Fire Suppression

BLOCK 547 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 140379

CONSTRUCTION PERMIT APPLICATION

C14-000540 Ave Electronics

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

I. IDENTIFICATION

1. Proposed Work Site at: 451 Brick Blvd Brick, NJ
2. Name of Owner in Fee: Allied Prop. Brick LLC
   Tel. ( ) _____ e-mail _____
   Address 451 (street) Brick Blvd (municipality) Brick NJ (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Toms River Fire Prot. Tel. (848) 992-0700
   Address 561 River Terr e-mail _____
   Toms River NJ 08755
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Don King
   Tel. (848) 992-0700 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	65-V		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	1-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 66		

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		MP							
☐ Electrical									
☐ Plumbing									
☑ Fire Protection					2/21/14	KB			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

02-14-14A10:43 RCVD

U.C.C. F100-1 (rev. 8/08)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/08/2014
Control Number C-14-000546
Permit Number 14-0379
Permit Issue Date 02/24/2014
Certificate Number 14-0379

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 451 BRICK BLVD. 6TH AVE ELECTRONICS Brick Township, NJ Block: 547 Lot: 6 Qual:

Owner in Fee: 449 BRICK LLC

Owner Address: 9322 THRID AVE STE 502 BROOKLYN NJ 11209

Telephone:

Contractor Toms River Fire

Address 561 River Terrace Toms River NJ 08755

Telephone: (848) 992-0700 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: FIRE SUPPRESSION ALTERATIONS

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

Fee: $0.00
Check Number:
Collected By:

Date Printed: 04/08/2014

U.C.C. F260 (rev. 08/05)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Cold 6th Ave Electronics

Date Received 2/24/14
Control # 14-0379
Date Issued
Permit #

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

Block 547 Lot 6 Qualification Code ____

Work Site Location 451 Brick Blvd Brick, NJ

Owner in Fee: Allied Prop. Brick LLC

Tel. ( ) ____ e-mail ____

Address 451 Brick Blvd Brick, NJ (street, municipality, zip code)

Contractor: Toms River Fire Protection (848) 992-0700

Address 561 River Terr Toms River, NJ 08755 e-mail ____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01327

Fire Protection Equipment, NJ Div of Fire Safety Installer No. ____

Fire Alarm Contractor No. ____ Exp. Date ____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____

Federal Emp. ID No. ____ FAX: ( ) ____

B. FIRE PROTECTION CHARACTERISTICS 13

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other ____

Location: ____

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity ____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: ____

Fire Suppression/Standpipe System: [ ] New OR [ ] Existing

Location of Main Control Valve: ____

Total Cost of Fire Protection Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: ____ Approved by: ____
[ ] Fire Protection Plans Approved
Date: ____ Approved by: ____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-21-14
Approved by: KCR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5-25-14
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			3/6/14	[initials]
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	3/4/14		3/21/14	[initials]
Other				

Dates (Month/Day)

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.

Applicant/Contractor sign here: Don King

Print name here: Don King

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Hydrostatic Test
Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Test & weather related broken pipes in dry and wet system. Call for visual and test prior

Administrative Surcharge $ ____
Minimum Fee $ ____
State Permit Surcharge Fee $ ____
TOTAL FEE $ ____

[circled: Done]

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Hydro Static Test Only

Contractor's Material and Test Certificate for Aboveground Piping

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

Property name 4/19 BRICK LLC | Date 3-6-14

Property address 451 BRICK BLVD, BRICK, NJ

Plans

Accepted by approving authorities (names)

Address

Installation conforms to accepted plans ☐ Yes ☐ No

Equipment used is approved ☐ Yes ☐ No

If no, explain deviations

Instructions

Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? ☐ Yes ☐ No

If no, explain

Have copies of the following been left on the premises?

1. System components instructions ☐ Yes ☐ No
2. Care and maintenance instructions ☐ Yes ☐ No
3. NFPA 25 ☐ Yes ☐ No

Location of system

Supplies buildings

Sprinklers

Make	Model	Year of manufacture	Orifice size	Quantity	Temperature rating

Pipe and fittings

Type of pipe _____

Type of fittings _____

Alarm valve or flow indicator

Alarm device			Maximum time to operate through test connection	
Type	Make	Model	Minutes	Seconds

Dry pipe operating test

Dry valve			Q. O. D.		
Make	Model	Serial no.	Make	Model	Serial no.

	Time to trip through test connection[1,2]		Water pressure	Air pressure	Trip point air pressure	Time water reached test outlet[1,2]		Alarm operated properly	
	Minutes	Seconds	psi	psi	psi	Minutes	Seconds	Yes	No
Without Q.O.D.									
With Q.O.D.									

If no, explain

[1] Measured from time inspector's test connection is opened

[2] NFPA 13 only requires the 60-second limitation in specific sections

Deluge and preaction valves

Operation ☐ Pneumatic ☐ Electric ☐ Hydraulics

Piping supervised ☐ Yes ☐ No | Detecting media supervised ☐ Yes ☐ No

Does valve operate from the manual trip, remote, or both control stations? ☐ Yes ☐ No

Is there an accessible facility in each circuit for testing? ☐ Yes ☐ No | If no, explain

Make	Model	Does each circuit operate supervision loss alarm? Yes	No	Does each circuit operate valve release? Yes	No	Maximum time to operate release: Minutes	Seconds

Pressure reducing valve test

Location and floor	Make and model	Setting	Static pressure: Inlet (psi)	Static pressure: Outlet (psi)	Residual pressure (flowing): Inlet (psi)	Residual pressure (flowing): Outlet (psi)	Flow rate: Flow (gpm)

Test description

Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.2 bar) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped.

Pneumatic: Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1½ psi (0.1 bar) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1½ psi (0.1 bar) in 24 hours.

Tests

All piping hydrostatically tested at 200 psi (___ bar) for 2 hours ☐ Yes ☐ No | If no, state reason

Dry piping pneumatically tested ☒ Yes ☐ No

Equipment operates properly ☒ Yes ☐ No

Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks? ☐ Yes ☐ No

Drain test: Reading of gauge located near water supply test connection: _____ psi (___ bar) | Residual pressure with valve in test connection open wide: _____ psi (___ bar)

Underground mains and lead-in connections to system risers flushed before connection made to sprinkler piping

Verified by copy of the Contractor's Material and Test Certificate for Underground Piping. ☐ Yes ☐ No | Other | Explain

Flushed by installer of underground sprinkler piping ☐ Yes ☐ No

If powder-driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? ☐ Yes ☐ No | If no, explain

Blank testing gaskets

Number used	Locations	Number removed

Welding

Welding piping ☐ Yes ☐ No

If yes...

Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1? ☐ Yes ☐ No

Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1? ☐ Yes ☐ No

Do you certify that the welding was carried out in compliance with a documented quality control procedure to ensure that all discs are retrieved, that openings in piping are smooth, that slag and other welding residue are removed, and that the internal diameters of piping are not penetrated? ☐ Yes ☐ No

Cutouts (discs)

Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved? ☐ Yes ☐ No

Hydraulic data nameplate

Nameplate provided ☐ Yes ☐ No | If no, explain

Remarks

Date left in service with all control valves open

Signatures

Name of sprinkler contractor: TOMS River Fire Protection

Tests witnessed by

For property owner (signed) _____ Title _____ Date 3-6-14

For sprinkler contractor (signed) Gwlee Title Owner Date 3-6-14

Additional explanations and notes

Hydro Static Test Only

Contractor's Material and Test Certificate for Aboveground Piping

Toms River Fire Protection
Sprinkler Systems-Report of Test and Inspections Certification

LIC# P01327

Allied Properties 451 Brick Blvd Brick, NJ
Owner/Tenant (Name and Address)

Inspectors Name Don King Annual-5 year Test Date of Inspection: 3-6-14

	YES	N/A	NO
1. GENERAL:			
A. Are all systems in service?	X		
B. Are all new additions and building changes properly protected?			X
C. Is all stock or storage properly below sprinkler piping?	X		
D. Is hazard completely sprinkled?			X
E. In areas protected by wet systems, does the building appear to be properly heated in all areas including blind attics, perimeter areas and are all exterior openings protected against entrance of cold air?	X		
F. Is the building completely sprinkled?			X
2. CONTROL VALVES (see section 16):			
A. Are all sprinkler system main control valves open?	X		
B. Are all control valves in good condition and sealed or supervised?	X		
C. Are durable inspection tags affixed to all control valves?	X		
3. WATER SUPPLIES (see section 17): A. Was a water flow test made and results satisfactory?	X		
4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS:			
A. Are fire pumps in good condition and properly maintained?		X	
B. Was the fire pump tested to capacity with hose stream?		X	
C. Are water tanks in good condition and properly maintained?		X	
D. Does the sprinkler systems have at least one Siamese pumper connection which is connected directly to the system by a (4) inch pipe which has a straight-away check valve in the connection?	X		
E. Are fire dept. connections in satisfactory condition, couplings free, caps in place and check valves tight?	X		
F. Is there a metallic plate attached to each connection or, to the building near each connection with the works **SPRINKLERS" or "BASEMENT SPRINKLERS"?**	X		
5. WET SYSTEMS (see section 12): A. Are cold weather valves open or closed as necessary?		X	
B. Have anti-freeze systems been tested and left in satisfactory condition?		X	
C. Are alarm valves and water flow indicators in satisfactory condition?			
6. DRY SYSTEMS (see section 13): A. Is dry valve in service and in good condition?	X		
B. Is air pressure and priming water level normal?	X		
C. Is air compressor in good condition?	X		

	YES	N/A	NO
D. Were low points drained during winter and fall inspections?	X		
E. Are quick opening devices in service?		X	
F. Has piping been checked for proper pitch within last 5 years?	X		
G. Has piping been checked for stoppage within last ten years?	X		
H. Has dry valves been trip tested satisfactorily as required?	X		
I. Are dry valves adequately protected?			
J. Valve house and heater condition satisfactory?			
7. ALARMS: A. Water motor and gong test satisfactory?		X	
B. Electric alarm test satisfactory?			
C. Supervisory alarms service test satisfactory?			
D. Was inspector's test drain used to test alarm?	X		
8. SPRINKLERS-PIPING A. Are all sprinklers in good condition, not obstructed and free of corrosion or loading?	X		
B. Are all sprinklers less than fifty years old?	X		
C. Are extra sprinklers readily available?	X		
D. Is condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers, strainers satisfactory?	X		
E. Are all sprinklers of proper temperature?	X		
9. Date dry system piping last check for stoppage?	3	06	14
10. Date dry system piping last checked for proper pitch?	3	06	14
11. Date dry pipe valve last trip tested?	3	06	14
12. Wet systems: Serial # Make and Model: 6" Alarm valve			
13. Dry systems: Serial # Make and Model: 6" Grinell Dry Pipe valve			
14. Pre action systems:			
15. Deluge systems:			

16. CONTROL VALVES	NO.	TYPE	OPEN	SECURED	CLOSED	SIGNS	CONDITION
City connection control valve	2	6" OS&Y	yes	yes	no	yes	Good
Tank control valves							
Pump control valves							
Sectional control valves							
System control valve	2	6" OS&Y	yes	yes	no	yes	Good

17. WATER FLOW TEST: (If none made, why?)

Water pressure:	City	Tank	Fire Pump
	76 Psi	Psi	Psi

FLOW INFORMATION:

	Located	Test Pipe Size	Pressure Before	Flow	After
Date of last flow test:					
Date of this flow test: 3-6-14	Main	2"	76	54	69

TOMS RIVER FIRE PROTECTION
561 RIVER TER
TOMS RIVER, NJ 08755

Toms River Fire Protection
Sprinkler Systems-Report of Inspections Certification

		Time to Trip Thru Test Pipe		Water Pressure	Air Pressure	TripPoint Air Pressure	Time Water Reached Test Outlet		Alarm Operated Properly		Trip Test Comments
		Min.	Sec.	Psi	Psi	Psi	Min.	Sec.	Yes	No	
18. Dry Pipe Operating Test	Without Qod	0	30	76	40	14	1	9	X		Good
	With Qod										

19. Deluge And Pre-action Valves

Operation: Pneumatic / Electric / Hydraulic

Piping Supervised? Yes No — Detecting Supervised? Yes No

Does valve operate from the manual trip and or remote control station? Yes No

Is there an accessible facility in each circuit for testing? Yes No
If no, explain:

Make	Model	Does each circuit operate Supervision loss alarm? Yes	No	Does each circuit operate valve release? Yes	No	Maximum time to operate realease? Min:	Sec:

20. Explanation of "NO" answers: 1. B, D, F Missing heads in ATTic. 14. Dry System

21. Adjustments or corrections made: Installed Low point Drain

22. Remarks: Dry system repairs. Replaced 7 riser tee's, 1-1" tee, 2 branch line tee's. Wet system repairs. Replaced 24 pendant heads, 6" os&y valve.

Full trip on dry system. Flushed out dry system. Hydro static test completed on 3-6-14

Install 14 upright heads in ATTic AREA

VERFICATION

I certify that we have tested and examined the sprinkler system on:

3-6-14
Date

Inspectors Signature

This test was conducted in accordance with the requirements of National Fire Protection Association Standard N0. 25, BOCA Codes and in accordance with requirements of insurance carriers.

Allied Properties
Organization

X
Authorized Signature

Toms River Fire Protection assumes no responsibility for failure of system to operate as any such failures could be caused by circumstances beyond our control. TRFP is not held liable for failures of any fire sprinkler systems at all . Such as inadequate heat for wet pipe system, accident, vandalism or, failure on the part of the owner to make required modifications. Failure to make recommended upgrades to system which has been previously suggested.

Toms River Fire Protection
Toms River, NJ
08755
848-992-0700

2/21/14 LM

CONSTRUCTION PERMIT

Date Issued 2/24/14
Control # C-14-000546
Permit # 14-0379

IDENTIFICATION Block: 547 Lot: 6 Qualifier

Work Site Location: 451 BRICK BLVD. 6TH AVE ELECTRONICS Brick Township, NJ

Owner in Fee 449 BRICK LLC
9322 THRID AVE STE 502 BROOKLYN NJ 11209

Telephone:

Contractor Toms River Fire
Address 561 River Terrace Toms River NJ 08755

Telephone: (848) 992-0700
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

FIRE SUPPRESSION ALTERATIONS

Note: If constuction 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 $500

David J. Newman Jr 2/21/14
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$66
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

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(f)1.ix:

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. (X) 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 Don King Date 2-14-14

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. 5:23-2.15(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 Don King Toms River Fire Protection
Address 561 River Terr
Toms River NJ 08755
Telephone (848) 992-0700
Signature Don King

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

Need above ground
pipe certainly

Testing complete