



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 85 Oak Knoll Drive
 2. Name of Owner in Fee: George Pizzuta Jr. Tel. [REDACTED]
 Address 85 Oak Knoll Drive Brick 08824
street municipality zip code
 3. Ownership in Fee: Public ☐ Private ☒
 4. Principal Contractor: Jersey Shore Fence Co. Tel. (732) 341 2001
 Address 2199 Rt. 9 Toms River NJ 08755
 License No. OR, if new home, Builder Reg. No. Exp. Date
 Federal Employee No. FAX: (732) 341 1826
 5. Architect or Engineer Owner Tel. [REDACTED]
 Address 85 Oak Knoll Dr Brick
 6. Responsible Person in Charge of Work owner
 Tel. [REDACTED] FAX ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>8</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	<u>1</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other	<u>1524</u>		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

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

(office use only)

6' Stockade

II. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Fire Protection
- ☐ Plumbing
- ☐ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abat. Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Demolition

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>ENR</u>	<u>11/7/01</u>		<u>11-5-01</u>	<u>FM</u>			
<u>ENR</u>	<u>11/2/01</u>		<u>11/2/01</u>	<u>JH</u>			

TOTAL COSTS

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- ☐ Hotels (R-1)
- ☐ Multi-Family (R-2)
- ☐ Two-Family (R-3) BOCA
- ☐ Two-Family (R-4) CABO
- ☒ One-Family (R-3) BOCA
- ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction 1
 After Construction 1
 Net Gain or Loss 0

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

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 George J. Pozzuta Jr Date 10-30-01

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 (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	Other
Building _____	Energy _____	Other _____
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHANDLER DRIVE RD
DIVISION OF INSPECTIONS

Date Issued 11/09/2001
Control #
Permit # 01-9156

JDC (23) JERSEY
CONSTRUCTION
PERMITE

IDENTIFICATION Block 1023.03 Lot 22 Bldg _____

Work Site Location 09.00K KROLL DR
FENCE

Owner in Fee PIZZUTO JR, GEORGE
Address 501E
BRICK, NJ 08723-

Contractor JERSEY SHORE FENCE CO
Address 2137 RT 9
TOM'S RIVER, NJ 08723-
Telephone (732) 241-6901
Lic. No. or Blat. Exp. No.
Federal Exp. No. 23-0037982

Telephone _____

To hereby granted permission to perform the following work:

(X) BUILDING () CLADDING () LEAD HAZARDO ABATEMENT
() ELECTRICAL () FIRE PROTECTION () REMEDIATION
() ELEVATOR DEVICES () ASBESTOS ABATEMENT () OTHER _____
(Switchgear & only)

DESCRIPTION OF WORK
6' STOCKADE FENCE

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 \$55
Construction Official *[Signature]* 11/09/2001
U.S.E. F170 (Rev. 3/96)

Date

PAYMENTS (Office Use Only)

Building 8
Electrical 0
Cladding 0
Fire Protection 0
Elevator Devices 0
Other _____
DCA Training Fee 1
Cert. of Occupancy 1
Other 24
Total 34
Check No. 204
Cash _____
Collected By _____

11/09/01 1:49PM 00000008046
#4156
BUILDING
DCA
ZPA
CHECK
\$8.00
\$1.00
\$15.00
\$24.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/01/2001
Date Issued 11/14/01
Control # C1-33
Permit # 01-4154

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

Block 1033.05 Lot 32
Qual
Work Site Location 85 OAK KNOLL DR

FENCE

Owner in Fee PIZZOTA JR, GEORGE

Address SAME

BRICK, NJ 08724-

Tele. [REDACTED]

Contractor JERSEY SHORE FENCE CO

Address 2199 RT 9

TOMS RIVER, NJ 08755-

Tele. (732)341-2001 Fax ()

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-2037982

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. 11/5/01 *EM*

☐ All

☐ Footing

☐ Foundation

☐ Slab

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Fire

☐ Elev

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Failure

Failure

Approval

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Dates (Month/Day)

Failure

Failure

Approval

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

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

6' STOCKADE FENCE

30' FROM F.P.L.

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☒ Other FENCE

☐ Demolition

FEE (Office Use Only)

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B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 385

3. Total (1+2) \$ 385

Industrialized Building:

☐ State Approved

☐ HUD

Administrative Surcharge

Paid ☐ Check #

Minimum Fee

TOTAL FEE

Collected by: DCA Training Fee

\$

Height (exceeds 6')

Sq. Ft.

Other

Other

Other

Other

Other

Other

Other

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TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/01/2001
Date Issued 11/9/01
Control # C1-33
Permit # 01-4154

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

Block 1033.05 Lot 32 Qual
Work Site Location 85 OAK KNOLL DR

FENCE

Owner in Fee PIZZOTA JR, GEORGE

Address SAME

BRICK, NJ 08724-

Tele. [REDACTED]

Contractor JERSEY SHORE FENCE CO

Address 2199 RT 9

TOWNS RIVER, NJ 08755-

Tele. (732) 341-2001 Fax ()

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-2037982

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. 11/5/01 *FW*

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Failure

Approval

Initial

Dates (Month/Day)

Initial

Final

BarrierFree

Other

Final

BarrierFree

BarrierFree

BarrierFree

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 885

3. Total (1+2) \$ 885

Industrialized Building:

☐ State Approved

☐ HUD

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

6' STOCKADE FENCE

30' FROM F.P.L.

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☒ Other FENCE

Other

☐ Demolition

FEE (Office Use Only)

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O.C.C. P110 (rev. 3/96)

20

TOWNSHIP OF BRICK ZONING PERMIT

Approved: November 1, 2001

No. 1.1633

Block: 1033.05 Lot: 32

Zone: R-10

Property Address: 85 Oak Knoll Drive

Applicant: George Pizzuta, Jr.

Property Owner: Same.

Existing Use: Single-family residential.

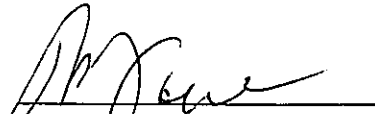
Proposed Use: Same.

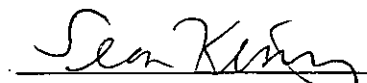
Proposed Construction: Stockade convex fence, six (6) feet high.

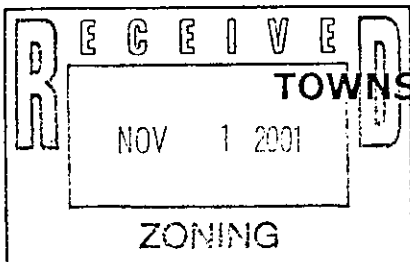
Conditions: The fence must be set back at least 30 feet from the property line at each street. The finished side of the fence must face the exterior of the lot.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect.

This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.


Michael P. Fowler, AICP/PP
Municipal Planner


Sean Kinnevy
Zoning Officer



TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information
will delay processing and may be returned to you.

Block 1033,05 Lot 32 Qualifier _____

PROPERTY ADDRESS 85 Oak Knoll Drive

PERSONAL NAME OF APPLICANT George Pizzuta Jr

BUSINESS NAME OF APPLICANT -

PROPERTY OWNER George Pizzuta Jr

PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) _____

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION (check all that apply)

- ☐ New Building (please describe) _____
☐ Addition
☐ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☒ Fence (state type & height) 6' Single Convert Cedar Stockade
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

- ☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed,
reduced or enlarged copies
can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of applicant George Pizzuta Jr Date 10-30-01

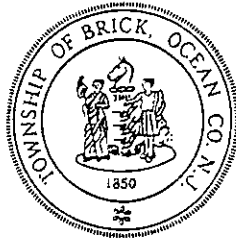
Reviewed by Zoning Office _____ Date 11/11 (X) Approved () Denied

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

Joseph C. Scarpelli, Mayor

Township Council:

Helen Fayad - President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.



Department of Engineering

Office of the Municipal Engineer

(732) 262-1038

Fax: (732) 262-8954

<http://www.gbshost.com/brick>

<http://www.twp.brick.nj.us>

Date: 11-1-01

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 1033.05 Lot: 32

Property Address: 85 Oak Knoll Drive

I, George Pizzuto Jr of 85 Oak Knoll Drive
(name) (address)

Request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, part B.

George Pizzuto Jr
Applicant's Signature

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

OFFICE USE

Approved: 11/2/01

Signed: [Signature]

Rejected: _____

Signed: _____

Comments: _____

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 85 Oak Knoll Drive
 Block: 1033-05 Lot: 32
 Owner's Name: George + Nancy PIZZUTA
 Owner's Mailing Address: 85 Oak Knoll Drive
 Phone: [REDACTED]

BUILDING

Contractor: Jesey Shore Fence Co.
 Address: 2199 Rt. 9
Toms River NJ
 Phone#: 732 341-2001
 Lis #: _____
 Federal Emp # or SSN _____

Technical Data

Description of Work:

Extend existing 6' cedar fence
 16' Replace gate

Type of Work

☐ New Building ☐ Siding
☐ Addition ☒ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft

Building Characteristics

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

Cost of Alteration: 885.

Cost of New Building: _____

Total Cost of Building 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: George J. Pizzuta Jr

Please Print Name George J. Pizzuta Jr

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 _____
 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
 Light Stander _____ AMP
 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

7700
11,000 /
8000

PLUMBING

FIRE

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

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

Technical Data

Fixtures _____ Quantity _____

Water Closets _____
Urinals/Bidets _____
Bath Tub _____
Lavatory _____
Shower _____
Floor Drain _____
Sink _____
Dishwasher _____
Drinking Fountain _____
Washing Machine _____
Hose Bib _____
Gas Piping _____
Fuel Oil Piping _____
Water Heater _____
Steam Boiler _____
Hot Water Boiler _____
Sewer Pump _____
Interceptor/Separator _____
Backflow Preventer _____
Grease trap _____
Water Cooled A/C or Refrig. Unit _____
Septic Tank Closure _____
Sewer Service Connection _____
Water Service Connection _____
Active Solar System _____
Auxiliary Meter _____
Sprinkler Heads _____
Sump Pump _____
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

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: _____

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 _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
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: _____