BLOCK 833 LOT 42 C10-42 QUALIFICATION CODE _____ ADDRESS (SITE) 1639 Tilford Blvd PERMIT NO. 98-3182

RECEIVED
AUG 07 1998
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1639 Tilford Blvd
2. Name of Owner in Fee: Danny M. Moich Tel. [redacted]
   Address 1639 Tilford Blvd. (street) Brick (municipality) 08723 [redacted]
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: as above Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer as above Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work owner
   Tel. ( ) _____ FAX ( ) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	165.	115
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		11.	
10.	Subtotal			
11.	Cert. of Occupancy		35.	
12.	Other ZA PP		$39	
13.	TOTAL	$	241.	115

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1.	Number of Stories	2 car Garage	
2.	Height of Structure	20'-6" ft.	
3.	Area — Largest Floor	529 sq. ft.	
4.	New Building Area	576 sq. ft.	
5.	Volume of New Structure	6608 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		

detached 2 car Garage

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									
2.	☐ New Building									
3.	☑ Addition	7000	SS			9/5/98 FM		3/9/99		
4.	☑ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		EWR	8/14/98		8/14/98	JL			
	TOTAL COSTS	7000								

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:

Called 9-16-98

LDS BR 10512395

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

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

D. (X) 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 Danny M Daoud Date 8/5/98

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.									
☐									
☐									

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/16/99
Control #
Permit # 98-3182

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 833 Lot 42 Qual
Work Site Location 1639 TILFORD BLVD
DETACHED GARAGE
Owner in Fee/Occupant MOICH, DANNY
Address SAME
BRICK, NJ 08723-
Telephone [redacted]
Contractor H O M E O W N E R
Address

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

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

2 CAR DETACHED GARAGE

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

J. Cuniazza
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 35
Paid [X] Check No. 157
Collected by: CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/16/98
Control #
Permit # 98-3182

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 833 Lot 42 Qual

Work Site Location 1639 TILFORD BLVD
DETACHED GARAGE
Owner in Fee MOICH, DANNY
Address SAME
BRICK NJ 08723
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
2 CAR DETACHED GARAGE

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 $ 7,000

J. Carranza / MS
Construction Official

09/16/98
Date

U.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	165
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	11
Cert. of Occupancy	35
Other 2 PED	30
Total	211
Check No.	157
Cash	
Collected By	CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 02/10/99
Control #
Permit # 98-3182+A
Permit Issued 09/16/98

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 833 Lot 42 Qual

Work Site Location 1639 TILFORD BLVD
UPGRADE SER. AND AMP SERV
Owner in Fee MOICH, DANNY
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor PALAZZO ELECTRICAL CONT
Address 139 ARIZONA AVE
TOMS RIVER, NJ 08753-
Telephone (732)255-5903
Lic. No. or Bldrs. Reg. No. 10323
Federal Emp. No. 22-3075247

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
NEW SERVICE UNDERGROUND TO GARAGE 200 AMP AND HOUSE 150 AMP SERVICE

PAYMENTS (Office Use Only)

Building	0
Electrical	115
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	115
Check No.	1517
Cash	
Collected By	CAS

Estimated Cost of Work $ 1,800

J. Carnevale / CAS
Construction Official

02/10/99
Date

U.C.C. P190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/07/98
Date Issued 9/16/98
Control # C10-42
Permit # 98-3182

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

Block 653 Lot 42 Qual
Work Site Location 1639 TILFORD BLVD
DETACHED GARAGE
Owner in Fee HOICH, DANNY
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

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

2 CAR DETACHED GARAGE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9-15-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elect [ ] Plumb [ ] Fire		
SUBCODE APPROVAL [ ] Elev		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing			9-22-98	WS
Foundation			10-1-98	WS
Slab Slathing			11/12/98	SW
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			3/9/99	
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed U	
Constr. Class	Present	Proposed	
No. of Stories		0	
Height of Structure		21	Ft.
Area Largest Floor		529	Sq. Ft.
New Bldg. Area/All Floors		576	Sq. Ft.
Volume of New Structure		6,608	Cu. Ft.
Total Land Area Disturbed		0	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 7,000
2. Alteration $ 0
3. Total (1+2) $ 7,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK

		FEE (Office Use Only)
[ ] New Building		$ 0
[X] Addition		165
[ ] 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
[ ] Other		0
Other		0
[ ] Demolition		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 165
	DCA Training Fee	$ 11

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/10/99
Date Issued 02/10/99
Control #
Permit # 98-3182+A

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

Block 833 Lot 42 Qual
Work Site Location 1639 TILFORD BLVD
UPGRADE SER. AND AMP SERV
Owner in Fee HOICH, DANNY
Address SAME
BRICK, NJ 08723-
Tele [redacted] Fax ( )
Contractor PALAZZO ELECTRICAL CONT
Address 139 ARIZONA AVE
TOMS RIVER, NJ 08753-
Tele.(732)255-5903
Lic. No. or Bldrs. Reg. No. 10323
Federal Emp. No. 22-3075247

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 2/10/99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
6		Lighting Fixtures	
6		Receptacles	
4		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
16		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	150	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other 200 AMP SERV	40
		Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	115
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: August 11, 1998 1998 - 1343

Block 833 Lot 42 Zone R-7.5

Property Address: 1639 Tilford Boulevard

Owner: Dan and Beatrice Moich (Phone): [redacted]

Applicant: Same (Phone): Same

Existing Use: Single-family dwelling.

Proposed Use: Single-family dwelling.

Proposed Construction (if any): 24' by 24' detached garage; 20'6" high.

Conditions: The garage must be setback at least 5 feet from the side and rear property lines.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which 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)

BLOCK 833 LOT 42

PROPERTY ADDRESS 1639 Tilford Blvd 08723

NAME OF OWNER Dan & Beatrice Moich OWNER'S PHONE [redacted]

NAME OF APPLICANT " " D. & B. Moich

APPLICANT'S COMPLETE ADDRESS 1639 TILFORD BLVD BRICK 08723

APPLICANT'S PHONE NUMBER ( ) APPLICANT'S BUSINESS NAME

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot ☒ Single Family Dwelling ☐ Condo or Apartment
- ☐ Commercial (please describe)
- ☐ Other (please describe)

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot ☒ Single Family Dwelling ☐ Condo or Apartment
- ☐ Commercial (please describe)
- ☐ Other (please describe)

PROPOSED CONSTRUCTION

All Dimensions → 24'-0" W 24'-0" L 20'-6" Ht

[redacted] Garage ☐ Attached ☒ Detached

Fence Type Ht

CHECKLIST:

- ☐ All information completed above
- ☐ Two (2) accurate Survey / Plot Plans containing:
  - ☐ all existing and proposed structures
  - ☐ all dimensions of lot and structures
  - ☐ set backs to all property lines
  - ☐ all streets and waterways shown
- ☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

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 Danny M. Moich Date 8/5/98

Reviewed by Zoning Officer Date 8/10/98 ☒ Approved ☐ Rejected

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/19/2001
Control #
Permit #

UCC NEW JERSEY

NOTICE AND ORDER OF PENALTY

IDENTIFICATION

Work Site Location 1639 TILFORD BLVD Block 833 Lot 42

Owner in Fee HOICH, DANNY
Address

Agent/Contractor
Address

ACTION

Date of Notice 07/19/2001 Compliance Due Date 07/31/2001 Date of Inspection 07/19/2001

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
NJAC 5:23-2.14 PERMIT REQUIRED, EXCEEDING SCOPE OF PERMIT
CONVERTING ATTIC TO HABITABLE SPACE NO PLUMBING OR ELECTRICAL PERMITS FINES ARE PER SUBCODE

You are hereby ordered to terminate the said violations on or before 07/31/2001. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[ ] Failure to comply with this Order will subject you to a penalty of $ 0 per week.

[X] You are hereby ordered to pay a penalty in the amount of $ 500 for each violation for a total penalty of $ 1500. Each week that any of the said violations remain outstanding after 07/31/2001 shall result in an additional penalty of $500 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the BOARD OF APPEAL/OCEAN COUNTY within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTT PLACE, TOMS RIVER, NJ 08753.

If you have any questions concerning this matter, please call: JOE CURIALZA, CONSTRUCTION OFFICIAL 732-262-1030.

NOTICE OF VIOLATION AND ORDER TO TERMINATE: Frank Muga SCO DATE: 7-19-01

NOTICE AND ORDER OF PENALTY: CO DATE:

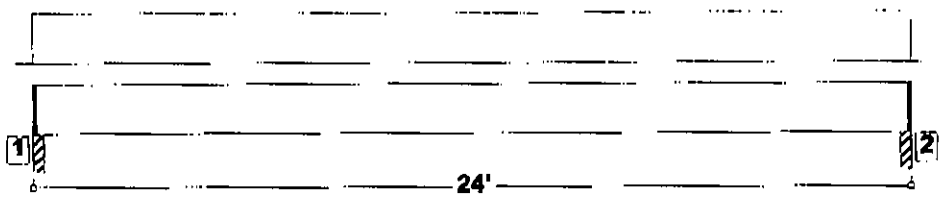
Trus Joist MacMillan

TJ-Beam™ v6.20 Serial Number: 706001968
BEAMUSA 1111 8/21/98 10:05:23 AM
Page 1 of 1 Build Code: 070

GARAGE CEILING BEAM

5.25" x 16" 2.0E Parallam® PSL

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED



Product Diagram is Conceptual.

LOADS:

Analysis for BEAM MEMBER Supporting FLOOR - RES. Application. Tributary Load Width: 12'
Loads(psf): 20 Live at 100% duration, 10 Dead, 0 Partition

SUPPORTS:

		INPUT WIDTH	BEARING LENGTH	JUSTIFICATION	REACTIONS(lbs.) LIVE/ DEAD/ TOTAL	DETAIL	OTHER
1	Column	3.50"	2.25"	Left Face	2880 / 1755 / 4635	Detail A3	1.25" LSL Rim
2	Column	3.50"	2.25"	Right Face	2880 / 1755 / 4635	Detail A3	1.25" LSL Rim

- See TJM SPECIFIER'S / BUILDER'S GUIDES for detail(s): A3.

DESIGN CONTROLS:

	MAXIMUM	DESIGN	CONTROL	CONTROL	LOCATION
Shear(lb)	4571	4008	16240	Passed(25%)	LT. end Span 1 under Floor loading
Moment(ft-lb)	27044	27044	52430	Passed(52%)	MID Span 1 under Floor loading
Live Defl.(in)		0.496	0.789	Passed(L/573)	MID Span 1 under Floor loading
Total Defl.(in)		0.798	1.183	Passed(L/356)	MID Span 1 under Floor loading

- Deflection Criteria: STANDARD(LL:L/360, TL:L/240).
- Bracing(Lu): All compression edges (top and bottom) must be braced at 2' 8" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.

ADDITIONAL NOTES:

- IMPORTANT! The analysis presented is output from software developed by Trus Joist MacMillan(TJM). TJM warrants the sizing of its products by this software will be accomplished in accordance with TJM product design criteria and code accepted design values. The specific product application, input design loads, and stated dimensions have been provided by the software user. This output has not been reviewed by a TJM Associate.
- Not all products are readily available. Check with your supplier or TJM technical representative for product availability.
- THIS ANALYSIS FOR TRUS JOIST MacMILLAN PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.
- Allowable Stress Design methodology was used for Code BOCA analyzing the TJM Residential product listed above.

OPERATOR NOTES

BEAM SUPPORTS 12 FOOT CEILING JOIST EACH SIDE
ATTIC STORAGE ONLY

PROJECT INFORMATION

MOICH JOB

OPERATOR INFORMATION:

BUILDERS GENERAL SUPPLY
BRUCE TATTI
15 SYCAMORE AVE
LITTLE SILVER N.J. 07739
732 747 0808 PHONE
732 741 1095 FAX

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation _____ Plan Review # _____

Fee _____ Date 8-20-98

JURISDICTION Building (City, County, Township etc.)

BUILDING LOCATION 1639 Telford (Street address)

BUILDING DESCRIPTION Garage

REVIEWED BY FM

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No	DESCRIPTION	Code Section
(1)	Need More Details	
	A- Garage Slab (sloped to Door?)	
	B- Support For Girder?	
omitted	C- How does Steel Girder Attach To Support	
	D- Supply AISC Design Specs on Girder	
2x4	E No Wall Framing Info	
16" on center	F Spacing on 2x6 Rafters?	
2x8	G Ridge Size	
	H Header Sizes over Doors/Windows	
6/26/98		
Called 349-1744		
Left message		
Header		
Built up		
N.G.		
	Owner called 9:40 FM	

TOWNSHIP OF BRICK

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

Department of Engineering

Municipal Engineer
(908) 262-1038
Fax (908) 920-4850

DATE: 8/5/98

Municipal Engineer
401 Chambers Bridge Road
Brick NJ 08723

RE: Block: 833 Lot: 42

Dear Sir;

I, Danny M. Moich (Name) of 1639 Dilford Blvd (Address) request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours

Danny M Moich
Applicant's signature

458-5309
Phone #

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved X DATE: 8/14/98 BY: S Stat

Rejected DATE: _____ BY: _____

REMARKS: _____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/07/2001
Control #
Permit # 98-3182

UCC NEW JERSEY

NOTICE OF VIOLATION AND ORDER TO TERMINATE

IDENTIFICATION

Work Site Location 1639 TILFORD BLVD Block 833 Lot 42

Owner in Fee MOICH, DANNY
Address

Agent/Contractor
Address

ACTION

Date of Notice 06/07/2001 Compliance Due Date 06/30/2001 Date of Inspection 06/06/2001

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:

NJAC 5:23-2.31 COMPLIANCE
EXTERIOR STAIR AND DORWAY ADDED TO GARAGE NOT SHOWN ON PERMIT COPY OF DRAWING AND APPLICATION, CALL TO SCHEDULE INSPECTION

You are hereby ordered to terminate the said violations on or before 06/30/2001. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[X] Failure to comply with this Order will subject you to a penalty of $ 500 per week.

[ ] You are hereby ordered to pay a penalty in the amount of $ 0 for each violation for a total penalty of $ 0. Each week that any of the said violations remain outstanding after / / shall result in an additional penalty of $ 0 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the BOARD OF APPEAL/OCEAN COUNTY within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

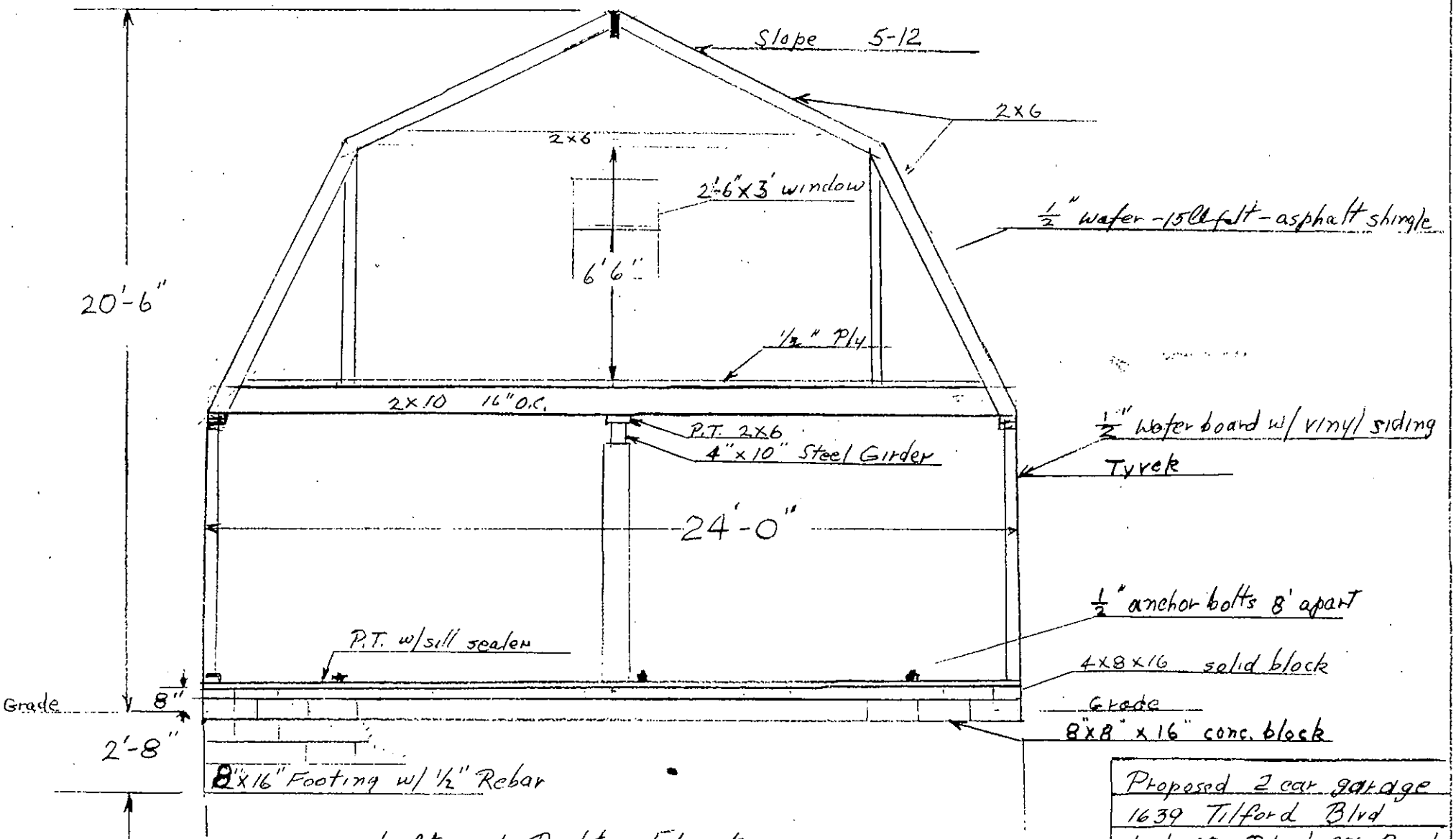
The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTT PLACE, TOMS RIVER, NJ 08753.

If you have any questions concerning this matter, please call: JOE CURIAZZA, CONSTRUCTION OFFICIAL 732-262-1030.

NOTICE OF VIOLATION AND ORDER TO TERMINATE: Frank Miya SCO DATE: 6-7-01

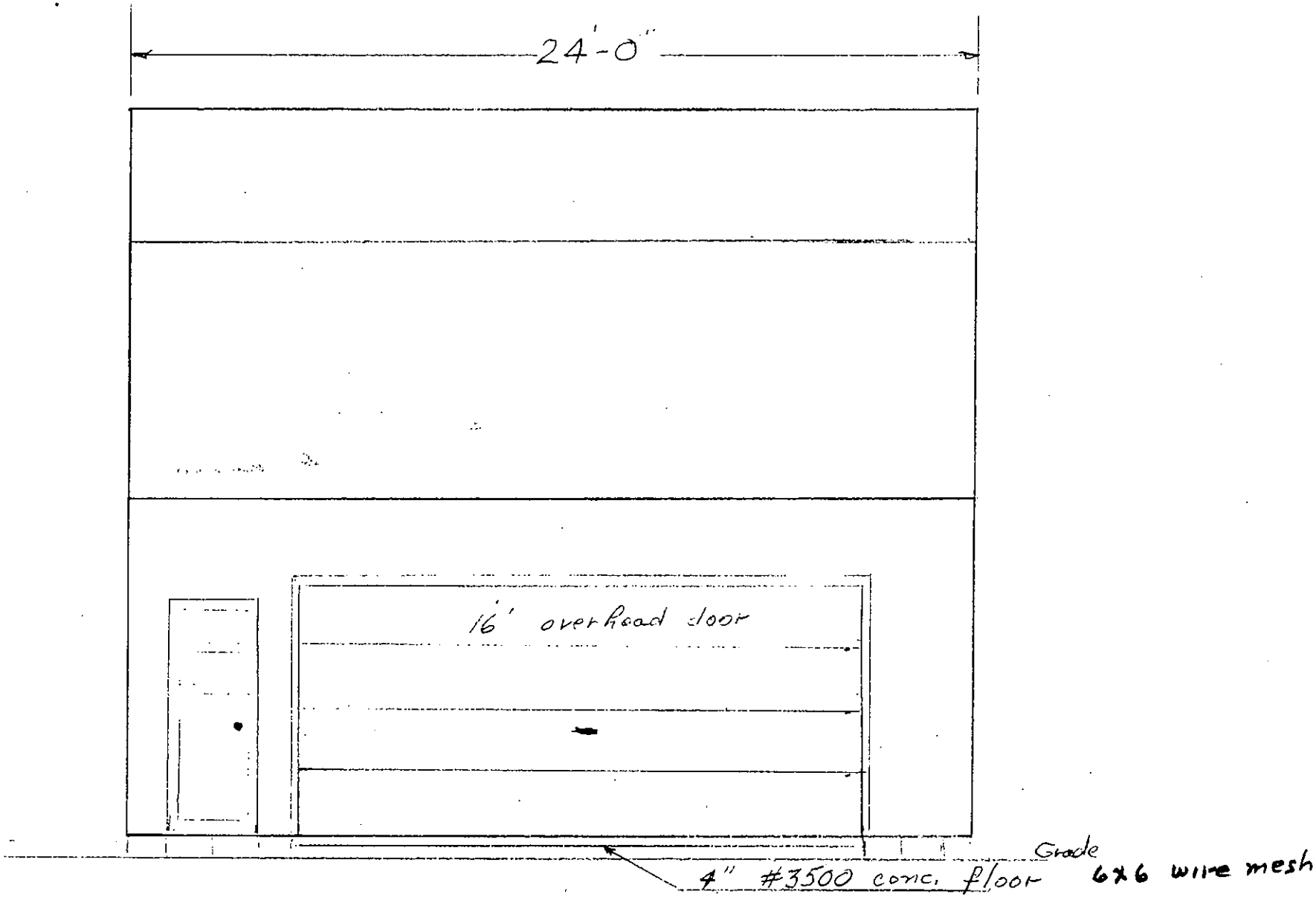
NOTICE AND ORDER OF PENALTY: SO DATE:

U.C.C. F210 (rev. 3/96)



Left and Right Elevations

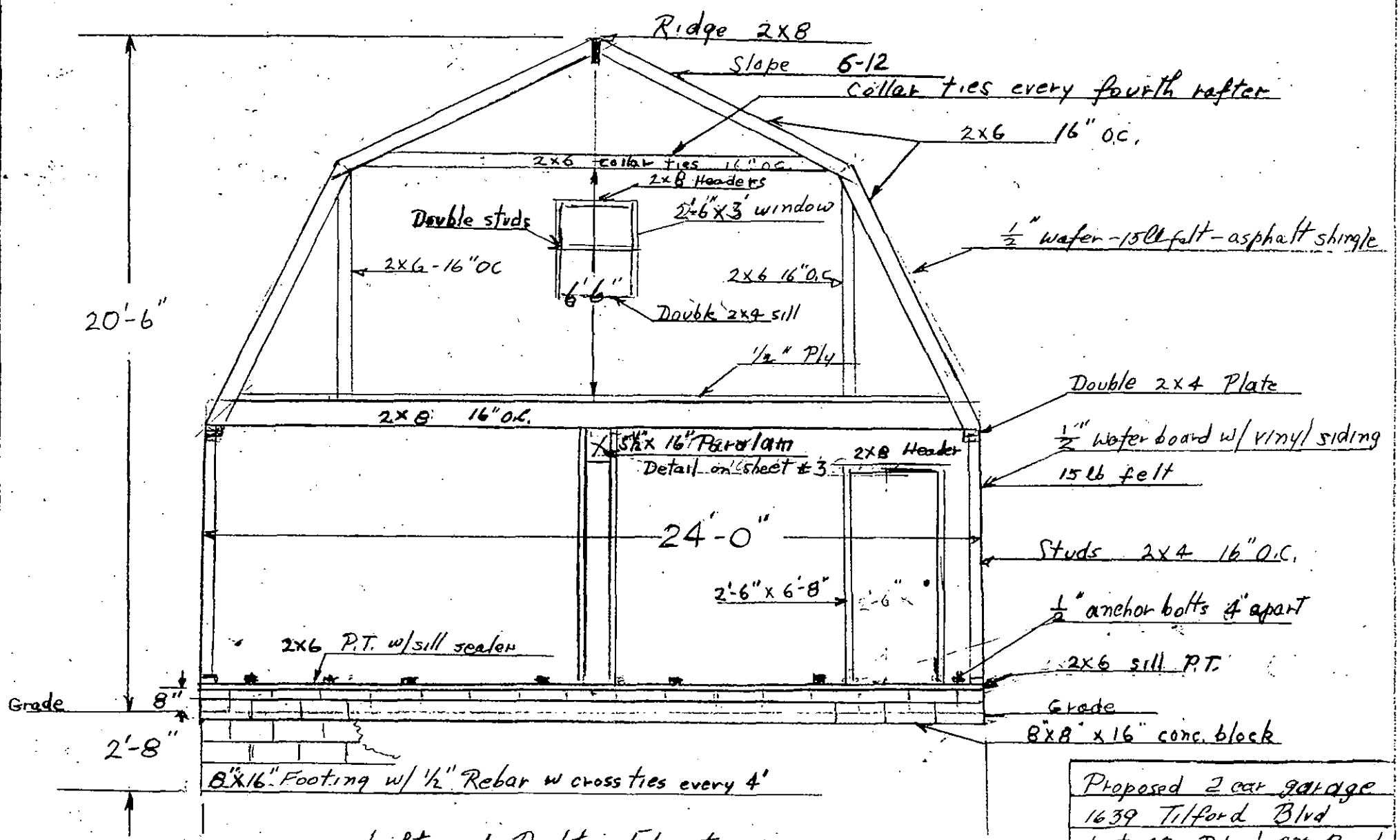
Proposed 2 car garage		
1639 Tilford Blvd		
Lot 42 Block 833 Brick		
1"=4'	Dan Moich	8-5-98 1 of 2



Front Elevation

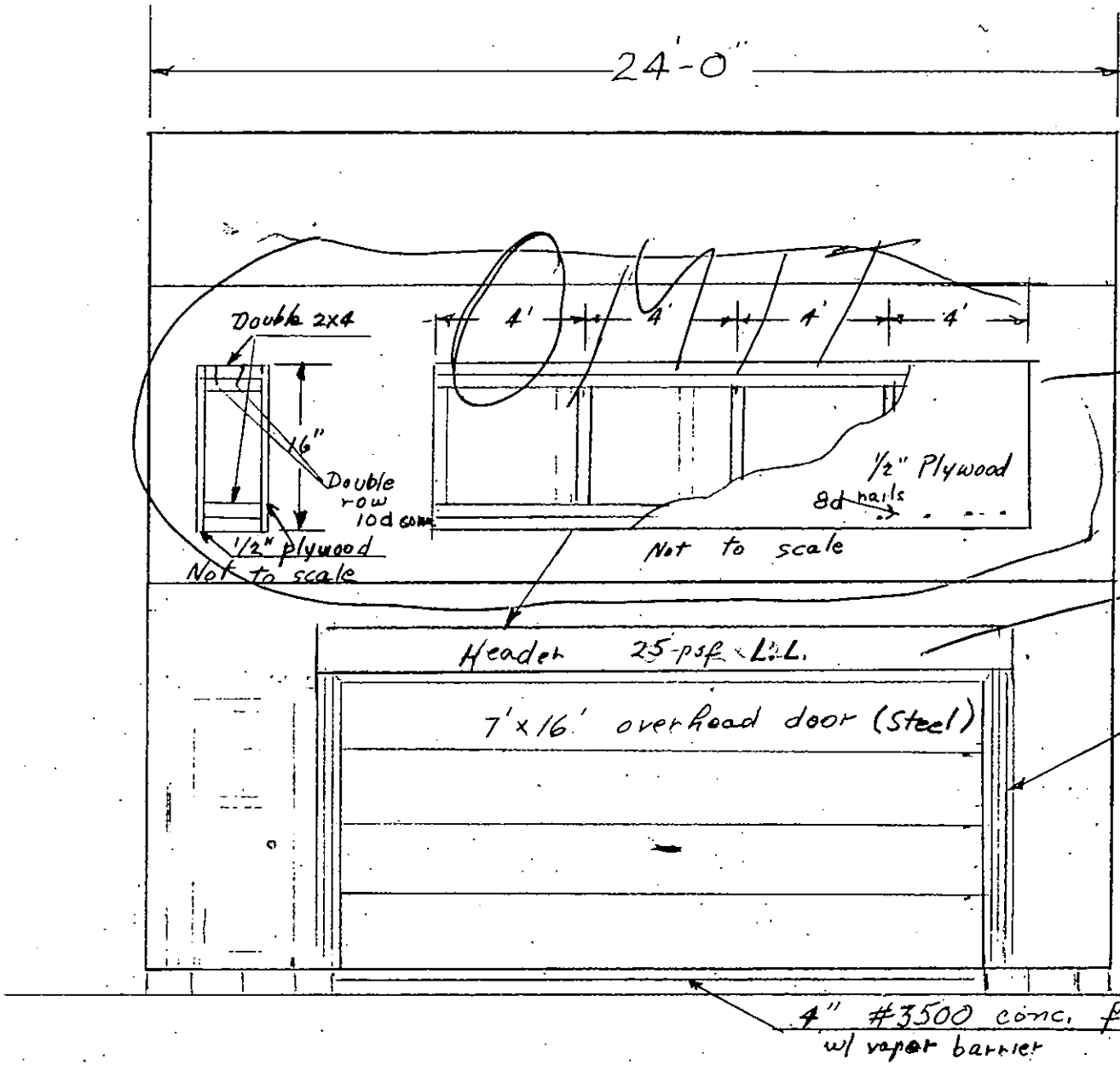
Proposed 2 car garage			
1639 Tilford Blvd			
Lot 42 Block 833 Brick			
1"=4'	Dan March	8-5-98	2 of 2

Revised plans 8/21/98 ✓
9/14/98 - Header



Left and Right Elevations

Proposed 2 car garage		
1639 Tilford Blvd		
Lot 42 Block 833 Brick		
1"=4'	Dan Molch	8-98

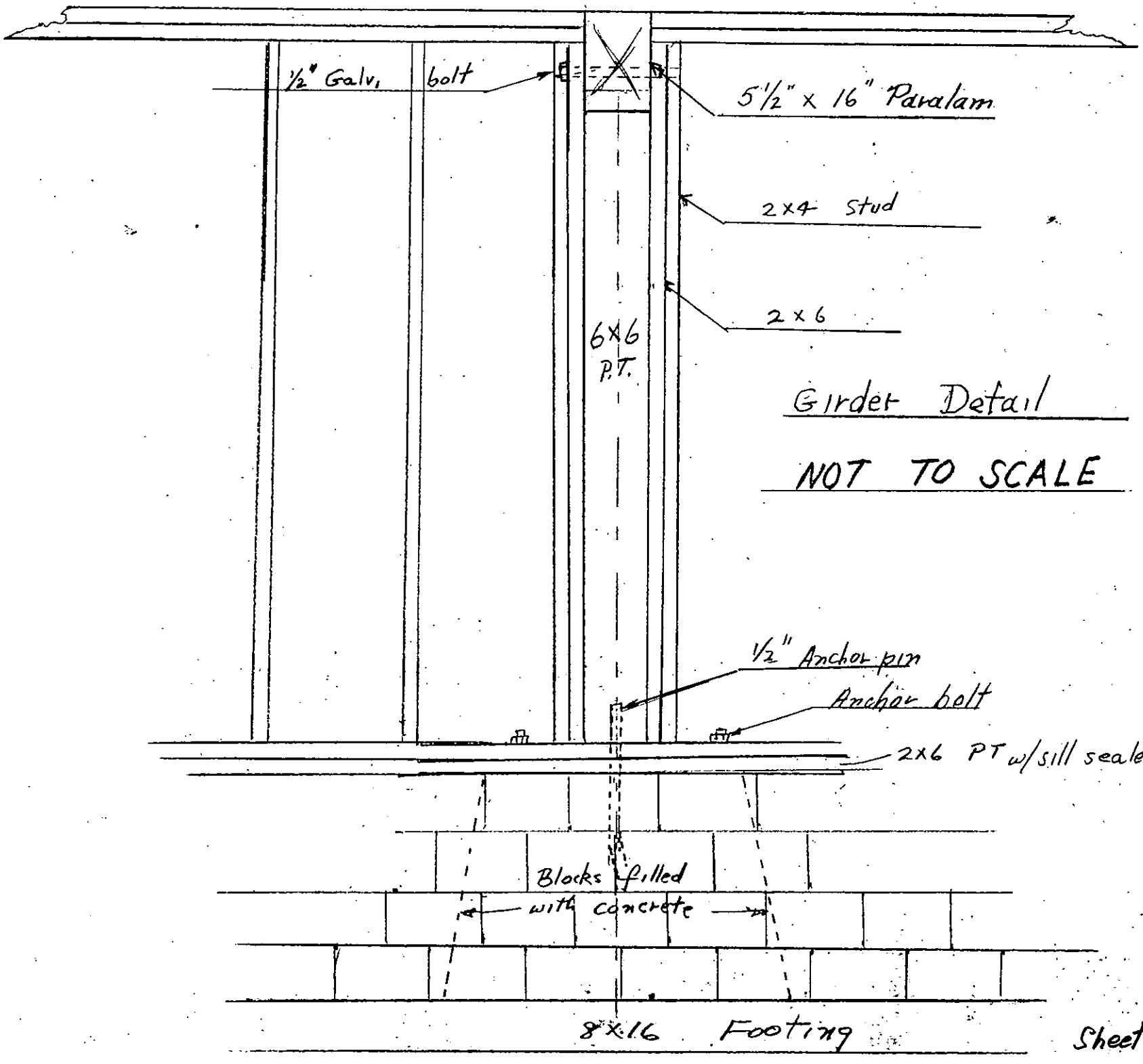


Substitute
5 1/4 x 12
Parallam

Micro lam
Specs on File
FM

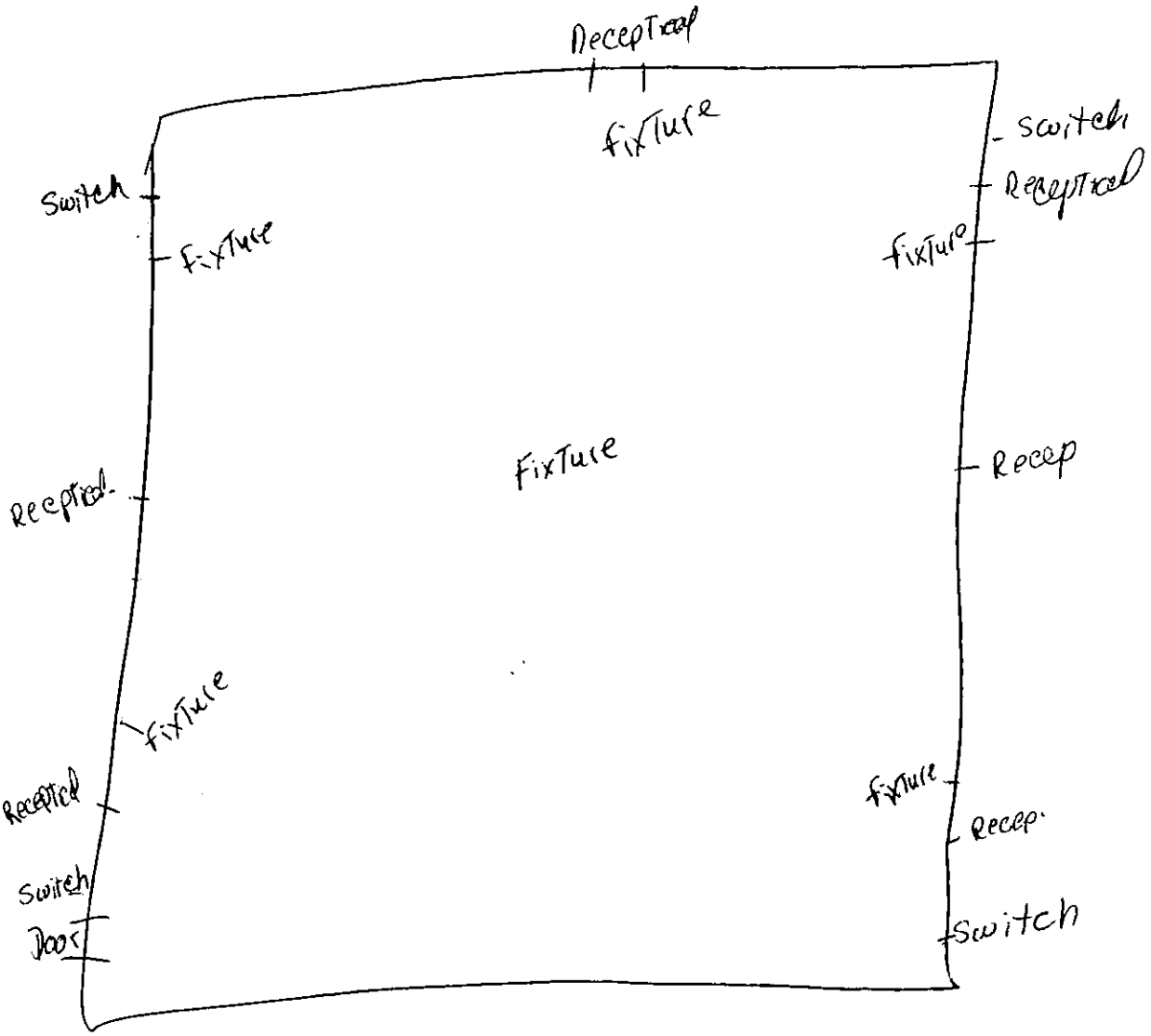
Front Elevation

Proposed 2 car garage			
1639 Tilford Blvd			
Lot 42 Block 833 Brick			
1"=4'	Dan Morch	8-5-98	2 of 3



Girder Detail

NOT TO SCALE



1639 Tilford Blvd
Brick NJ 08724
Mich.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Danny Moich
1639 TILFord Blvd
BRICK

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery

C. Signature

X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7099 - 3400 - 0001 - 0145 - 7956

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0962

TOWNSHIP OF BRICK
DIVISIONS OF INSPECTIONS
401 Chambers Bridge Road
Brick, NJ 08723

CERTIFIED MAIL

7099 3400 0001 0145 7956

BRICK NJ JUN-7'01 U.S.POSTAGE $3.74

1st NOTICE
2nd NOTICE
RETURNED

RETURNED TO SENDER UNCLAIMED

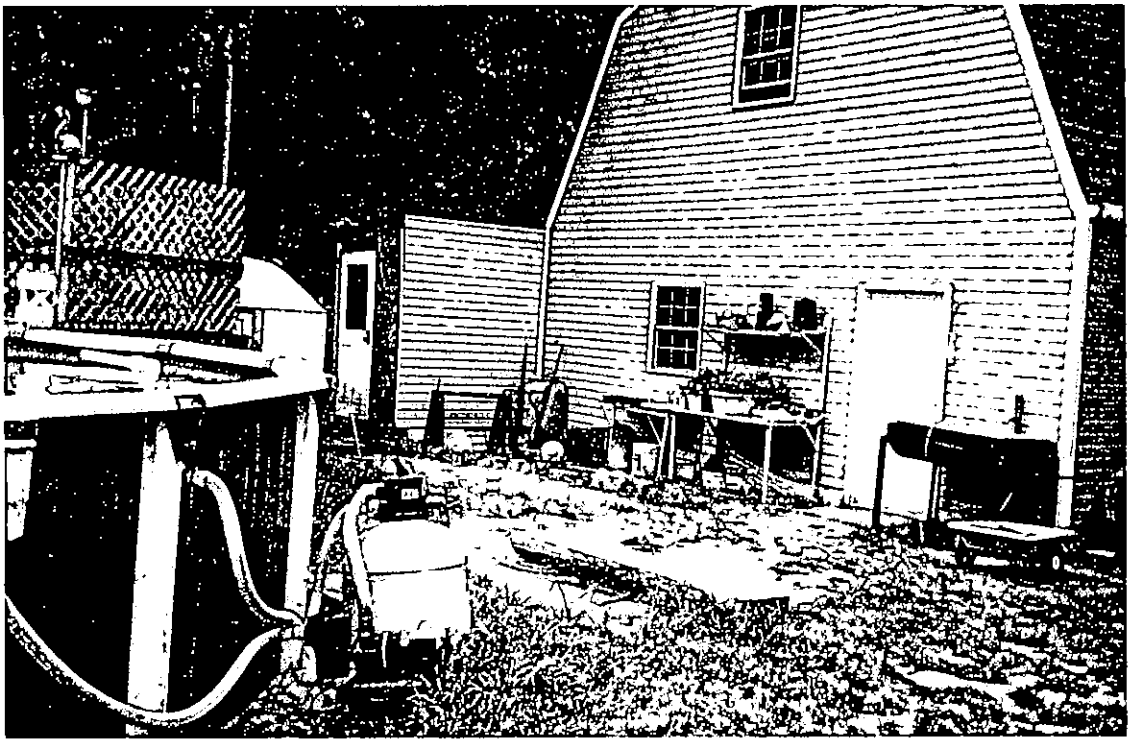
B-211.33
31 & 32

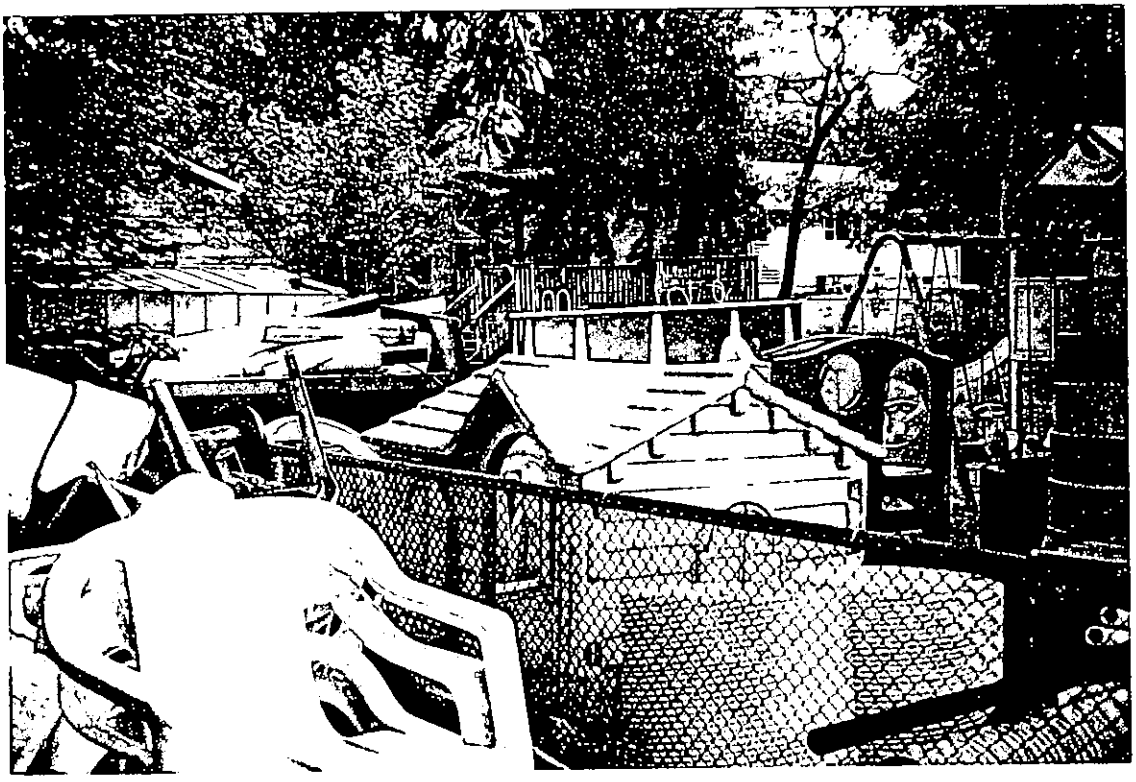
Mr March
1639 Tilford blvd
Brick NJ
08723

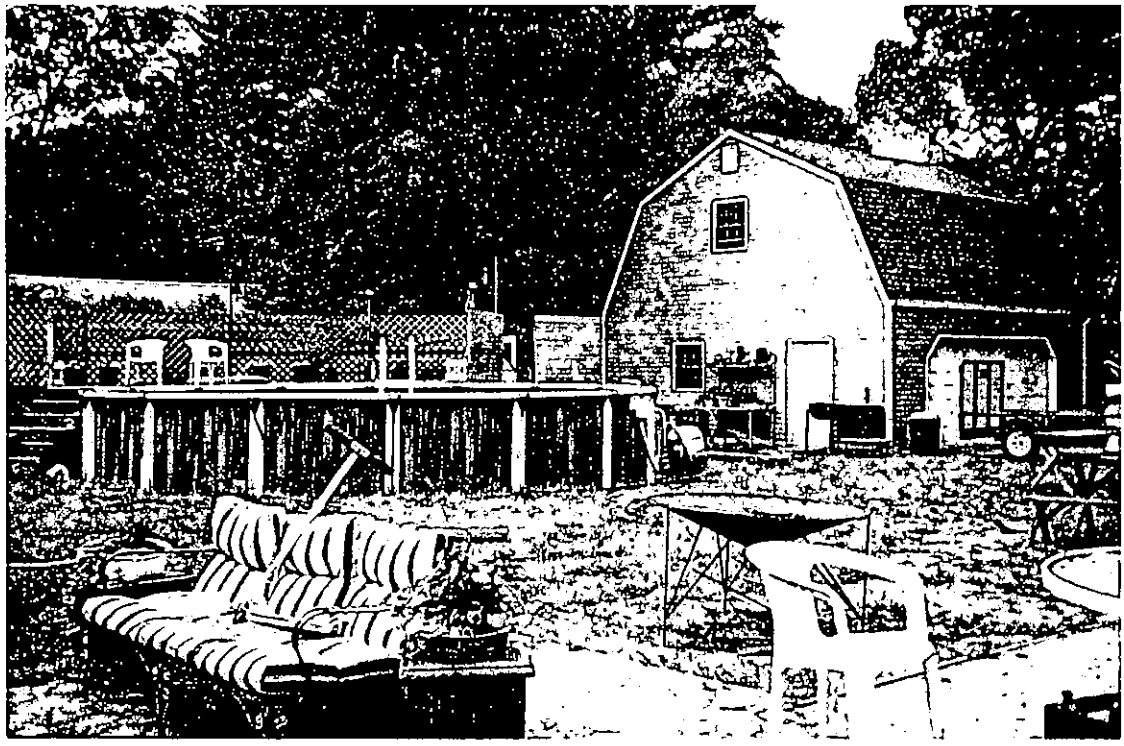
NAME
1st Notice
2nd Notice
Return

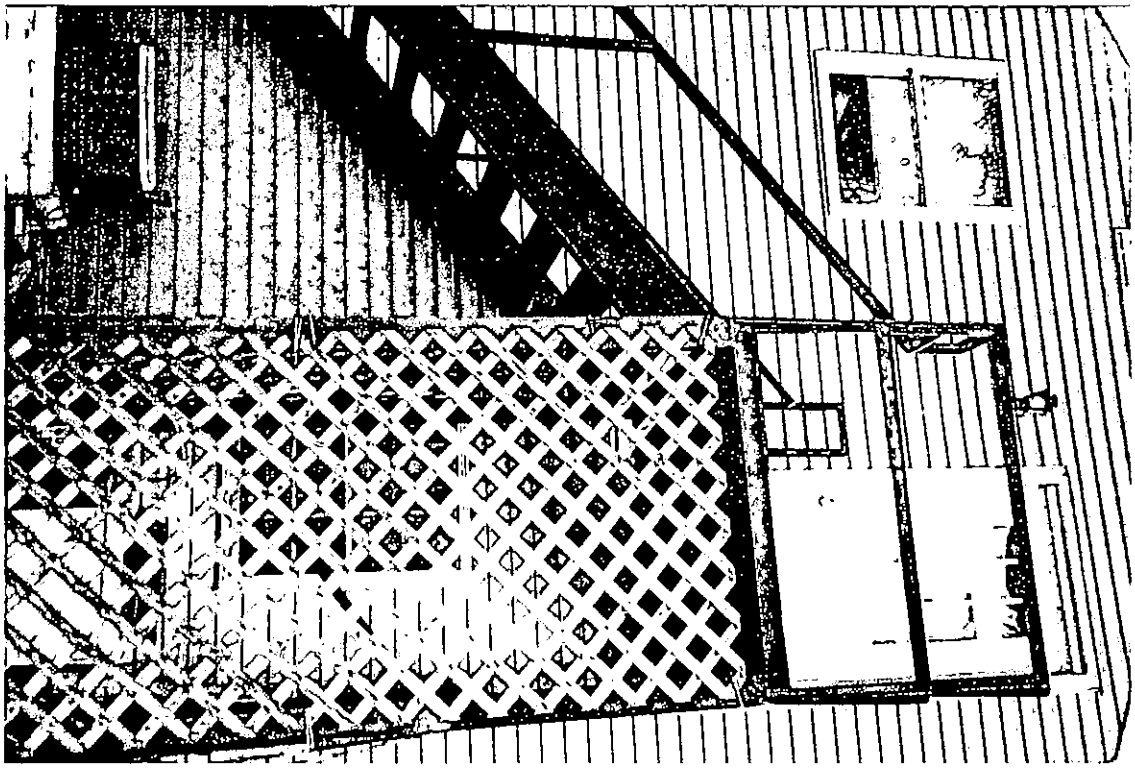
RETURN RECEIPT REQUESTED

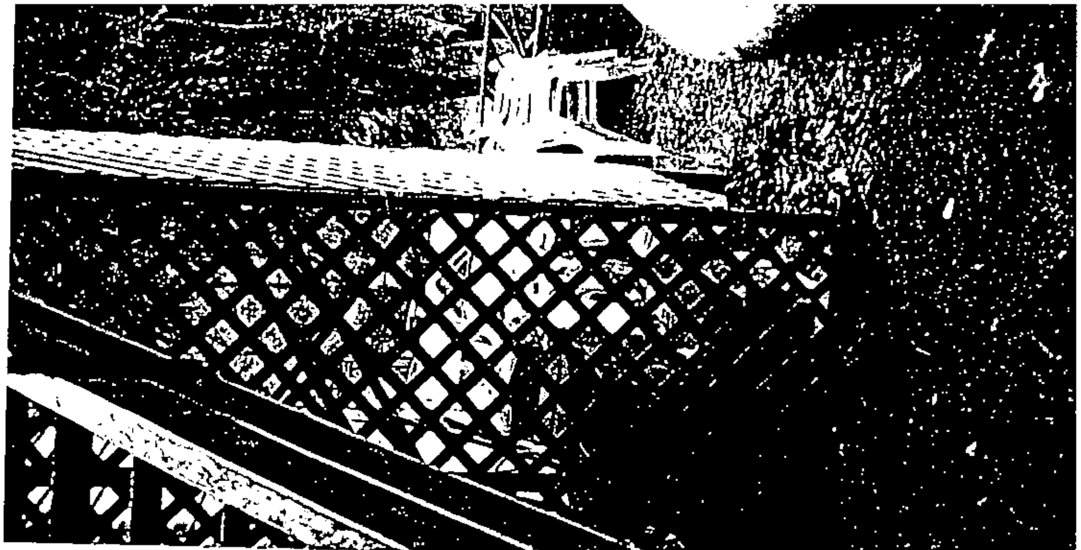
6/26

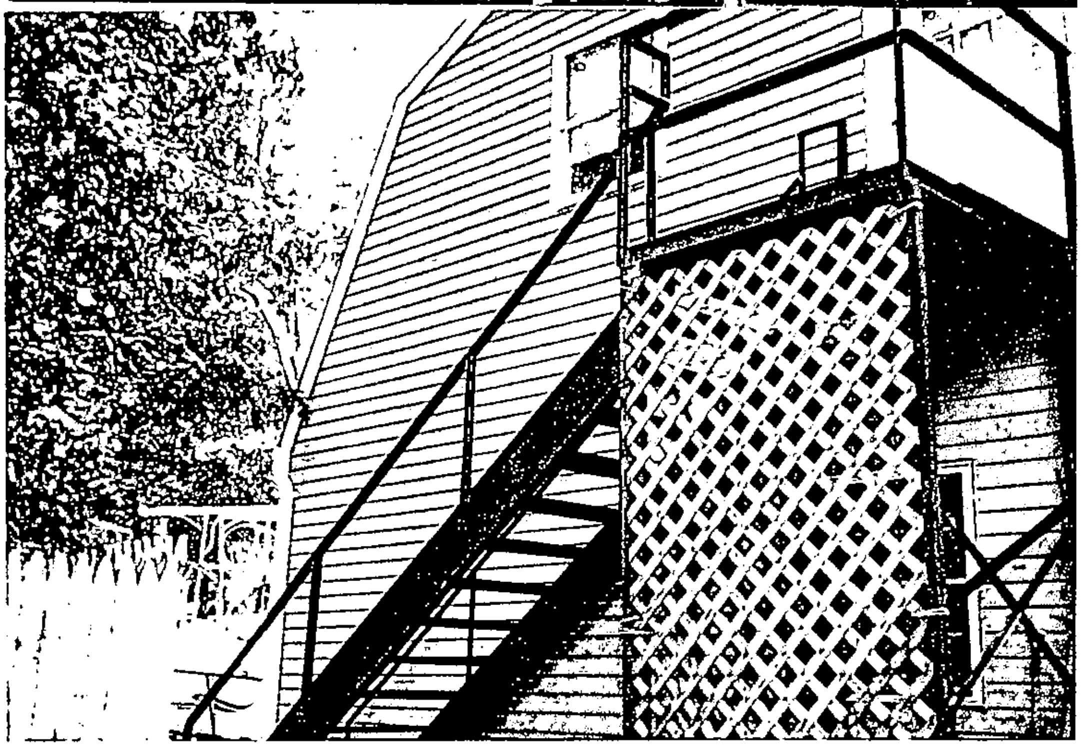












COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: PLAZA ELECTRICAL
ADDRESS: 139 ARIZONA AVE
TOMS RIVER NJ
PHONE: 732-255-5905
LIC. #: EXP. DATE: 3/99
FEDERAL EMPL. #: (or S.S. #): 22-3075277

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures	6	
Receptacles	6	
Switches	4	
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		
Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle	KW	
KW Oven / Surface Unit	KW	
KW Elec. Water Heater	KW	
KW Elec. Dryer / Receptacle	KW	
KW Dishwasher	KW	
HP Garbage Disposal	HP	
KW Central A/C Unit	KW	
HP/KW Space Heater/Air Handler	HP/KW	
KW Baseboard Heat	KW	
HP Motors 1/+ HP	HP	
KW Transformer/Generator	KW	
AMP Service	2 - 1-150 - 1-200 AMP	
AMP Subpanels	AMP	
AMP Motor Control Center	AMP	
AMP Elec. Sign/Outline Light	KW	
Other	UNDERGROUND SERVICE TO	
Other	GARAGE, 200 AMP	
Other		
Other		

Estimated Cost of Electrical Work: $ 1800.
Signature (print name): Richard Plaza
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☒ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

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 ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

PLEASE PRINT

update 98-3182 TA

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: Brick — Date Rec'd.:
Block: 833 Lot: 42 — Date Issued:
Owner in Fee: Michael Moick — Control #:
Address: 1639 Tilford Blvd — Permit #: 98-3182
Brick town
State: NJ Zip: 08724 Phone: [redacted]
SS #: [redacted] Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump.
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: PALAZZO BLDG.
ADDRESS: 139 ARIZONA AVE
TOMS RIVER NJ
PHONE: 255 5903
LIC.#: 10323
LIC. EXPIRATION DATE: 3/99
FEDERAL EMP. # (or S.S. #): 22-3075247

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

UP DATE HOUSE SERVICE 150 A

INSTALL NEW SERVICE (GARAGE) 200 A

TYPE OF WORK

☒ New Building garage
☐ Addition — ☐ Fence: Height (6' or More)
☐ Alteration — ☐ Sign: Sq. Ft.
☐ Roofing — ☐ Pool (In Ground)
☐ Siding update house — ☐ Pool (Above Ground)
☐ Other: — ☐ Asbestos Abatement
☐ Other: — ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 1639 Tilford Blvd. Date Rec'd.:
Block: 833 Lot: 42 Date Issued:
Owner in Fee: Danny M. Moich Control #:
Address: 1639 Tilford Blvd Permit #:
Brick Twp. 08723
State: N.J. Zip: 08723 Phone: [redacted]
SS #: [redacted] 2 Provide only if Applicant is owner

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR:	CONTRACTOR: Danny M. Moich
ADDRESS:	ADDRESS: 1639 Tilford Blvd Brick N.J. 08723
PHONE:	PHONE: [redacted]
LIC #:	LIC #: — owner
LIC. EXPIRATION DATE:	LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):	FEDERAL EMP. # (or S.S. #): [redacted]

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Addition of 2 car garage in rear of property, and gravel driveway

TYPE OF WORK

- ☒ New Building
- ☒ Addition
- ☐ Alteration
- ☒ Roofing
- ☒ Siding
- ☐ Other:
- ☐ Other:
- ☐ Fence: Height (6' or More)
- ☐ Sign: Sq. Ft.
- ☐ Pool (In Ground)
- ☐ Pool (Above Ground)
- ☐ Asbestos Abatement
- ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories: 1
Height of Structure: 20'-6"
Area - Largest Floor: 529 ft
New Building Area / All Floors:
Volume of Structure: 6608 cu ft Total Land Disturbed: 550 cu. ft for footing.
Signature: Danny M Moich

Estimated Cost of Building Work: 7000.-
New Building (1): $ 7000.-
Aleration (2): $ -0
TOTAL (1+2): $ 7000.-
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM

PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #.: EXP. DATE:

FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
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 w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $

Signature (print name):

Estimated Cost of Electrical Work: $

Signature (print name):

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #.: EXP. DATE:

FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

Heating Sys: ☐ New ☐ Existing

Location of Furnace / Boiler

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervsion

Proprietary Supervision

Flammable Liquip Storage Tanks	Capacity:	Fuel:	
Combustable Liquid Storage Tanks	Capacity:	Fuel:	
L.G.P. Storage Tanks	Capacity:	Fuel:	

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 ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date: