

CONSTRUCTION PERMIT APPLICATION

0994

1. Proposed Work Site at: NEW PICKET FENCE

2. Name of Owner in Fee: HAROLD E. MATHIAS Tel. [REDACTED]

Address 16620 PRINCETON AVE BAIR NY 08223

street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: _____ Tel. (_____) _____

Address H/O

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Employee No. _____ FAX: (_____) _____

5. Architect or Engineer _____ Tel. (_____) _____

Address _____

6. Responsible Person in Charge of Work 1

Tel. (_____) _____ FAX (_____) _____

4' PICKET

		Update	Update
1. Building	\$ 8		
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	1		
10. Subtotal			
11. Cert. of Occupancy			
12. Other	15		
13. TOTAL	\$ 24		

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 _____

1. ☒ Minor Work *PERM*
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

- ☐ Partial Releases
- ☐ Prototype Processing

[illegible]

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks

2. ☐ High Pressure Boilers

3. ☐ Pressure Vessels

4. ☐ Refrigeration Systems

5. ☐ Cross-Connections/Backflow Preventers

6. ☐ Hazardous Uses/Places of Assembly

7. ☐ Sprinklers

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

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

No. of dwelling units:

Before Construction _____

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

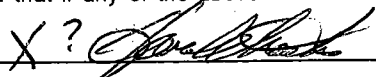
C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature

☒ ? 

Date

May 19-2003

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									IMPORTANT A.H.B.T. - EXEMPT
☐ 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.									
☐									
☐									

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

Name of Code & Edition

Name of Code & Edition

Building _____
 Electrical _____
 Plumbing _____
 Fire Protection _____
 Mechanical _____

Energy _____
 Barrier Free _____
 Flood Hazard _____
 As Built Elevation Cert. _____
 Other _____

Other _____

X. CERTIFICATES ISSUED (office use only)

- ☐ Temporary Certificate of Occupancy
- ☐ Temporary Certificate of Compliance
- ☐ Continued Certificate of Occupancy
- ☐ Certificate of Compliance
- ☐ Certificate of Occupancy
- ☐ Certificate of Approval
- ☐ Lead Abatement Clearance Certificate

No. _____
 No. _____
 No. _____
 No. _____
 No. _____
 No. _____
 No. _____

DATE ISSUED

DATE EXPIRED

DATE REISSUED

DATE EXPIRED

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/19/2003
Date Issued 9/10/03
Control # C19-94
Permit # 03-4054

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

Block 821 Lot 1 Qual
Work Site Location 1612 WEST PRINCETON AVE
FENCE

Owner in Fee MAHIS, HAROLD E
Address SAME
BRICK, NJ 08723-

Tele. () Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Contractor
Address
Tele. () Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
No Plans Required 5/10/03
All
Footings
Foundation
Frame
Other
BarrierFree
Insulation
Finishes
Energy
Mechanical
ICD
Other
Final
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.

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

4' PICKET FENCE

10' From Street

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

FEE (Office Use Only)
\$
Administrative Surcharge
Paid [] Check #
Minimum Fee
Collected by: TOTAL FEE
OCA State Permit Fee

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/10/2003
Control #
Permit # 03-4054

UCC NEW JERSEY
CONSTRUCTION
PERMITS

IDENTIFICATION Block 021 Lot 1 Qual _____
Work Site Location 1612 WEST PRINCETON AVE
FENCE
Owner in Fee MAHES, HAROLD E
Address SAME
BRICK, NJ 08723
Telephone _____
Contractor HOMEOWNER
Address _____
Telephone () _____
Lic. No. or Bldg. Reg. No. _____
Federal Exp. No. NO-

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:

4' PICKET 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 \$ 700

D. F. Neumann
Construction Official 09/10/2003

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

Date

PAYMENTS (Office Use Only)

Building	8
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
BCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	9
Check No.	
Cash	1
Collected By	JB

09/10/03 10:37AM 0000000H3551
XX06 SERV.D06

#034054
BUILDING
DCA
ZPA
XXXTOTAL
CASH
CHANGE

\$8.00
\$1.00
\$15.00
\$24.00
\$24.00
\$0.00

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTI

03-4054

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

4' PICKET FENCE

10, From Street.

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Req.	5/2/08	FW	Type	Failure
☐ All			Footing	Approval
☐ Footing			Foundation	Initial
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			BarrierFree	
Joint Plan Review Required:			Insulation	
☐ Elect	☐ Plumb	☐ Fire	Finishes	
SUBCODE APPROVAL			Energy	
☐ CO	☐ CCD	☐ CA	Mechanical	
Date:			TCO	
Approved By:			Other	
			Final	
			BarrierFree	

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$
☐ Addition	
☒ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	Height (exceeds 6')
☐ Sign	Sq. Ft.
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☒ Other <u>FENCE</u>	
Other	
☐ Demolition	

Use Group	Present	U	Proposed	U	Est. Cost of Bldg. Work:
Constr. Class	Present		Proposed		1. New Bldg. \$ 0
No. of Stories		0		0	2. Alteration \$ 700
Height of Structure		0 Ft.		0 Ft.	3. Total (1+2) \$ 700
Area Largest Floor		0 Sq. Ft.		0 Sq. Ft.	
New Bldg. Area/All Floors		0 Sq. Ft.		0 Sq. Ft.	Industrialized Building:
Volume of New Structure		0 Cu. Ft.		0 Cu. Ft.	[] State Approved
Total Land Area Disturbed		0 Sq. Ft.		0 Sq. Ft.	[] HUD

paid [] Check #	Administrative Surcharge	\$	0
Collected by:	Minimum Fee	\$	0
	TOTAL FEE	\$	8
	DCA State Permit Fee	\$	1

**Township of Brick
Zoning Permit**

Approved: Monday, May 19, 2003 **Number:** 809

Block 821 **Lot** 1 **Zone:** R-7.5

Property Address: 1612 West Princeton Avenue

Applicant: Harold E. Mathis

Property Owner: Harold E. & Joyce A. Mathis

Existing Use: Single Family Residential

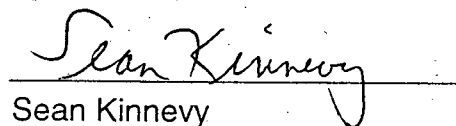
Proposed Use: Single Family Residential

Proposed Construction: Spaced picket fence, four (4) feet high.

Conditions: The fence must be set back at least 10 feet from the street pavement.
A minimum spacing of two (2) inches is required between pickets.

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)

MAY 19 2003

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

BLOCK 222 LOT 1821 QUALIFIER _____

PROPERTY ADDRESS 1612 W. PRINCETON AVE BRICK NJ 08724

PERSONAL NAME OF APPLICANT HAROLD E MATHIS

BUSINESS NAME OF APPLICANT NONE

MAILING ADDRESS OF APPLICANT 1612 W PRINCETON AVE BRICK NJ 08723

PROPERTY OWNER'S FULL NAME HAROLD E MATHIS & JOYCE A. MATHIS

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) _____ Height _____
☐ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☒ Shed - Height _____
☒ Fence - Type 4' Picket Height 4 FT
☐ 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

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

☐ 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.

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 Harold E Mathis Date MAY 18-2003

Reviewed by Zoning Office JK Date 5/19/03 (X) Approved () Denied

March 2003-----

TOWNSHIP OF BRICK

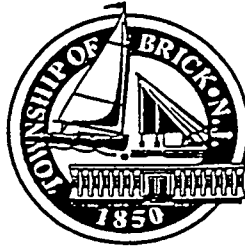
OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:

Steven N. Cucci — President
Stephen C. Acropolis
Kimberley S. Casten
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin
Frederick J. Underwood, Sr.



Department of Engineering

Office of the Municipal Engineer

(732) 262-1038

Fax: (732) 262-8954

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

Date: MAY 19 - 2003

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

Re: Block: ~~521~~ 72 Lot(s): ~~782~~ 1

Property Address: 1612 W PRINCETON AVE BRICK, NJ 08723

I, HAROLD E MATIAS of 1612 W PRINCETON AVE BRICK N.J.
(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.

[Signature]
(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.

For Office Use Only:

Approved: 5/21/03
(Date)

Signature: [Signature]

Rejected: _____
(Date)

Signature: _____



BEING LOTS 182 BLOCK 22 ON THE MAP OF "LAURELTON PARK"
MARCH 4, 1927 FILED IN THE OCEAN COUNTY CLERK'S OFFICE
SEPT. 25, 1929 AS MAP NO. A-328.

questions of the type "What is the probability of a certain event occurring?" are often asked in the context of a game of chance. For example, in a game of roulette, the probability of a certain number coming up is 1/37. This is because there are 37 possible outcomes, and only one of them is the number you are betting on.

SURVEY OF PROPERTY

TOWNSHIP OF BRICK
SCALE 1"=20'

WALTER J. PARTINGTON, INC.

LICENSED LAND SURVEYOR
SPRING LAKE HEIGHTS, N.J.

—

FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE
(REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE)
BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED
ON EACH LEVEL AND IN THE VICINITY OF THE SLEEPING ROOMS. AS
OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF
AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF
ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS
CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.

For work not requiring a fire inspection for fire alarms in accordance with the code,
homeowners or their agents (contractors) shall be required to confirm the
installation of these devices. This may be done by signing the below affidavit in lieu
of an inspection.

*****PLEASE READ AND SIGN*****

I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate
vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the
sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey
Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: Harold E Mathis 16120 Pennington Ave Bord NJ 08723
SIGNATURE: Harold E Mathis DATE: May 19, 2003
BLOCK: 22 LOT: 182 ADDRESS: _____

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 1612 W PRINCETON AVE BRICK, NJ-08723
Block: 82 Lot: 1
Owner's Name: HAROLD E MATTHEWS & JOYCE A MATTHEWS
Owner's Mailing Address: CAMP AS 08012
Phone: [REDACTED]

BUILDING

Contractor: _____
Address: HOME
OWNER INSTALLATION
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

INSTALLING 4' Picket Fence
App - 9 sec - 8' x 4' SECTIONS

Type of Work

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

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____
Cost of Alteration: \$ _____
Cost of New Building: \$ _____
Cost of Site Work \$ _____

Total Cost of New Building Work: \$ 700.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: [Signature]
Please Print Name HAROLD E MATTHEWS

ELECTRICAL

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

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____ KW
Oven/Surface Unit _____ KW
Electric Water Heater _____ KW
Electric Dryer _____ KW
Dishwasher _____ KW
Garbage Disposal _____ HP
A/C Unit - Central Air _____ KW
Space Heater/Air Handler _____ KW
Baseboard Heating _____ KW
Motors 1+ HP _____
Transformer/Generator _____ KW
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

PLUMBING

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

Technical Data

Fixtures	Quantity
Water Closets (Toilet) _____	
Urinals/Bidets _____	
Bath Tub (w/or w/out shower head) _____	
Lavatory (BR Sink) _____	
Shower _____	
Floor Drain _____	
Sink _____	
Dishwasher _____	
Drinking Fountain _____	
Washing Machine _____	
Hose Bib _____	
Gas Piping _____	
Fuel Oil Piping _____	
Water Heater _____	
Steam Boiler _____	
Hot Water Boiler _____	
Sewer Pump _____	
Interceptor/Separator _____	
Backflow Preventer _____	
Greasetrap _____	
Air Conditioner (Condensate Drain) _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Pool Heater _____	
Other: _____	

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar
Heating System is _____ New _____ Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____
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:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: _____