Brick

Permit Without a Jacket

Permit Number 2101-92

LDS BR 10420559

FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Issued 10/29/92
Control # 2104-92
Permit #

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

Block 323 Lot 25.03
Work Site Location 237 Circle Drive

Owner in Fee Richard A. and Marie Gant
Address 237 Circle Drive
Brick NJ. 08723
Tele. ([redacted]
Contractor DELT
Address
Tele. (____)
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R.3 Proposed
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing BEING REPLACED
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other Combustable Air
Location: 237 Circle Drive
Total Est. Cost of Fire Prot. Work $ _____ [ ] Other

Remove oil tank or fill with sand.
Tank gone to CKR Waste

D. TECHNICAL SITE DATA

Description of Work oil to gas

Water Supply Source	CITY
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	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		46
1-Tank Removal		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	X	33
OTHER		

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 10/7/92
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 10/29/92
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical	10/28/92		10/29/92	
TCO				
Other				
Other				
Other				

Administrative Surcharge $
Paid [ ] Check # _____ Minimum Fee $ 33
Collected by _____ TOTAL FEE $

C. CERTIFICATION IN LIEU OF OATH (over)

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

_____
SIGNATURE

U.C.C. Form F-140A

1 White=Inspector Copy
2 Canary=Office Copy
3 Pink=Office Copy
4 Gold=Applicant Copy

10/28/92 NO Entry 12 50 PM

10/29/92 Abated