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 26-22625

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

BUILD WALL ACROSS AUX GYM

CALL FOR INSPECTIONS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8/12/98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
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				

B. BUILDING CHARACTERISTICS

Use Group Present R Proposed R
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 $ 19,000
3. Total (1+2)$ 19,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	485
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[X] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 0
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/06/98
Date Issued 8/12/98
Control # C06-2
Permit # 98-2789

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

Block 1211 Lot 2 Qual
Work Site Location 2001 LAKES MILL RD
ALTER/GYM WALLS
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ 08724-
Tele.(732)262-2625 Fax ( )
Contractor BRICK SCHOOLS MAINTENANCE
Address 346 CHAMBERSBRIDGE RD
BRICK, NJ 08724-
Tele.(732)262-2625
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 26-22625

B. ELECTRICAL CHARACTERISTICS

Use Group - Present E Proposed E
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Aporoved
Date: 8-11-98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9 2 98
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			980814	mm645
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final	980820	mm	980902	mm645

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
6		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	
6		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

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	0
DCA Training Fee	$	0

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

NEW JERSEY STATE DEPARTMENT OF EDUCATION

Educational Facility Planning

Release Form for School Construction Plans

JUL 1 1998

State Plan No. _____ Municipality. Brick Township

County Ocean

School District Brick Township

Name of School Brick Memorial High School

It is the request of the above named school district to have this project reviewed for U.C.C. compliance by a municipal code enforcing agency pursuant to P.L. 1990, c. 23.

_____ June 30, 1998

Chief School Administrator *Date*

Bruce R. Normandia, Ed.D.

Name (print)

This project will be reviewed for UCC compliance by appropriately licensed code officials employed by Brick Township *(Municipality)*

_____ 6/30/98

Municipal Code Enforcing Agency Chief *Date*

Joseph Curcuzza

Name (print)

Below this line to be completed by the Educational Facility Planning

---

This plan has been approved for conformance with N.J.A.C. 6:22

_____ _____

Educational Facility Planning *Date*

Plans and drawings received on behalf of the local school district by:

_____

Signature

Thomas Miserendino Ed Spec

Name (print) *Title*

7/29/98

Date

State of New Jersey

DEPARTMENT OF EDUCATION
PO BOX 500
TRENTON, NJ 08625-0500

CHRISTINE TODD WHITMAN
Governor

LEO KLAGHOLZ
Commissioner

July 29, 1998

Mr. Massimo F. Yezzi, Jr.
Architects Planners
18 Washington Street
Toms River, NJ 08754

RE: **Brick Township Public Schools**
Brick Memorial High School **SP# 99004**
Veterans Memorial Middle School **SP# 99005**
Change of Use of Classroom with renovations
Ocean County
EDUCATIONAL SPECIFICATIONS,SCHEMATIC AND FINAL EDUCATIONAL APPROVAL

Dear Mr. Yezzi::

Educational Specifications, Schematic and Final Educational Approval for the above projects have been approved. Per your submittal, there are no changes to the educational programs as previously submitted.

Per your request the enclosed "Release Form for School Construction Plans", to enable the municipal code enforcement agency to review the construction plans to the **requirements of the New Jersey Uniform Construction Code, enhancements and/or the educational facility planning standards as adopted by the State Board of Education, is also approved.**

Sincerely,

THOMAS MISERENDINO
Educational Facilities Planning Services

c: Dr. Bruce R. Normandia, Superintendent
Dr. Philip W. Nicastro, Business Administrator
Board President
Mrs. Lucille Rielly, Ocean County Superintendent
Mr. Joseph Curiazza, Construction Official, Brick (with copy of approved plans)

[redacted] JERSEY STATE DEPARTMENT OF EDUCATION
Educational Facility Planning
Release Form for School Construction Plans

JUL [redacted] 1998

State Plan No. _____ Municipality. Brick Township

County Ocean

School District Brick Township

Name of School Veterans Memorial Middle School

It is the request of the above named school district to have this project reviewed for U.C.C. compliance by a municipal code enforcing agency pursuant to P.L. 1990, c. 23.

Chief School Administrator — June 30, 1998 *Date*

Bruce R. Normandia, Ed.D.
Name (print)

This project will be reviewed for UCC compliance by appropriately licensed code officials employed by Brick Township *(Municipality)*

Municipal Code Enforcing Agency Chief — 6/20/98 *Date*

Joseph Curiazza
Name (print)

Below this line to be completed by the Educational Facility Planning

This plan has been approved for conformance with N.J.A.C. 6:22

Educational Facility Planning — *Date*

Plans and drawings received on behalf of the local school district by:

Signature

Thomas Miserendino — Bl Sec.
Name (print) — *Title*

7/29/98
Date

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 8-6-96

JURISDICTION Boulder
(City, County, Township, etc.)

BUILDING LOCATION 2301 Lanis Mills Rd
(Street address)

BUILDING DESCRIPTION Renovat

REVIEWED BY TM

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	Incomplete Application, Need Details	
	Spoke To Architects OFFICE Will Get Additional	

06/93

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Lanes mill Road.

Site Location: Brick Memorial High — Date Rec'd.:
Block: 1211 — Lot: 2 — Date Issued:
Owner in Fee: Board of Ed. — Control #:
Address: 101 Hendrickson Lane B.T. NJ 08723 — Permit #:
State: NJ — Zip: 08724 — Phone: (732) 262-2625
SS #: — Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: Brick Board of Ed Maint.
ADDRESS: 101 Hendrickson Lane B.T. NJ.
PHONE: 262-2625
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Build wall across Aux Gym Brick Memorial High (Metal Studs Sheet Rock Insulation)

TYPE OF WORK

☐ New Building
☒ Addition — ☐ Fence: Height (6' or More)
☐ Alteration — ☐ Sign: Sq. Ft.
☐ Roofing — ☐ Pool (In Ground)
☐ Siding — ☐ Pool (Above Ground)
☐ Other: — ☐ Asbestos Abatement
☐ Other: — ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP — Present: — Proposed:
CONSTR. CLASS — Present: — Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: — Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS	
Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

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

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
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	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date: