

BLOCK 819 LOT 25 QUALIFICATION CODE _____ ADDRESS (SITE) 1554 Forfe Penn PERMIT NO. 04-0477



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1554 Forfe Penn

2. Name of Owner in Fee: George Stuyvenant Tel. ()
Address, 1554 Forfe Penn street municipality zip code

3. Ownership in Fee: Public ☒ Private ☐

4. Principal Contractor: R. Nulle Tel. ()
Address 102 Wimpuram Dr. Bannock N.T.
License No. OR, if new home. Builder Reg. No. Exp. Date
Federal Employee No. [REDACTED] FAX: ()

5. Architect or Engineer Tel. ()
Address Contact

6. Responsible Person in Charge once Work has Begun R. Nulle
Tel. (609) 6983832 FAX: ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>84</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Fee Surcharge	\$ <u>4</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories	
2. Height of Structure	ft.
3. Area — Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. Construction Classification	
7. Total Land Area Disturbed	sq. ft.
8. Flood Hazard Zone	
9. Base Flood Elevation	ft.
10. Wetlands	yes _____ no _____
11. Max. Live Load	
12. Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates		Re-viewer
							Approval	Rejection	
1. ☐ Minor Work	<u>2950</u>								
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

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

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs
	7. ☐ Sprinklers	

127 518-4

LDS BR-B 10677578

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

R. Null

Date

2/20/2009

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

R. Null

Address

102 WINDHAM DR
BRANT N.J.

Telephone

(619) 692 3832

Signature

R. Null

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Constituent Contact Report

[illegible]



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/13/2007
Tracking Number _____
Permit Number 04-0477
Permit Issue Date 02/20/2004
Certificate Number 04-0477

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1554 FORGE POND RD ROOF, NJ Block: 819 Lot: 25 Qual: _____
Owner in Fee: STEWART, GEORGE
Owner Address: SAME BRICK NJ 08724-
Telephone: / -
Contractor _____
Address _____
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use: _____

Certificate Comments: _____

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

Construction Official _____

Date Printed: 02/13/2007

Fee: \$0.00
Check Number: _____
Collected By: _____

Page 1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

NEW JERSEY
CONSTRUCTION
PERMITS

Date Issued 02/20/2004
Control #
Permit # 04-0477

IDENTIFICATION Dist 819 Lot 25
Work Site Location 1554 FORGE POND CV
Order in Fee STEWART, GEORGE
Address SAME
Telephone BRICK, NJ 08724

Contractor RDM NOLLE
Address 102 WILMARD DR
BRIDGESET, NJ 08995-
Telephone ()
Lic. No. or Bldg. No. [REDACTED]
Federal Emp. No. [REDACTED]

Is hereby granted permission to perform the following work:
☒ BUILDING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter B only)
DESCRIPTION OF WORK:
ROOF

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.

Collected Fee of Work \$ 2,550
D.F. Newman, Jr.
Construction Official 02/20/2004

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

Date

PAYMENTS (Office Use Only)
Building 84
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCR State Permit Fee 4
Cert. of Occupancy 0
Other
Total 88
Check No. X
Cash X
Collected By EMP

02/20/04 3:40PM 00000087061
XX07 SERV.007
#040477
BUILDING \$84.00
DCR \$4.00
***TOTAL \$88.00
CASH \$88.00
CHANGE \$0.00

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

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/20/2004
Date Issued 02/20/2004
Control #
Permit # 04-0477

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

Block 819 Lot 25 Qual
Work Site Location 1554 FORGE POND RD
ROOF

Owner in Fee STEWART, GEORGE
Address SAME
BRICK, NJ 08724-

Tele. () -

Contractor RDM NULLE

Address 102 WINDHARD DR
BARNABET, NJ 08005-

Tele. () Fax ()

Lic. No. of Bldrs. Reg. No.

Federal Emp. No.

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: 2-13-07
Approved By: [Signature]
INSPECTIONS
Type Failure Failure Approval Initial
Footing
Foundation
Slab
Frame
BarrierFree
Insulation
Finishes
Energy
Mechanical
TCO
Other
Final
BarrierFree

B. BUILDING CHARACTERISTICS
Use Group Present Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

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

ROOF

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
Other
☐ Demolition

FEE (Office Use Only)

Est. Cost of Bldg. Work:
1. New Bldg. \$ 0
2. Alteration \$ 2,950
3. Total (1+2) \$ 2,950
Paid ☐ Check # Administrative Surcharge
Collected by: Minimum Fee
TOTAL FEE
DCA State Permit Fee

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

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/20/2004
Date Issued 02/20/2004
Control #
Permit # 04-0477

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

Block 819 Lot 25
Work Site Location 1524 FURSE POND RD

ROOF

Owner in Fee STEWART, GEORGE

Address SAME

BRICK, NJ 08724-

Tele. ()

Contractor ROY HULE

Address 102 WINDWARD DR

BARNABET, NJ 08005-

Tele. () Fax ()

Lic. No. of Bidr. Eng. No.

Federal Emp. No.

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

Type Failure Failure Approved Initial

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

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

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 2,950

3. Total (1+2) \$ 2,950

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

ROOF

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

Other

☐ Demolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 84

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 84

\$ 4

\$ 4

\$ 4

\$ 4

\$ 4

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

UCJ NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/20/2004
Date Issued 02/20/2004
Control #
Permit # 04-0477

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIS NO: 1-800-972-1000

Block 219 Lot 25
Map 1
Map Site Location 1554 FORCE ROAD RD

Owner in Fee STEPHEN, GEORGE

Address 540
BRICK, NJ 08724

Contractor DON MOLE

Address 162 WINDWARD DR
BARNABET, NJ 08005

Telephone
Fax

Lic. No. or Dist. Reg. No.

Federal Emp. No.

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Final

☐ Re-Plan Req.	Inspection	Date (Month/Day)	Failure	Approval	Initial
☐ All	Feeling				
☐ Section	Foundation				
☐ Foundation	Slab				
☐ Frame	Frame				
☐ Other	Barriers				
Joint Plan Review Required	Insulation				
☐ Elect ☐ Piped ☐ Fire	Finishes				
SUBCODE APPROVAL ☐ Elev	Energy				
☐ CO ☐ CIO ☐ CA	Mechanical				
Date:	TCO				
Approved By:	Other				
	Fiscal				
	Barriers				

B. BUILDING CHARACTERISTICS

Use Group Present	Proposed E-5	Est. Cost of Bldg. Work:
Const. Class Present	Proposed	1. New Bldg. \$
No. of Stories	0	2. Alteration \$
Height of Structure	0 ft.	3. Total (1+2) \$
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

ROOF

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Alteration
 - ☐ Roofing
 - ☐ Siding
 - ☐ Fence
 - ☐ Sign
 - ☐ Pool
 - ☐ Asbestos Abatement Subchapter 8
 - ☐ Lead Haz. Abatement NIRC 5:17
 - ☐ Other
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge
Paid ☐ Check #
Collected by: MINIMUM FEE
TOTAL FEE
OCA State Permit Fee

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 1554 Ford Road
 Block: 819 Lot: 25
 Owner's Name: George Starns
 Owner's Mailing Address: Jimmy

Phone: ()

BUILDING

Contractor: R. Nully
 Address: 102 W. Main St
 Phone#: 341
 Lis #:
 Federal Emp # or SSN:

Technical Data

Description of Work:

Roof

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: \$ 29,000

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: Ron Nully

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 HP
 Garbage Disposal KW
 A/C Unit - Central Air KW
 Space Heater/Air Handler KW
 Baseboard Heating KW
 Motors 1+ HP KW
 Transformer/Generator AMP
 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

TOWNSHIP OF BRICK

Debris Form

Work Site Address: 1554 Fern Pond

Block: 819 Lot: 25

Contractor: Ron Nully

Contractor's Address: 102 Windward Dr. Barnet

Type of Construction (minor, new home): Roofing

Type of Debris (shingles, siding, wood, etc.): Shingles

Party responsible for removal: MAB

Dumpster size: 20 yd.

Destination of debris: Landfill market

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.

Ron Nully
Signature

Ron Nully
Print Name

2/20/07
Date