

LDS BR 10102876

## 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 Maria A. Burgess

Date 12-20-99

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.

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(office use only)                 | LOCAL APPROVAL       |               | COUNTY APPROVAL      |               | REGIONAL APPROVAL    |               | STATE APPROVAL       |               | COMMENTS |
|----------------------------------------------------------------------|----------------------|---------------|----------------------|---------------|----------------------|---------------|----------------------|---------------|----------|
|                                                                      | Prelimin.<br>Initial | Final<br>Date | Prelimin.<br>Initial | Final<br>Date | Prelimin.<br>Initial | Final<br>Date | Prelimin.<br>Initial | Final<br>Date |          |
| <input type="checkbox"/> Zoning Officer                              |                      |               |                      |               |                      |               |                      |               |          |
| <input type="checkbox"/> Planning Board                              |                      |               |                      |               |                      |               |                      |               |          |
| <input type="checkbox"/> Zoning Board                                |                      |               |                      |               |                      |               |                      |               |          |
| <input type="checkbox"/> Sewer Authority                             |                      |               |                      |               |                      |               |                      |               |          |
| <input type="checkbox"/> Water Authority                             |                      |               |                      |               |                      |               |                      |               |          |
| <input type="checkbox"/> Police Department                           |                      |               |                      |               |                      |               |                      |               |          |
| <input type="checkbox"/> Health Department                           |                      |               |                      |               |                      |               |                      |               |          |
| <input type="checkbox"/> Soil Conservation                           |                      |               |                      |               |                      |               |                      |               |          |
| <input type="checkbox"/> N.J. Department of Community Affairs        |                      |               |                      |               |                      |               |                      |               |          |
| <input type="checkbox"/> N.J. Department of Transportation           |                      |               |                      |               |                      |               |                      |               |          |
| <input type="checkbox"/> N.J. Department of Environmental Protection |                      |               |                      |               |                      |               |                      |               |          |
| <input type="checkbox"/> Utility Dig No.                             |                      |               |                      |               |                      |               |                      |               |          |
| <input type="checkbox"/>                                             |                      |               |                      |               |                      |               |                      |               |          |
| <input type="checkbox"/>                                             |                      |               |                      |               |                      |               |                      |               |          |

**IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)**

| Name of Code & Edition | Name of Code & Edition         | Other |
|------------------------|--------------------------------|-------|
| Building _____         | Energy _____                   |       |
| 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 |
|---------------------------------------------------------------|-------------|--------------|---------------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy   | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Temporary Certificate of Compliance  | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Continued Certificate of Occupancy   | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Compliance            | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Occupancy             | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Approval              | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Lead Abatement Clearance Certificate | No. _____   | _____        | _____         | _____        |

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
CONSTRUCTION  
PERMIT

\*\*00002\*\*  
000001#  
LOT 12 #  
ELECTRIC\* 40.00  
TOTAL 40.00  
CHECK 40.00  
CHANGE 0.00  
0005A005 09:50

Date Issued 01/04/2000  
Control #  
Permit # 00-0001

IDENTIFICATION Block 1205.02 Lot 12 Qual 01/04/2000

Work Site Location 206 VERONICA DR SERVICE Contractor H O H E O H N E R

Owner in Fee BURGESS, M. A. Address

Address SAME BRICK, NJ 08724- Telephone ( ) Lic. No. or Bldrs. Reg. No. Federal Emp. No. HQ-

Telephone [REDACTED]

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT  
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION  
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:  
100 AMP SERVICE

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 \$ 500

Construction Official [Signature] Date 01/04/2000

U.C.C. #170 (rev. 3/96)

PAYMENTS (Office Use Only)  
Building 0  
Electrical 40  
Plumbing 0  
Fire Protection 0  
Elevator Devices 0  
Other  
DCA Training Fee 0  
Cert. of Occupancy 0  
Other  
Total 40  
Check No. 1522  
Cash  
Collected By HP

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

BCC NEW JERSEY  
ELECTRICAL  
SUBCODE  
TECHNICAL SECTION

Date Received 12/21/1999  
Date Issued 1/14/2000  
Control # C21-50  
Permit # 06-0001

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

Block 1205.02 Lot 12 Q41  
Work Site Location 206 VERONICA DR

SERVICE

Owner in Fee BURGESS, M. A.

Address SAME

BRICK, NJ 08724

Tele. ( ) Fax ( )

Contractor

Address

Lic. No. or Bldgs. Reg. No.

Federal Bmp. No. H0-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3

[ ] Pole/Pad [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 500

JOB SUMMARY (Office Use Only)  
PLAN REVIEW

[ ] No Plans Required  
[ ] Joint Plan Review Required:

[ ] Bidg [ ] Plumb

[ ] Fire [ ] Elevator

[ ] Elect Plans Approved

Date: 12-22-99

Approved by: [Signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO

Date: 4/18/00

Approved by: [Signature]

TECHNICAL SITE DATA  
NO. SIZE IRBM 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/with UV Lights  
Storable Pool/Spa/Hot Tub  
KW Elect Range/Receptacle  
KW Oven/Surface Unit  
KW Elect Water Heater  
KW Elect Dryer/Receptacle  
KW Dishwasher  
HP Garbage Disposal  
KW Central A/C Unit  
HP/KW Space Heater/Air Handler  
Baseboard Heat  
HP Motors 1/+ HP  
KW Transformer/Generator  
AMP Service  
AMP Subpanels  
AMP Motor Control Center  
KW Elect Sign/Outline light  
Other  
Other

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 \$  
Minimum Fee \$  
TOTAL FRB \$  
DCA Training Fee \$

- ① Improper use of wire Not conductor Has green stripe !
- ② Over 6 Cannot be Taped White or Blue must Be per marked
- ③ Every Breaker loose screw
- ④ Strip or stripe Water Band extra length

**COUNTER FORM**  
PLEASE PRINT

| ELECTRICAL SUBCODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FIRE PROTECTION SUBCODE                     |       |      |       |  |  |                   |  |  |             |  |  |          |  |  |           |  |  |             |  |  |                    |  |  |                         |  |  |                       |  |  |                         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| CONTRACTOR: <u>MARIA A. BURGESS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| ADDRESS: <u>206 VERONICA DR</u><br><u>BRICK NJ 08724</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| PHONE: <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| LIC. #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LIC. #: _____ EXP. DATE: _____              |       |      |       |  |  |                   |  |  |             |  |  |          |  |  |           |  |  |             |  |  |                    |  |  |                         |  |  |                       |  |  |                            |  |  |  |  |  |                      |  |  |                          |  |  |                           |  |  |                             |  |    |                        |  |    |                       |  |    |                             |  |    |               |  |    |                     |  |    |                     |  |    |                                |  |       |                   |  |    |                  |  |    |                          |  |    |             |            |     |               |  |     |                          |  |     |                              |  |    |       |  |  |       |  |  |       |  |  |       |  |  |                                       |            |  |                         |                         |  |                                       |  |  |                         |  |  |                                                                    |  |  |                          |  |  |                                                                            |  |  |                    |  |  |             |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |        |                     |  |                     |  |       |  |  |  |                 |  |                |  |       |  |  |  |             |  |                              |  |  |  |                        |  |                 |  |                   |  |                  |  |              |  |              |  |  |  |                            |  |       |  |       |  |                                            |  |                  |  |                                                                    |  |                          |  |                                                                            |  |                    |  |             |  |
| FEDERAL EMPL. #: (or S.S. #): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <b>TECHNICAL DATA (LIST ALL FIXTURES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>TECHNICAL DATA (DESCRIPTION OF WORK)</b> |       |      |       |  |  |                   |  |  |             |  |  |          |  |  |           |  |  |             |  |  |                    |  |  |                         |  |  |                       |  |  |                         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Storage Tanks Capacity: _____ Fuel: _____<br><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DESCRIPTION</th> <th>NUMBER</th> </tr> </thead> <tbody> <tr><td>Wet Sprinkler Heads</td><td></td></tr> <tr><td>Dry Sprinkler Heads</td><td></td></tr> <tr><td>Total</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Smoke Detectors</td><td></td></tr> <tr><td>Heat Detectors</td><td></td></tr> <tr><td>Total</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Stand Pipes</td><td></td></tr> <tr><td>Kitchen Hood Exhaust Systems</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Pre-Engineered Systems</td><td></td></tr> <tr><td>Co2 Suppression</td><td></td></tr> <tr><td>Halon Suppression</td><td></td></tr> <tr><td>Foam Suppression</td><td></td></tr> <tr><td>Dry Chemical</td><td></td></tr> <tr><td>Wet Chemical</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Gas or Oil Fired Appliance</td><td></td></tr> <tr><td>Other</td><td></td></tr> <tr><td>Other</td><td></td></tr> <tr><td>Estimated Cost of Fire Protection Work: \$</td><td></td></tr> <tr><td>Signature: _____</td><td></td></tr> <tr><td>Owner <input type="checkbox"/> Contractor <input type="checkbox"/></td><td></td></tr> <tr><td colspan="2"><b>SUBCODE APPROVAL:</b></td></tr> <tr><td>PLANS: Required <input type="checkbox"/> Approved <input type="checkbox"/></td><td></td></tr> <tr><td>Approved by: _____</td><td></td></tr> <tr><td>Date: _____</td><td></td></tr> </tbody> </table> | 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 <input type="checkbox"/> Contractor <input type="checkbox"/> |  | <b>SUBCODE APPROVAL:</b> |  | PLANS: Required <input type="checkbox"/> Approved <input type="checkbox"/> |  | Approved by: _____ |  | Date: _____ |  |
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| ITEMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Lighting Fixtures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Receptacles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Switches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Detectors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Light Poles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Motors - Fract. HP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Emergency & Exit Lights                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Communications Points                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Alarm Devices/E.A.C. 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| <b>TOTAL NUMBERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Pool Permit w/UJW Lights                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Storable Pool/Spa/Hot Tub                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| KW Elec. 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| KW Oven / Surface Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| KW Elec. Water Heater                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| KW Elec. 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| KW Dishwasher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| HP Garbage Disposal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| KW Central A/C Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| HP/KW Space Heater/Air Handler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| KW Baseboard Heat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| HP Motors 1/+ HP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| KW Transformer/Generator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| AMP Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| AMP Motor Control Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Estimated Cost of Electrical Work: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Signature (print name):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Maria A. Burgess</u>                     |       |      |       |  |  |                   |  |  |             |  |  |          |  |  |           |  |  |             |  |  |                    |  |  |                         |  |  |                       |  |  |                            |  |  |  |  |  |                      |  |  |                          |  |  |                           |  |  |                             |  |    |                        |  |    |                       |  |    |                             |  |    |               |  |    |                     |  |    |                     |  |    |                                |  |       |                   |  |    |                  |  |    |                          |  |    |             |            |     |               |  |     |                          |  |     |                              |  |    |       |  |  |       |  |  |       |  |  |       |  |  |                                       |            |  |                         |                         |  |                                       |  |  |                         |  |  |                                                                    |  |  |                          |  |  |                                                                            |  |  |                    |  |  |             |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |        |                     |  |                     |  |       |  |  |  |                 |  |                |  |       |  |  |  |             |  |                              |  |  |  |                        |  |                 |  |                   |  |                  |  |              |  |              |  |  |  |                            |  |       |  |       |  |                                            |  |                  |  |                                                                    |  |                          |  |                                                                            |  |                    |  |             |  |
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| Signature (print name):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <b>SUBCODE APPROVAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <b>CONTRACTOR AFFIX SEAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Wet Sprinkler Heads                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Smoke Detectors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Heat Detectors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Kitchen Hood Exhaust Systems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Pre-Engineered Systems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Halon Suppression                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Dry Chemical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Estimated Cost of Fire Protection Work: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Owner <input type="checkbox"/> Contractor <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <b>SUBCODE APPROVAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| PLANS: Required <input type="checkbox"/> Approved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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