BLOCK 852 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 1759 RTE. #88 PERMIT NO. 03-0529

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 1759 ROUTE #88
2. Name of Owner in Fee: LAURELTON PLAZA OFFICES LLC.
   Address P.O. BOX 1802 (street), PT. PLEASANT (municipality) NJ 08742 (zip code) 732-892-4441
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: PHAROS CONTRACTING Tel. (732) 892-4441
   Address 315-321 HAWTHORNE AVE PT. PLEASANT NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3402045 FAX: (732) 892 4449
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work RICHARD BRANGENBERG
   Tel. (732) 996-1200 FAX (____) _____

Exterior demo.

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
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			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 16-18 ft.	
3. Area — Largest Floor 20,000 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 _____	

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work							11/20/04		DE
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 EXTERIOR	5,000								
TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☒ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

LDS BR 10401479

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name RICHARD BRANGENBERG

Address C/O PHAROS CONTRACTING 315-321 HAWTHORNE AVE.
PT. PLEASANT NJ. 08742

Telephone (732) 996-1300 (CELL)

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.									
☐									
☐									

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

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/21/2003
Control #
Permit # 03-0529

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 852 Lot 4 Qual

Work Site Location 1759 ROUTE 88
DEMO EXTERIOR OF BLDG.
Owner in Fee LAURELTON PLAZA OFFICES, LLC
Address P.O. BOX 1802
PT. PLEASANT, NJ 08742-
Telephone (732)892-4441

Contractor PHAROS CONTRACTING
Address P.O. BOX 1802
PT PLEASANT, NJ 08742-
Telephone (732)892-4441
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3402045

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
DEMO EXTERIOR OF BLDG. OVERHANG ONLY
ACTUAL COST $5,000

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 $ 10

D. Thurman 02/21/2003

Construction Official Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	1000
Cash	
Collected By	MJR

02/21/03 9:27AM 000000N7819
XXD2 SERV.002

#0529
BUILDING $35.00
CHECK $35.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/21/2003
Date Issued 02/21/2003
Control #
Permit # 03-0529

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

Block 852 Lot 4 Qual

Work Site Location 1759 ROUTE 88
DEMO EXTERIOR OF BLDG.

Owner in Fee LAURELTON PLAZA OFFICES, LLC
Address P.O. BOX 1802
PT. PLEASANT, NJ 08742-
Tele.(732)892-4441

Contractor PHAROS CONTRACTING
Address P.O. BOX 1802
PT PLEASANT, NJ 08742-
Tele.(732)892-4441 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3402045

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

DEMO EXTERIOR OF BLDG. OVERHANG ONLY
ACTUAL COST $5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 4-20-04
Approved By: FM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree	Need Debris Receipt			
Insulation				
Finishes	4/5/04			
Energy				
Mechanical				
TCO				
Other				
Final			4/20/04	SKA
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other EXT. DEMO	35
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
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 $ 10
3. Total (1+2)$ 10

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/21/2003
Date Issued 02/21/2003
Control #
Permit # 03-0529

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

Block 852 Lot 4 Qual
Work Site Location 1759 ROUTE 88
DEMO EXTERIOR OF BLDG.
Owner in Fee LAURELTON PLAZA OFFICES, LLC
Address P.O. BOX 1802
PT. PLEASANT, NJ 08742-
Tele.(732)892-4441
Contractor PHAROS CONTRACTING
Address P.O. BOX 1802
PT PLEASANT, NJ 08742-
Tele.(732)892-4441 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3402045

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

DEMO EXTERIOR OF BLDG. OVERHANG ONLY
ACTUAL COST $5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
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 $ 10
3. Total (1+2)$ 10

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other EXT. DEMO	35
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	0
TOTAL FEE	35
DCA State Permit Fee	0

Paid [ ] Check #
Collected by:

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/21/2003
Date Issued 02/21/2003
Control #
Permit # 03-0529

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

Block 852 Lot 4 Qual
Work Site Location 1759 ROUTE 88
DEMO EXTERIOR OF BLDG.
Owner in Fee LAUREL TON PLAZA OFFICES, LLC
Address P.O. BOX 1502
PT. PLEASANT, NJ 08742-
Tele. (732)892-4441
Contractor PHAROS CONTRACTING
Address P.O. BOX 1302
PT PLEASANT, NJ 08742-
Tele. (732)892-4441 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. 22-3402045

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

DEMO EXTERIOR OF BLDG. OVERHANG ONLY
ACTUAL COST 05,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
( ) No Plans Req.
( ) All
( ) Footing
( ) Foundation
( ) Frame
( ) Other
Joint Plan Review Required:
( ) Elect ( ) Plumb ( ) Fire
SUBCODE APPROVAL ( ) Elev
( ) CO ( ) CCO ( ) CA
Date:
Approved By:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK — FEE (Office Use Only)

( ) New Building	$ 0
( ) Addition	0
(X) Alteration	0
( ) Roofing	0
( ) Siding	0
( ) Fence 0 Height (exceeds 6')	0
( ) Sign 0 Sq. Ft.	0
( ) Pool	0
( ) Asbestos Abatement Subchapter 8	0
( ) Lead Haz. Abatement NJAC 5:17	0
(X) Other EXT. DEMO	35
Other	0
( ) Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
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 $ 10
3. Total (1+2)=3 10

Industrialized Building:
( ) State Approved
( ) HUD

Administrative Surcharge	$ 0
Paid ( ) Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 35
OCA State Permit Fee	$ 0

U.C.C. Fl.9 (rev. 2/93)

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1759 ROUTE # 88 BRICKTOWN NJ.
Block: 852 Lot: 4
Owner's Name: LAURELTON PLAZA OFFICES LLC.
Owner's Mailing Address: P.O. BOX 1802
Pt. Pleasant, NJ 08742
Phone: (732) 892-4441

BUILDING

Contractor: PHAROS CONTRACTING
Address: P.O. BOX 1802
PT. PLEASANT NJ. 08742
Phone#: (732) 892-4441
Lis #
Federal Emp # or SSN 22-3402045

Technical Data

Description of Work:

DEMOLITION OF EXTERIOR ARCHES AND MANSARD ROOF.

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
X Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories: 1
Height of Structure: 16-18'
Area of the largest floor: 20,000
Area of New Structure: same.
Volume of New Structure: same.
Total Land Disturbed: same
Cost of Alteration: $ $5,000.
Cost of New Building: $
Total Cost of New 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: R.A. Brangenberg
Please Print Name R.A. BRANGENBERG

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:_____

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

COPY

TOWNSHIP OF BRICK
Debris Form

Work Site Address 1759 Route #88 Bricktown, N.J.

Block 852 Lock 4

Contractor F+A Sales & Service Group Inc / DEP # 1887 NJ

Contractor's Address P.O. Box 394 - Cherry Hill, NJ 08034

Type of Construction (minor, new home) Interior & Exterior Demolition

Type of Debris (shingles, siding, wood, etc.) Construction D&C

Party Responsible for removal F+A Sales & Service Group Inc

Dumpster Size 30 & 40 yd

Destination of Debris Discard Penn Sachem Landfill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

William Stancill — 1-29-03
Signature — Date

William Stancill
Print Name