BLOCK 902.30 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) 85 Nottingham Dr PERMIT NO. 04-4912

CONSTRUCTION PERMIT APPLICATION

C12 '07

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

I. IDENTIFICATION

1. Proposed Work Site at: 85 Nottingham Dr
2. Name of Owner in Fee: Scott Cosgly Tel. (___) _____
   Address 85 Nottingham Dr (street) Brick (municipality) 08723 (zip code)
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: RJAC Developer Tel. (___) _____
   Address 1794 Todd Rd
   License No. OR, if new home, Builder Reg. No. 28611 Exp. Date _____
   Federal Employee No. [redacted] FAX: (732) 505-3565
5. Architect or Engineer RC Engineering Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun John Rudnicki
   Tel. (732) 245-8113 FAX: (___) _____

Foundation Repair

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	550		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$	24		
9. State Permit Fee Surcharge				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	574		

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	

OPTIONAL (for office use only)

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									
3. ☐ Addition									
4. ☐ a. Repair	18,000	DM	11/2/04		11-8-04	TS			
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR 10425360

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 BySAC Development Co

Address 1794 Toolal Rd

Telephone (732) 505-6868

Signature

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.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

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.				

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/17/2004
Control # 11/17/04 4:30PM 001558#4266
Permit # 04-4912 XX04 SERV.004

#044912
BUILDING $550.00
DCA $24.00
CHECK $574.00

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 102.30 Lot 3 Qual

Work Site Location 85 NOTTINGHAM DR
FOUNDATION REPAIR
Owner in Fee CORDY, SCOTT
Address SAME
BRICK, NJ 08723-
Telephone ( )

Contractor JAC DEV CO LLC
Address 1894 TODD RD
TOMS RIVER, NJ 08755-
Telephone (732)505-6868
Lic. No. or Bldrs. Reg. No 28611
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
FOUNDATION REPAIR

PAYMENTS (Office Use Only)
Building 550
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 24
Cert. of Occupancy 0
Other
Total 574
Check No. 1065
Cash
Collected By PF

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 $ 18,000

D. Neumeri (PF)
Construction Official

11/17/2004
Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

Only 1 Plan

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/12/2004
Date Issued 11/17/2004
Control # C12-07
Permit # 04-4912

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

Block 902.30 Lot 3 Qual
Work Site Location 85 NOTTINGHAM DR
FOUNDATION REPAIR
Owner in Fee CORDY, SCOTT
Address SAME
BRICK, NJ 08723-
Tele.( )
Contractor RYJAC DEV CO LLC
Address 1894 TODD RD
TOMS RIVER, NJ 08755-
Tele.(732)505-6868 Fax (732)505-3565
Lic. No. or Bldrs. Reg. No. 28611
Federal Emp. 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

FOUNDATION REPAIR

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Req.
[X] All 11-12-04 FW
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 5-12-05
Approved By: FW

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing				
Foundation	12/16/04		12/22/04	JKa
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	4/20/05 JKa		5-12-05	FW
BarrierFree				

Dates (Month/Day)

Not Solid Top block Grade stabilize per Architect

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	550
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS
Use Group Present R-5 Proposed R-5
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 $ 18,000
3. Total (1+2)$ 18,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 550
DCA State Permit Fee $ 24

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

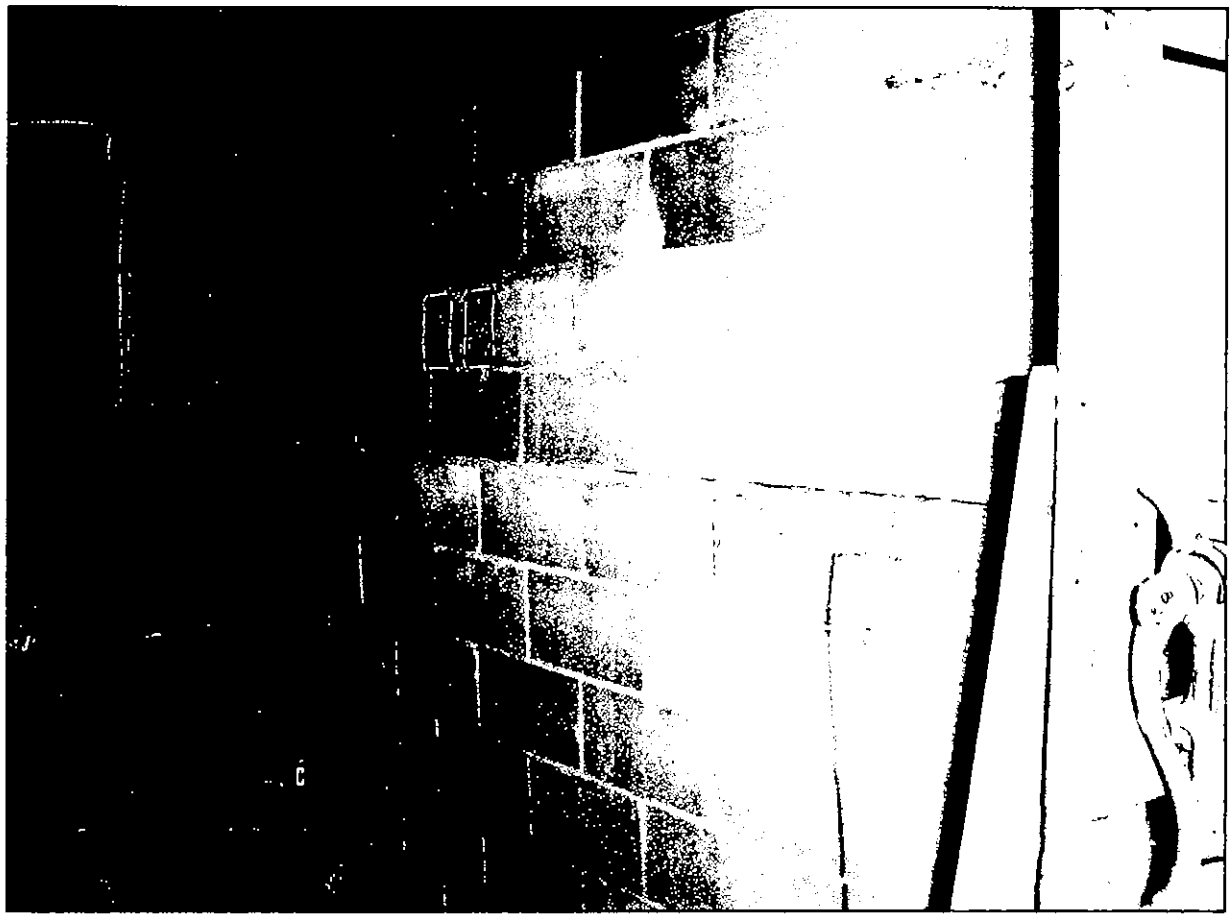
12/16/04 WALL up • Tarred (no Plan or Site nuclear Exhorcy

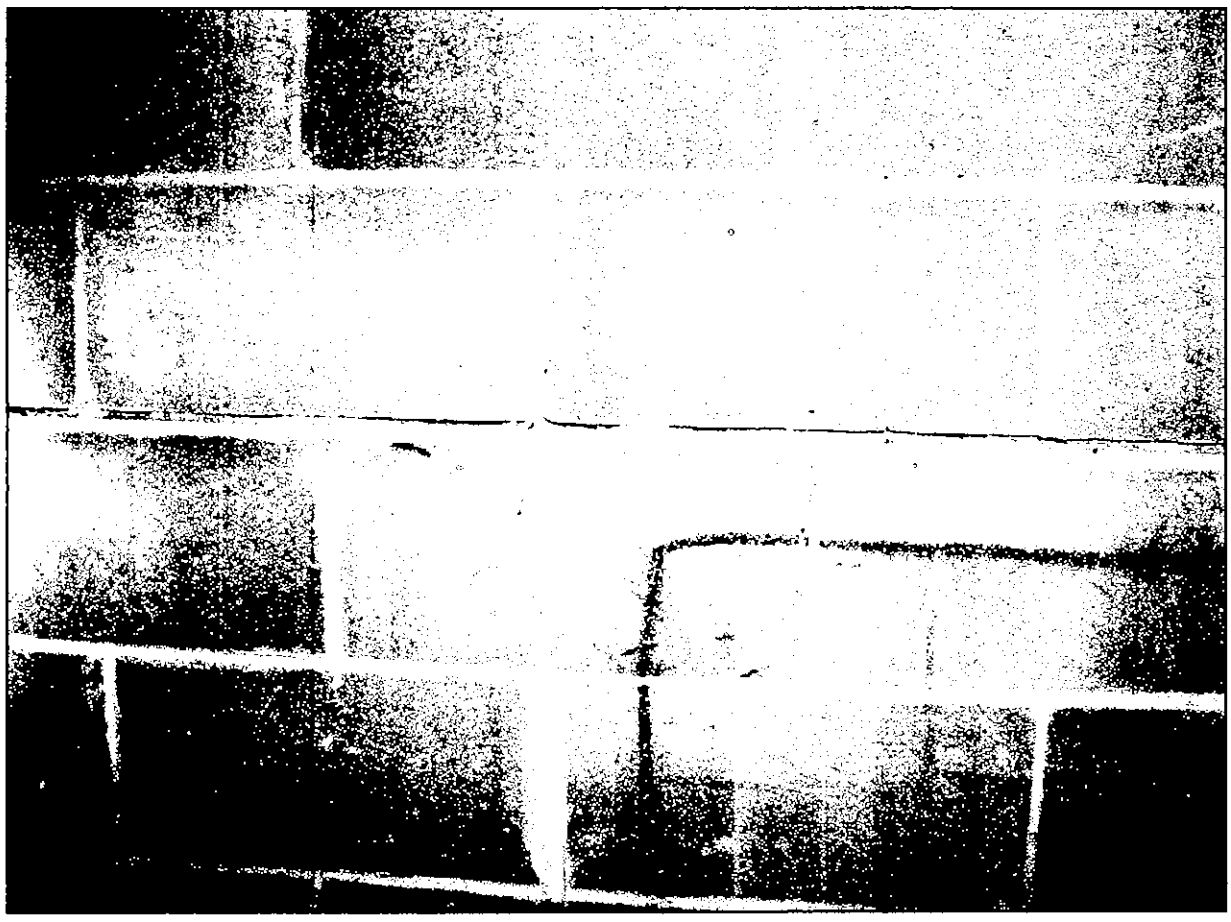
whats been Done JKA

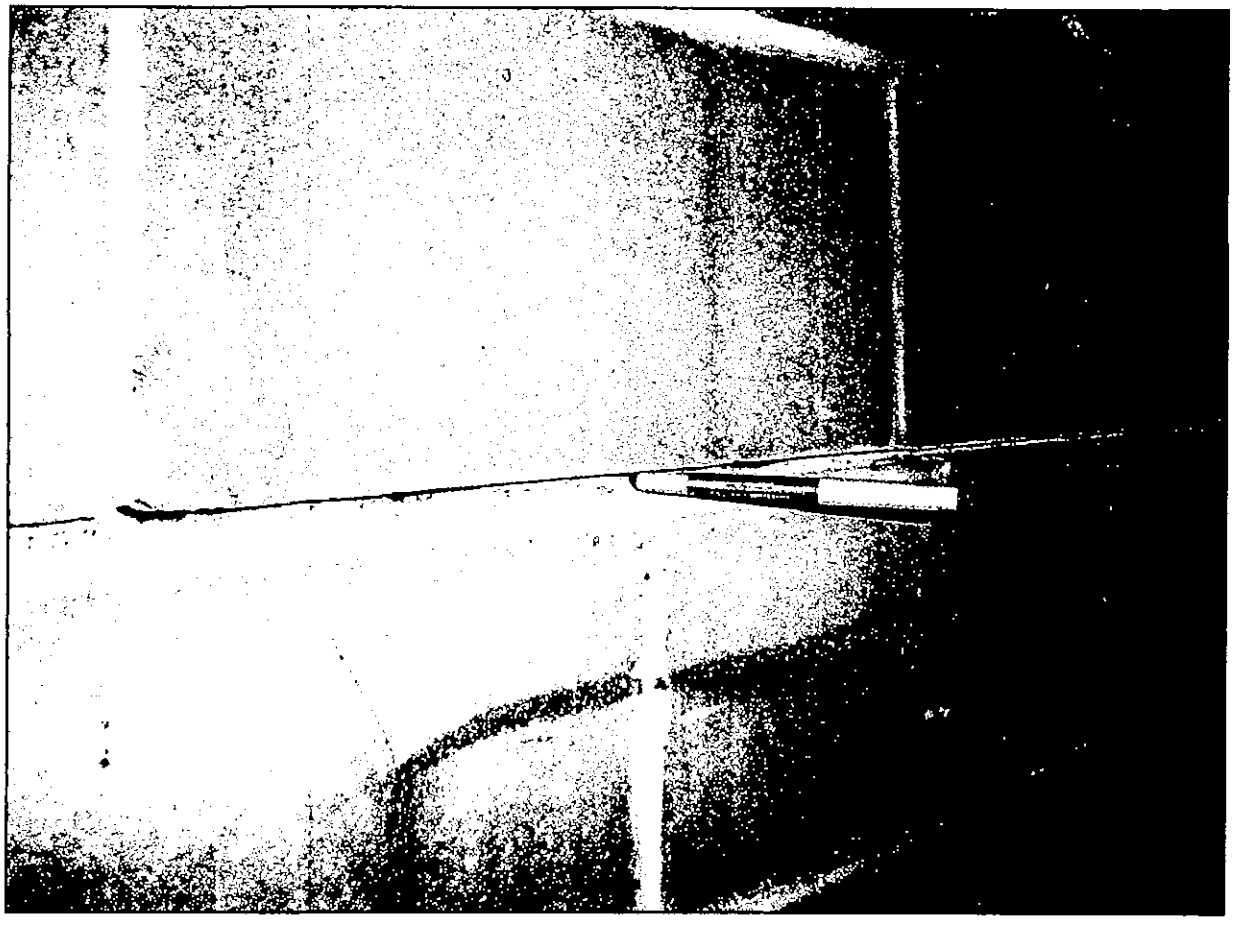
DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE RD
TOWNSHIP OF BRICK
NJ UCCARS 1524E

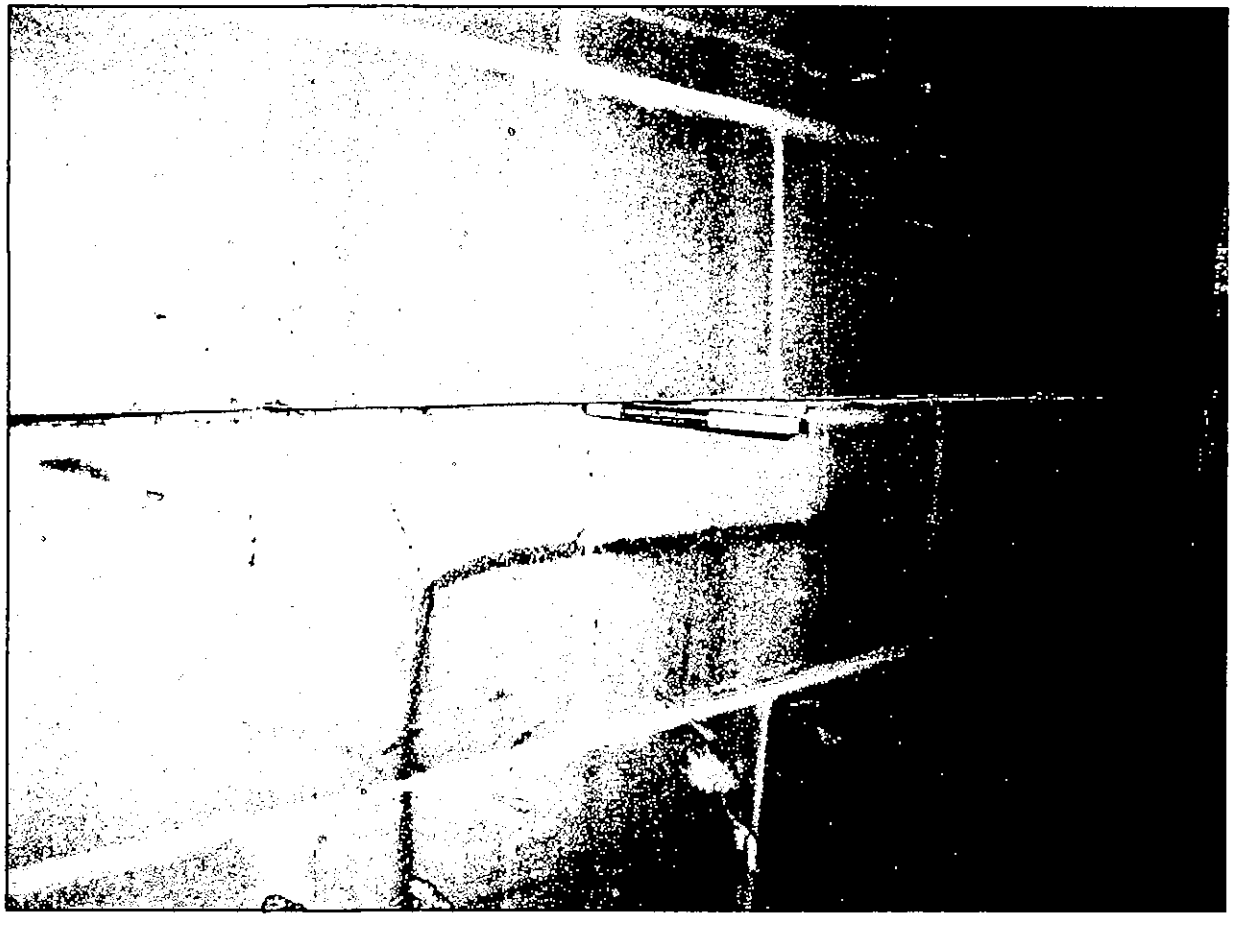
TECHNICAL SECTION
SUBCODE
BUILDING
UCC NEW JERSEY

Permit # [illegible]
Control # C12-07
Date Issued / /
Date Received 11/12/2004









RC ENGINEERING
& MANAGEMENT ASSOCIATES, INC.
593 Winding River Road • Brick, New Jersey 08724 • 732.840.7640 Phone • 732.206.0032 Fax • rcengineering@comcast.net

May 8, 2005

Scott Cordy
85 Nottingham Drive
Brick, NJ 08724

Re: 85 Nottingham Drive
Brick, NJ

Dear Mr. Cordy,

This is to advise you that I have inspected the reconstructed front basement foundation wall at the referenced dwelling and in my opinion it has been constructed in accordance with the details provided by this office dated 11/08/2004 and 12/12/2004. Further, the filling solid of the top course of block versus the use of a semi solid block is acceptable.

Please do not hesitate to contact me if you have any questions regarding the above.

Very truly yours,

Robert H. Ghankalian, Jr., P.E.
President

RC ENGINEERING
& MANAGEMENT ASSOCIATES, INC.
593 WINDING RIVER ROAD
BRICK, NEW JERSEY 08724
732.840.7640 PHONE
732.206.0092 FAX
RCENGINEERING@COMCAST.NET

Cordy -

Project: 85 Nottingham - Brick, NJ

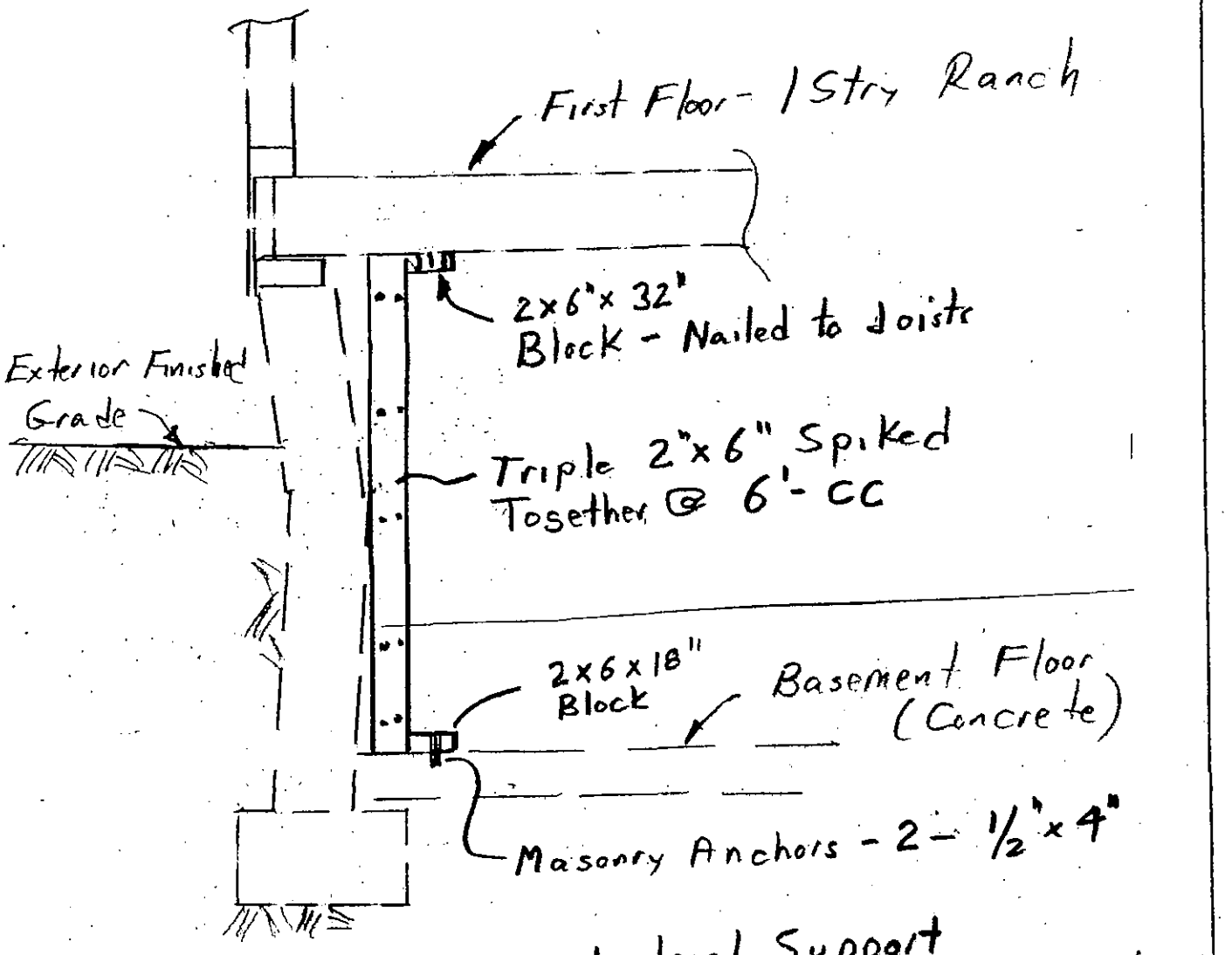
Project No:

Sheet 2 of 4

Prepared by: RHC

Date: 11/8/04

Scale: NTC



Temp. Lateral Support
(NTS)

R.H. Chankalan PE
Lic 24750

RC ENGINEERING
& MANAGEMENT ASSOCIATES, INC.
593 WINDING RIVER ROAD
BRICK, NEW JERSEY 08724
732.840.7640 PHONE
732.206.0032 FAX
RCENGINEERING@COMCAST.NET

Cordy -

Project: 85 Nottingham - Brick, NJ

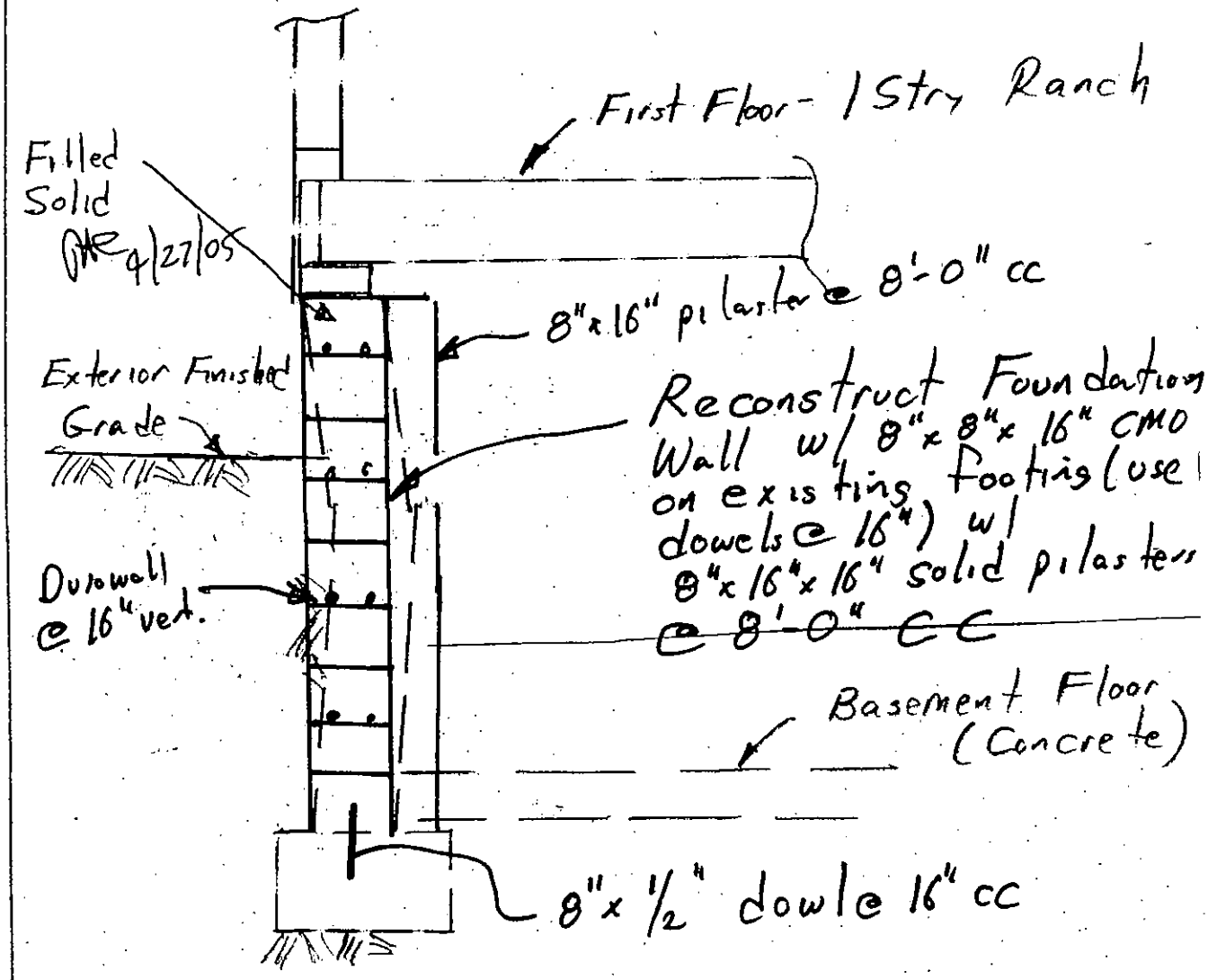
Project No:

Sheet 4 of 4

Prepared by: RHC

Date: 11/8/04

Scale: NTC



Reconstructed Wall
(NTS)

R.H. Chankalian P.E.
Lic. 24754

Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		11-12-04	
Fire			
Electrical			

RC ENGINEERING
& MANAGEMENT ASSOCIATES, INC.
593 WINDING RIVER ROAD
BRICK, NEW JERSEY 08724
732.840.7640 PHONE
732.206.0032 FAX
RCENGINEERING@COMCAST.NET

Cordy -

Project: 85 Nottingham - Brick, NJ

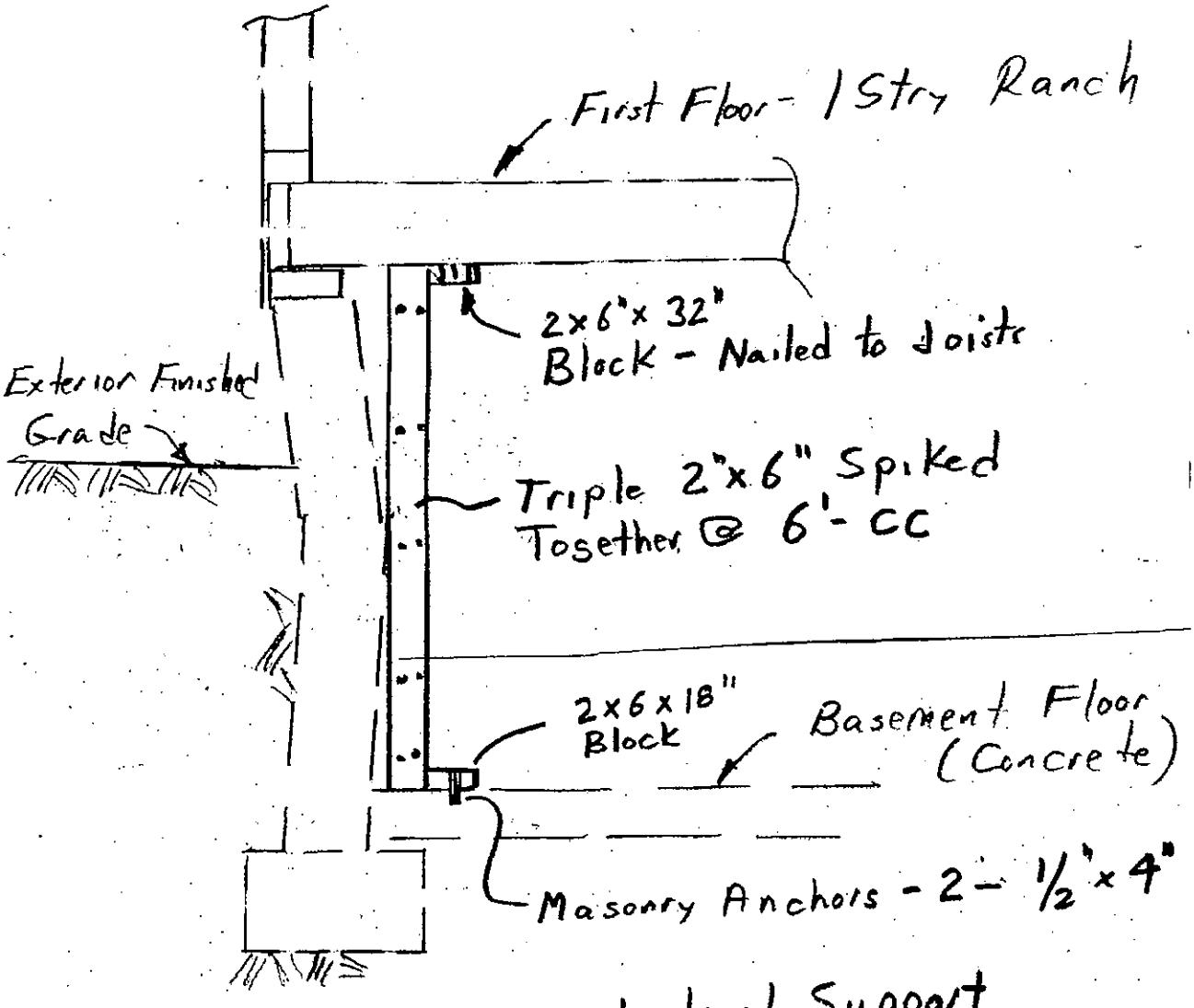
Project No:

Sheet 2 of 4

Prepared by: RHC

Date: 11/8/04

Scale: NTC



Temp. Lateral Support
(NTS)

R.H. Chankalian PE
Lic 24750

Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		11-17-04	
Fire			
Electrical			

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Ruthanne Scaturro - President
Michael A. Thulen, Sr. - Vice-President
Stephen C. Acropolis
Gregory S. Kavanagh
Anthony Matthews
Kathy M. Russell
Frederick J. Underwood, Sr.

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

REQUEST FOR INSPECTION

DATE: 5/4/05 TIME: _____

NAME: Cordly PHONE _____

DEVELOPMENT: _____ CONTRACTOR: _____

DATE FOR INSPECTION: _____ CONTRACTOR PHONE: _____

BLOCK: 902.30 LOT: 3 BLOCK: _____ LOT: _____

ADDRESS: 85 Nottingham Dr. ADDRESS: _____

BLOCK: _____ LOT: _____ BLOCK: _____ LOT: _____

ADDRESS: _____ ADDRESS: _____

TYPE OF INSPECTION

PAVING: ____ GRAVEL: _____ STORM SEWER: _____

CURB: _____ SIDEWALK: _____ DRIVEWAY: _____

BULKHEAD: ____ FINAL ENG: _____ FINAL GRADE: X

RETAINING WALL ____ INGROUND POOL _____ OTHER: _____

COMMENTS: Building Dept. Would Like Eng to do Grading Insp.

NOTE: IF INSPECTIONS WILL BE OF A CONTINUOUS NATURE, ASK FOR APPROXIMATE NUMBER OF DAYS.

ONGOING UNTIL: _____ RECEIVED BY: KSS INSPECTED BY: KSS

5/9/05 OK Eng for grade.

Done 4/11/05

Township of Brick
401 Chambers Bridge Road
Brick, New Jersey 08723
Attn: Daniel F. Newman, Jr.
Construction Official

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR MUNICIPAL USE ONLY

Date Received: 4-11-05 Date of Response: _____

Request Accepted By: MR I.D. Checked by: MR

SEE INSTRUCTIONS ON THE OTHER SIDE

Name: Scott Cordy

Address: 85 Nottingham
Brick NJ

Telephone [Day): [redacted]

Information Requested by: ✓ Homeowner _____Owner in Fee
_____Architect _____ Other

Type of Identification Provided:
Picture I.D. _____ **Drivers License No.** [redacted]

Other _____

Information Requested:

Information on a Specific Property Address 85 Nottingham Dr.
Block 902.30 Lot 3

(✓) **View/Copy Construction Permit / Sub-Code Technical Sections**

(_____) **View/Copy Construction Plans** [specify survey, site plan, or other identifying information]

(_____) **View/Copy Certificate of Occupancy /Approval**

(_____) **View/Copy Other** [Specify] _____

A request for access to or for a copy of Government Records should be submitted on this form which has been adopted by the Municipal Clerk as the Custodian of Records. Some records will be immediately available during normal business hours. Some records will require time to compile and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically. In general:

Immediate access is ordinarily available for to budgets, bills, vouchers, contracts, including collective negotiations agreements and individual employment contracts, and public employee salary and overtime information. Minutes of public meetings will be generally available immediately after the minutes have been approved.

Records which are not readily available or which will require a search of records will be made available as soon as possible and the applicant will be provided with an interim report within seven [7] business days indicating the time which will be required to provide the records.

Except as otherwise provided by law or regulation, the fee assessed for the duplication of a printed record shall be: first page to tenth page, $0.75 per page; eleventh page to twentieth page, $0.50 per page; all pages over twenty, $0.25 per page; for a police accident report there is an additional fee when the request is not made in person of $5.00 for the first 3 pages and $1.00 for each additional page, as provided by *N.J.S.A.* 39:4-131.

Where a request is for a copy in a format other than a photocopy, reasonable efforts will be made to provide the information in the format requested. The cost will be based on the costs of producing the format requested.

Where a legal determination must be made as to whether records are "public records" as provided by law, the request will be reviewed by the Municipal Attorney.

The term "public records" generally includes those records determined to be public in accordance with *N.J.S.A.* 47:1A-1. The term does not include employee personnel files, police investigation records, public assistance files or other matters in which there is a right of privacy or confidentiality or inter-agency or intra-agency advisory, consultative, or deliberative material or other material which is specifically exempted by law.

The applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost The applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this State, any other state or the United States and is not seeking government records. containing personal information pertaining the victim or the victim's family as provided by *N.J.S.A.* 47: 1A-1 et seq..

This form, when signed by the municipal official shall constitute a receipt for any deposit received.

The information requested will be ready on: _____

Estimated Number of Pages: _____

Estimated Cost: _____

Deposit: _____
[required where the anticipated cost of reproduction exceeds $5.00]

_____
Applicant

_____
Municipal Official

Date: _____

Date: _____

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 85 Nottingham Dr.
Block: 902.30 Lot: 3
Owner's Name: Scott Cocoly
Owner's Mailing Address: 85 Nottingham Dr.

Phone: (_____)_____

BUILDING

Contractor: RySAC Developing Co
Address: 1734 Todd Rd
Toms River
Phone#: 732-505-6868
Lis # 2864
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:
Foundation Repair

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Structure:_____
Volume of New Structure:_____
Total Land Disturbed:_____

Cost of Alteration: $_____

Cost of New Building: $_____

Cost of Site Work $_____

Total Cost of New Building Work: $ 18,000.00

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: _____
Please Print Name John Rudnicki

ELECTRICAL

Contractor:_____
Address:_____

Phone#:_____
Lis #:_____
Federal Emp # or SSN_____

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 (Receptacles, Switches, Lights, Motor 1HP)	
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
Sprinkler System	
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:_____

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:_____

Please Print Name_____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping_____ No. of outlets	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)_____Tons	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work_____

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:_____

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:_____

Tank Removal _____
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	
CO Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System Commercial	

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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:_____

Print Name:_____