BLOCK 828 C10-1 LOT 1 ADDRESS(site) 1632 Harvard PERMIT NO. 98-0523

3/10/98

CONSTRUCTION PERMIT APPLICATION

20K

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

I. IDENTIFICATION

1. Proposed Work-site at: 1632 Harvard Ave.
2. Name of Owner Gabate Tel. ( )
   Address 1632 Harvard (street / municipality / zip code)
3. Ownership Public ____ Private ✓
4. Principal Contractor: Gene McCue (Cust) Tel. [redacted]
   Address 16 Marlton Dr.
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No [redacted]
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Gene McCue Tel [redacted]

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	35.-		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$	1.-		
9. DCA Training Fee				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other CPA		15.-		
TOTAL	$	51.-		

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 ____ sq. ft. / no ____	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

Ramp

	Est. Cost
1. ☑ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☑ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	900

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
MP	3/10/98		3/16/98 FM		7/29/99		ok
Emy	3/24/98		N/A	KSS			

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 10103477

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 3/9/98

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 _____ Date _____

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/29/99
Control #
Permit # 98-0523

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 828 Lot 1 Qual
Work Site Location 1632 HARVARD AVE
RAMP
Owner in Fee/Occupant GALANTE
Address SAME
BRICK, NJ 08724-
Telephone ( ) -
Contractor GENE MCCURT
Address 16 MARBRO AVE
BRICK, NJ 08724-
Telephone (732)206-0153 Fax ( )
Lic. No. or Bldrs Reg No
Federal Emp. No. [redacted]

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

RAMP

[ ] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[X] 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 OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] 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 _____, ___.

J. Cuniazza

CONSTRUCTION OFFICIAL
U.C.C. F-30 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 1121
Collected by: AJP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/17/98
Control #
Permit # 98-0523

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 828 Lot 1

Work Site Location 1632 HARVARD AVE
RAMP
Owner in Fee GALANTE
Address SAME
BRICK, NJ 08724-
Telephone ( ) -

Contractor GENE MCCURT
Address 16 MARBRO AVE
BRICK, NJ 08724-
Telephone (732)206-0153
Lic. No. or Bldrs. Reg. No. Exp. Date / /
Federal Emp. No. 15-2305750
or Social Security No. [redacted]

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
RAMP

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occ.	0
~~Other~~ Zoning	15
Total	~~36~~ 51
Check No.	1121
Cash	
Collected By:	AJP

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 $ 900

CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/10/98
Date Issued 3/17/98
Control # C10-1
Permit # 98-0523

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

Block 828 Lot 1
Work Site Location 1632 HARVARD AVE
RAMP
Owner in Fee GALANTE
Address SAME
BRICK, NJ 08724-
Tele.( ) -
Contractor GENE MCCURT
Address 16 MARBRO AVE
BRICK, NJ 08724-
Tele.(732)206-0153
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-2305750
or Social Security No. [redacted]

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

RAMP per Zoning Permit as A Handicap Ramp. Slope NOT to exceed 1" on 12"

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-16-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[X] CO [ ] CCO [ ] CA
Date: 7-29-99
Approved by: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes	7/20/99			JKB
Energy				
Mechanical				
TCO				
Other				
Final			1-29-00	FM

OK FM 1-29-00

TYPE OF WORK

[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence 0 Height (6' or over)
[ ] Sign 0 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
Other
[ ] Demolition

FEE (Office Use Only)

$	0
	0
	32
	0
	0
	0
	0
	0
	0
	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
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 $ 900
3. Total (1+2)$ 900

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 3
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 1

U.C.C. Form F-110B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/10/98
Date Issued 3/17/98
Control # C10-1
Permit # 98-0523

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

Block 828 Lot 1
Work Site Location 1632 HARVARD AVE
RAMP
Owner in Fee GALANTE
Address SAME
BRICK, NJ 08724-
Tele.(___) -
Contractor GENE MCCURT
Address 16 MARBRO AVE
BRICK, NJ 08724-
Tele.(732)206-0153
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-2305750
or Social Security No. [redacted]

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

RAMP per zoning Permit as A Handicap Ramp Slope NOT to exceed 1" on 12"

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3/16/98	EM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	32
[ ] Roofing	
[ ] Siding	
[ ] Fence 0 Height (6' or over)	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
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 $ 900
3. Total (1+2)$ 900

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 3
TOTAL FEE	$ 35
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

U.C.C. Form F-110B

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 11, 1998 1998 - 0222

Block 828 Lot 1 Zone R-7.5

Property Address: 1632 Harvard Avenue

Owner: Carmine Galante (Phone): ----

Applicant: Gene McCourt (Phone): (732) 206-0153

Existing Use: Single-family dwelling.

Proposed Use: Single-family dwelling.

Proposed Construction (if any): Build handicap ramp on front of house, 20' long, 24" maximum height.

Conditions: The end of the ramp cannot extend past the property line.

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 Application

(Please Type or Print Neatly)

BLOCK 838 LOT 1

PROPERTY ADDRESS 1632 Dorsal Dr, Brick NJ 08723

NAME OF OWNER Galante OWNER'S PHONE (732)

NAME OF APPLICANT Gary McCart

APPLICANT'S COMPLETE ADDRESS 16 Marlow Brick NJ 08724

APPLICANT'S PHONE NUMBE [redacted] APPLICANT'S BUSINESS NAME Gary McCart

PRESENT USE OF PROPERTY (check one)

☐ Vacant Lot ☑ Single Family Dwelling ☐ Condo or Apartment

☐ Commercial (please describe) _____

☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

☐ Vacant Lot ☑ Single Family Dwelling ☐ Condo or Apartment

☐ Commercial (please describe) _____

☐ Other (please describe) _____

PROPOSED CONSTRUCTION Build Ramp on Front Home Approx height

All Dimensions _____ W _____ L _____ Ht 20' Height 24

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 Gary McCart Date 3/9/98

Reviewed by Zoning Officer Date 3/11/98 ☒ Approved ☐ Rejected

Eagleswood Plaza, Inc.

P.O. Box 927

Forked River, New Jersey 08731

BRICK TOWNSHIP

Plan Review Class Date By

Zoning handicap ramp 3/11/98 JK

Plumbing

Building

Fire

Energy

Electrical

Existing Door

Existing Step

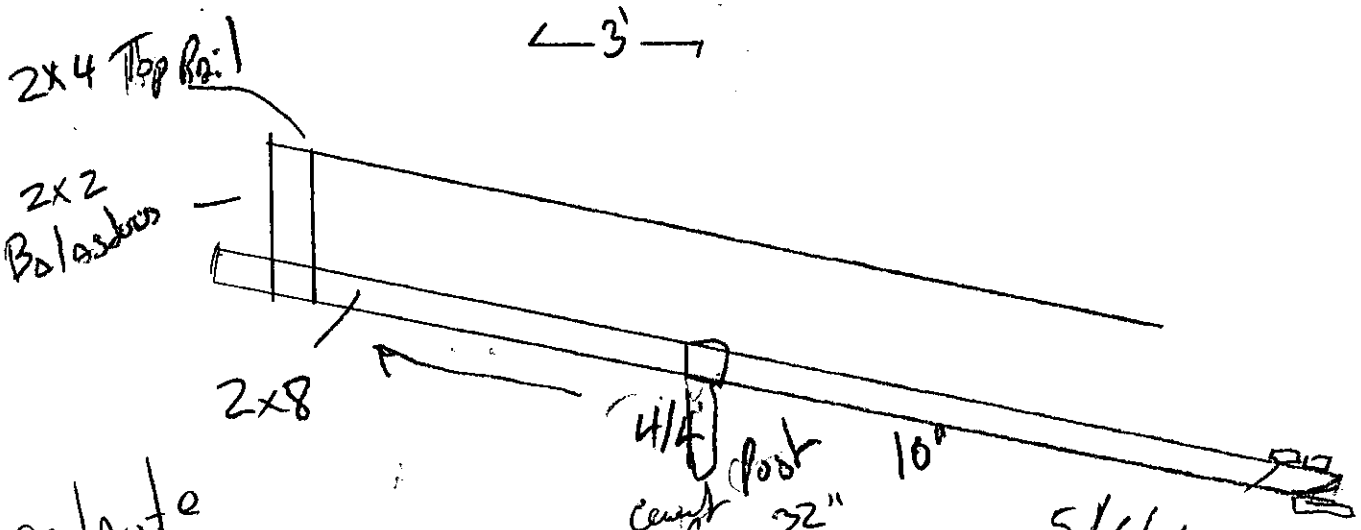
New Wolmized Ramp

2x8 Wolanized

5/4x6 "

20'

3'

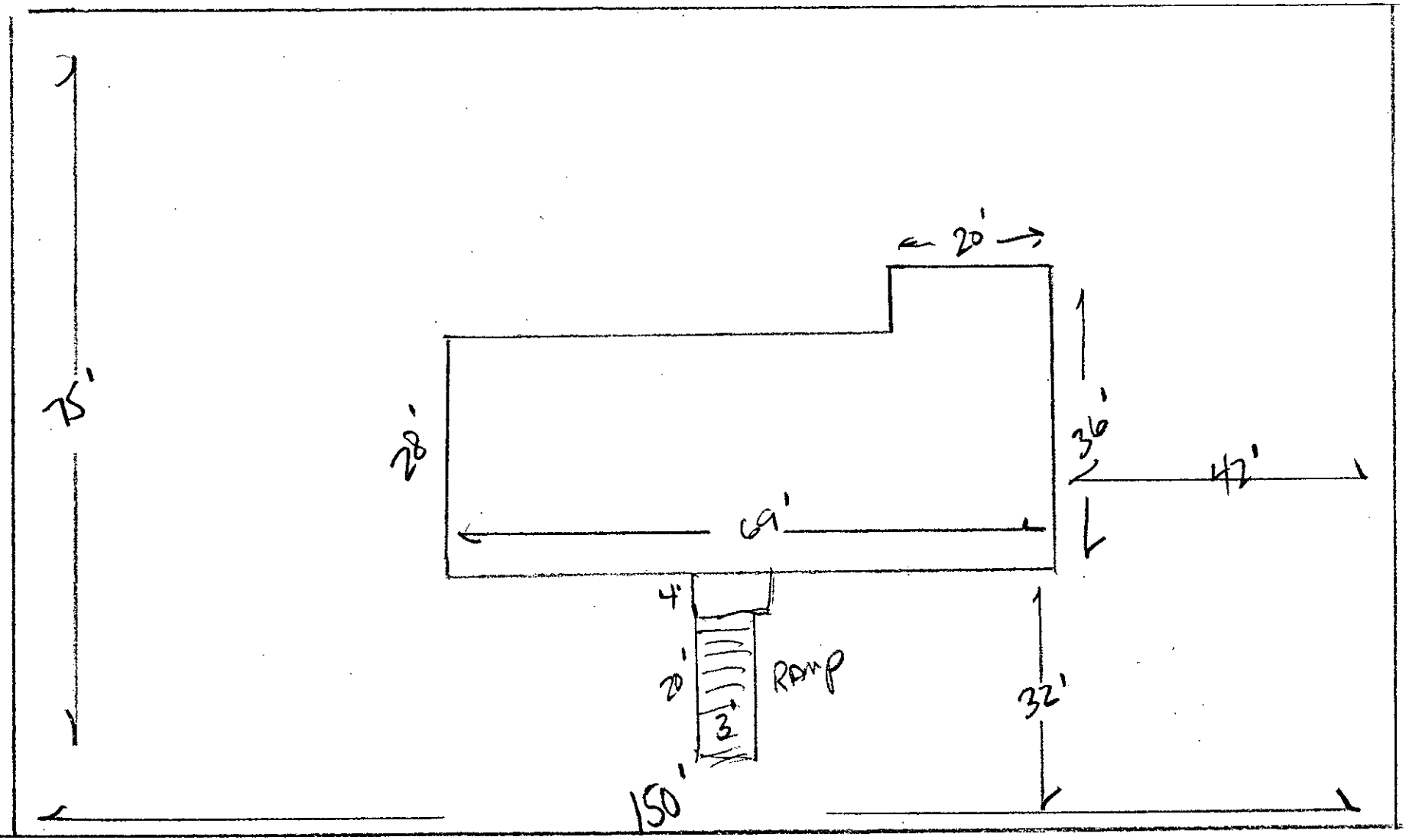


9a/Auto

163# Harvard

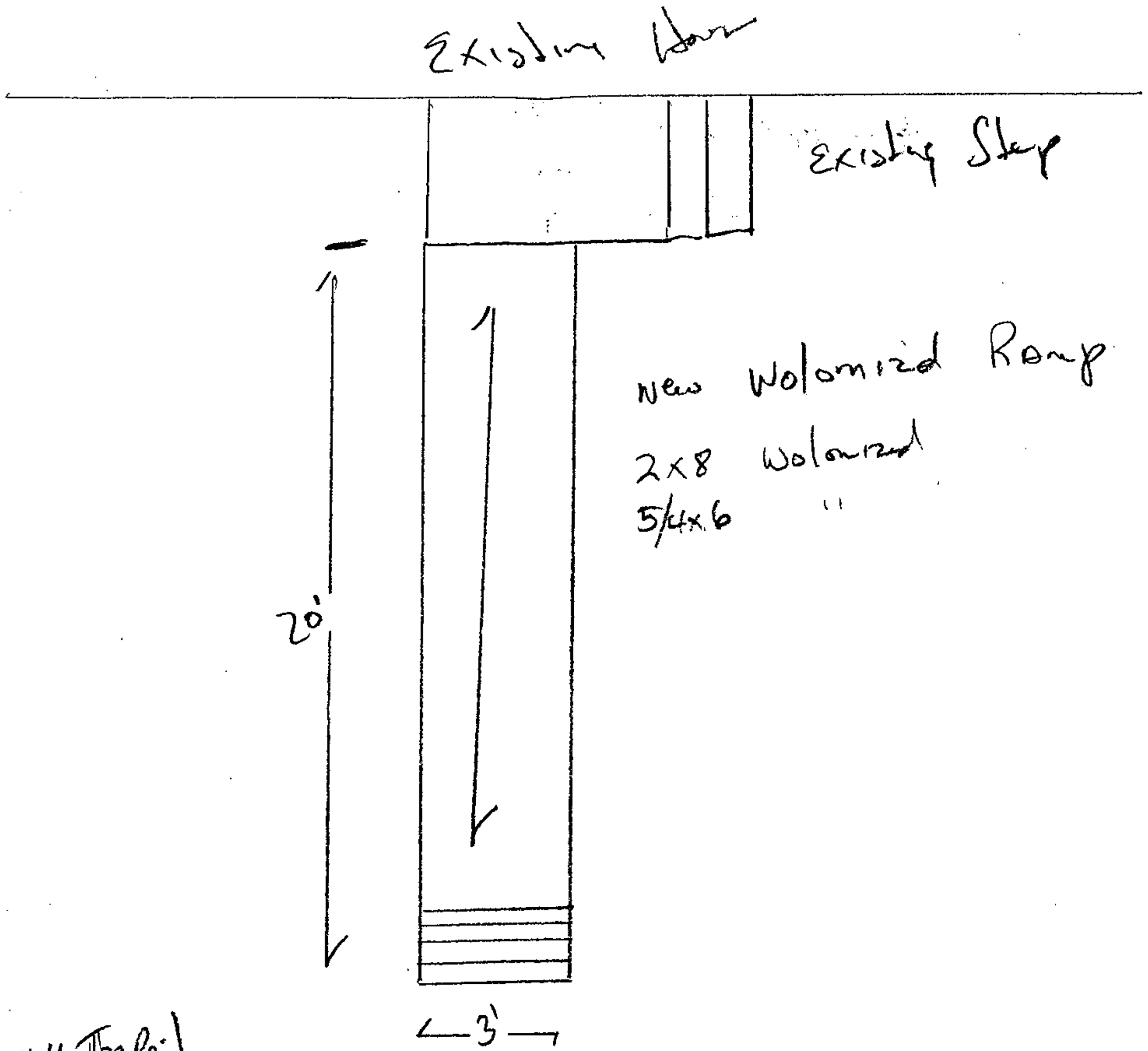
Block 828 Lot 1

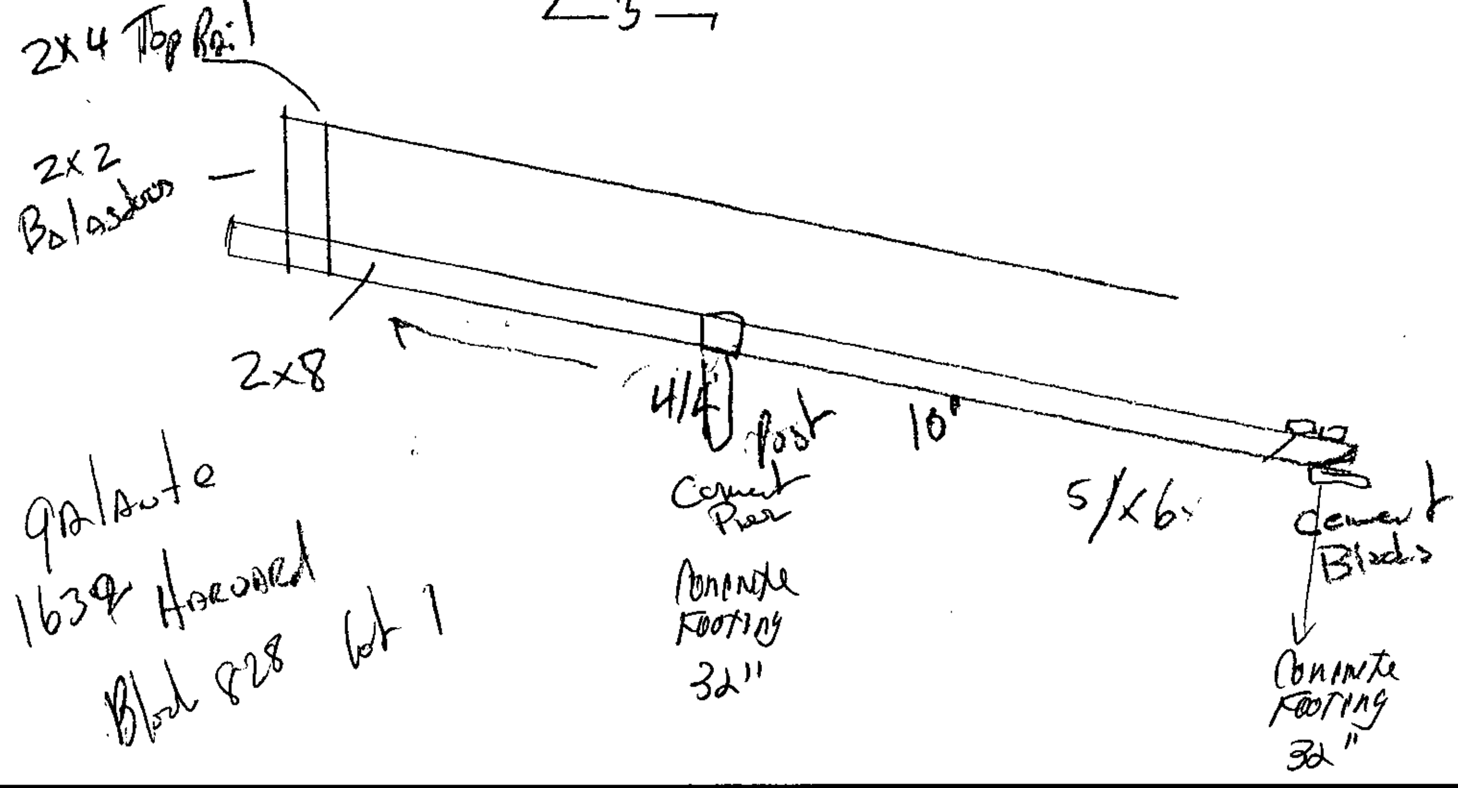
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE March 11, 1998
Sean Kinnevy – handicap ramp



9A/Ande
1632 Harvard Dr

Harvard St


Existing House
Existing Step
New Wolmanized Ramp
2x8 Wolmanized
5/4x6 "
20'
3'


2x4 Top Rail
2x2 Balasters
2x8
4/4 Post
10'
Cement Pier
Concrete Footing 32"
5/4x6
Cement Blocks
Concrete Footing 32"
Galante
1639 Harvard
Blvd 828 Lot 1

BRICK TOWNSHIP

Plan Review Class Date 3/11/98 By

Zoning handicap ramp

Plumbing

Building

Fire

Energy

Electrical

SITE LOCATION 1632 Harvard Ave. BLOCK 828 LOT 1 DESCRIPTION OF WORK Build Ramp
OWNER 90 Duke PHONE _____ ADDRESS 1632 Harvard STATE NJ ZIP _____

BUILDING INSPECTION

Contractor Gary M. Cook
Address 16 Marlboro Dr Phone (___) 206-0153
LIC # _____ FEDERAL EMP. NO.(or SSN# [redacted]

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.

SIGNATURE Gary M. Cook

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $_____ ALTERATION (2) $ 900 00
ADDITION (3) $_____ TOTAL (1+2+3) $_____

BUILDING CHARACTERISTICS

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.

FOR OFFICE USE ONLY

TYPE OF WORK	COST	MISC.	COST
NEW BLDG.		FENCE	
ADDITION	✓	SIGN	
ALTERATION		POOL	
ROOFING		ASBESTOS ABATEMENT	
SIDING		DCA	
DEMOLITION		TOTAL	900 00

SUBCODE OFFICIAL: MM ☐ Approved ☐ Disapproved

COMMENTS Ramp to be removed in Future

PLUMBING INSPECTION

Contractor _____
Address _____ Phone (___) _____
LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

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.

SIGNATURE (Contractor's Seal) _____

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
	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
	Sink		Water Cooled A/C
	Dishwasher		or Refrigeration Unit
	Drinking Fountain		Sewer Connection
	Washing Machine		Water Service Connection
	Hose Bibb		Active Solar System
	Water Heater		Other
	Fuel Oil Piping		Other
	Gas Piping		Other

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS _____

FIRE INSPECTION

Contractor _____
Address _____ Phone (___) _____
LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WOR ON THIS APPLICATION.

SIGNATURE (Contractor's Seal) _____

Estimated Cost of Fire Prot. Work: $_____
HEATING TYPE ( ) GAS ( ) OIL ( ) ELECTRICAL ( ) Solar
Location _____ HEATING SYSTEM ( ) NEW ( ) EXIS

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE
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

NO.	ITEM	NO.	ITEM
	Wet Sprinkler Heads		Pre-Engineered Syst
	Dry Sprinkler Heads		CO_2 Suppression
	TOTAL		Halon Suppression
			Foam Suppression
	Smoke Detectors		Dry Chemical
	Heat Detectors		Wet Chemical
	TOTAL		Gas or Oil Fired Ag
			Other
	Stand Pipes		
	Kitchen Hood Exhaust System		

SUBCODE OFFICIAL: ☐ Approved ☐ Disappro

COMMENTS _____