BLOCK 849 LOT 24 C19-49 QUALIFICATION CODE _____ ADDRESS (SITE) 1727 Forge Pond Road PERMIT NO. 00-1887

[redacted]

CONSTRUCTION PERMIT APPLICATION

MAIL

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

I. IDENTIFICATION

1. Propsed Work Site at: 1727 FORGE Pond Road, Brick NJ 08724
2. Name of Owner in Fee: WILLIAM VERMEAL T: [redacted]
   Address Same (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: TRI-STATE LAND CONSERV. Tel. (732) 255-5266
   Address 18 OAK HILL DRIVE, TOMS RIVER, NJ 08753
   License No. OR, if new home, Builder Reg. No. US006051 Exp. Date 11/31/03
   Federal Employee No. 22-3215629 FAX: (732) 255-0070
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work TRI-STATE LAND CONSERVATION
   Tel. (732) 255-5266 FAX (732) 255-0070

5/19/00

550 Gallon # 2 Fuel oil Abandonment

V. FEE SUMMARY (for office use only)

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

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	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection	695				5-15-00	BB	7/11/00		OK
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	695 -								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

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

LDS BR 10504627

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name TRI-STATE LAND Conservation

Address 18 OAK HILL DRIVE
TOMS RIVER NJ 08753

Telephone (732) 255-5266

Signature Deborah Mellus

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. _____	_____	_____	_____	_____

0011
1887*#
BLOCK 849 # 0.00
LOT 24 # 0.00
FIRE 66.00
TOTAL 66.00
CHECK 66.00
CHANGE 0.00
05/25/00 NO. 5 0022A005 11:34

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/25/2000
Control #
Permit # 00-1887

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 849 Lot 24 Qual

Work Site Location 1727 FORGE POND RD
TANK ABANDONMENT
Owner in Fee VERMEAL, WILLIAM
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor TRI-STATE LAND CONS
Address 18 OAK HILL DRIVE
TOMS RIVER, NJ 08753-
Telephone (908)255-5266
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3215629

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
550 GALLON #2 FUEL OIL ABANDONMENT
ACTUAL JOB COST $695.00

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 $ 600

Construction Official

05/25/2000
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	66
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	66
Check No.	09215
Cash	
Collected By	SC

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/18/2000
Date Issued 5/25/00
Control # C19-49
Permit # 00-1887

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

Block 849 Lot 24 Qual
Work Site Location 1727 FORGE POND RD
TANK ABANDONMENT
Owner in Fee VERMEAL, WILLIAM
Address SAME
BRICK, NJ 08724-
Tele [redacted] Fax ( )
Contractor TRI-STATE LAND CONS
Address 18 OAK HILL DRIVE
TOMS RIVER, NJ 08753-
Tele.(908)255-5266
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3215629

7-10-00 Call received Fee received. See attached.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 600

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 5-9-00
Approved By: DB

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7-11-00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other 1 & 2	6-5-00		7-10-00	DB

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other TANK ABANDONMEN		66
Other		0

Call for fee

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 66
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TANK ABATEMENT OR
ASBESTOS ABATEMENT NOTIFICATION

Date: _____

Project: William Vermeal

Street: 1727 Forge Pond Road

Town: Brick, NJ 08724

Contractor: TRI-STATE LAND License No. US00651

Address: 18 OAK HILL DRIVE, TOMS River, NJ

A.S.C.M: _____ License No. _____

Address: _____

OSHA AIR MONITOR: _____

Address: _____

BUILDING OWNER: _____

Street: _____
Town: _____
Phone: _____ County: _____ Zip _____

Engineer/Architect: _____

Street: _____
Town: _____
Phone: _____ County _____ Zip _____

Waste Hauler: Tonks Waste Oil license No. DEP 5-7871

Address: Cox Cro Rd, Toms River, NJ

Land Fill: _____
Town: _____

Job Size: (Circle one) Minor _____ Small _____ Large _____

Quantity of Waste Generated: (All applicable)
Cu. Yds _____
Linear Footage: _____
Square Footage: _____

Proposed Start Date: ~~10~~ 5/25/00 Proposed Finish Date: 5/25/00

Cost of work: $ 695-

Construction permit number: _____ Date issued: _____

OS43A

1-19-89

1025

Tri-State Land Conservation, Inc.

◊◊◊

18 Oak Hill Drive ♦ Toms River, New Jersey 08753
Phone (732) 255-5266 ♦ Fax (732) 255-0070 ♦ Email tlctanks@aol.com

May 16, 2000

Brick Township Building Department
401 Chambers Bridge Road
Brick, NJ 08723

Dear Sir or Madam,

Enclosed is the permit application for Mr. William Vermeal, 1727 Forge Pond Road, Brick, NJ.

Please let us know when it is ready.

Thank you for your quick response to this matter.

Very truly yours,

Deborah

Deborah Melber
Manager

William Vermeal
1727 Forge Pond
Buck
732-458 3584

849
·24

For Information Call: 263-7624
Permit No. 00-1887

APPROVAL FOR FIRE PROTECTION

	Date	Inspector
[ ] Sprinklers		
[ ] Standpipes		
[ ] Special Supp.		
[ ] Alarm		
[ ] Mechanical		
[X] Other Final Fld	6-5-00	DS
[ ] Final		

UCC Form F-224A Pending sludge receipt. PRO 117

TRI-STATE LAND CONSERVATION, INC.
DAILY WORK SHEET

CONTRACT [U] TIME & MATERIAL [ ]

DAY: Monday DATE: 6/6/00 CONDITIONS: Good

CUSTOMER MR+MRS. VERMEUL JOB SITE 1727 FORGE POND Rd, Brick

CREW HOURS: DEPART SHOP 4:00 ARRIVE SITE ~~8:00~~ 9:00 DEPART SITE _____

CREW: SUPERVISOR Chris

SUBSURFACE INVESTIGATOR _____

OPERATOR/S _____

LABORER/S Bill

EQUIPMENT

- 340 BACKHOE.....[ ]
- FRONT END LOADER.....[ ]
- KOMATSU TRACK BACKHOE.....[ ]

VEHICLES

- UTILITY TRUCK.....[ ]
- SMALL DUMP TRUCK.....[ ]
- LARGE DUMP TRUCK.....[ ]
- CREW VEHICLE.....[ ]
- EMERGENCY RESPONSE VAN....[ ]

SAFETY BARRIER DEVICES

- FENCING.....[ ] FEET.....[ ]
- SAFETY CONES.....[ ]
- CAUTION TAPE.....[ ]

SAFETY METERS/TESTING METERS

- HNu/PID METER.....[ ]
- EXPLOSION/LEL/OXYGEN/TOX..[ ]

JACKHAMMER.....[ ]
PUMP.....[ ]
GENERATOR.....[ ]
STEAM JENNY.....[ ]
TORCHES.....[ ]
BREATHING APPARATUS [ ]#....[ ]
MANLIFT TRIPOD/HARNESS.....[ ]
DRILLS.....[ ]#.....[ ]
SAWZALLS.....[ ]#.....[ ]
CONCRETE/STEEL GUTTER.....[ ]

MATERIALS EXPENDED	AMOUNT
6 MIL PLASTIC SHEETING....	[ ]
55 GALLON DRUMS.....	[ ]
DRY ICE.....	[ ]
ABSORBENT PADS.....	[ ]
ABSORBENT BLANKET.....	[ ]
ABSORBENT BOOMS - SMALL...	[ ]
ABSORBENT BOOMS - LARGE...	[ ]
ABSORBENT PARTICULATE.....	[ ]
SAFETY RUBBER BOOTS/GLOVES	[ ]
TYVEK SUITS.....	[ ]
FULL FACE FILTER MASKS....	[ ]
HARD HATS.....	[ ]
PEA GRAVEL.....	[ ]
SAND/CLEAN FILL.....	[ ]
STONE.....	[ ]
CONCRETE/STEEL BLADES.....	[ ]
DRILL BITS.....	[ ]
SAWZALL BLADES.....	[ ]
OXYGEN/ACETYLENE TANKS....	[ ]
_____	[ ]
_____	[ ]
_____	[ ]

VAC TRUCK/PUMP TRUCK SERVICES

- TRUCK ARRIVAL TIME.....[ ]
- TRUCK DEPARTURE TIME....[ ]
- METERED GALLONS.....[ ]

SOIL INFORMATION

CONTAMINATED SOIL EXCAVATED AND STOCKPILED ON SITE..[ ] CUBIC YARDS
NUMBER OF SOIL SAMPLES TAKEN: PETRO.HYDROCARBONS...[ ] I.D. 27.[ ]
VOLATILE ORGANICS+ 10 [ ], OTHER._____[ ], _____[ ].
CHAIN OF CUSTODY FORMS COMPLETED...[ ], SITE MAP COMPLETED....[ ]

DRUM INFORMATION

DRUMS STOCKPILED ON SITE...[ ] CONTENTS _____

DESCRIPTION OF WORK PERFORMED ON THIS DATE

Excavated down to top of tank @ 9:00 cleared Tank passed inspection. Backfilled tank + cleaned S.A.

I HAVE READ THE ABOVE INFORMATION AND VERIFY THAT ALL WORK WAS DONE TO MY SATISFACTION AND THE INFORMATION IS CORRECT.

CUSTOMER'S SIGNATURE Rebecca Ward TITLE _____ DATE _____

PRINT CUSTOMER NAME: _____

SUPERVISOR'S SIGNATURE _____ DATE 6/6/00 TIME _____

INVOICE INFORMATION: DATE: _____ INVOICE NO: _____

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

Site Location: 1727 FORGE POND Road Date Rec'd.:
Block: 849 Lot: 24 Date Issued:
Owner in Fee: William Ver Control #:
Address: 1727 FORGE POND Road Permit #:
Brick
State: NJ Zip: 08724 Phone: ([redacted]
SS #: 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: TRI-STATE LAND
ADDRESS: 18 OAK HILL DRIVE
TOMS RIVER, NJ 08753
PHONE: 732-255-5266
LIC #: US00651
LIC. EXPIRATION DATE: 1/31/03
FEDERAL EMP. # (or S.S. #): 22-3215629

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Abandonment of 550 Gallon #2 Fuel oil Tank

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or Mor
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ 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: Deborah Miller

Estimated Cost of Building Work: 695
New Building (1): $
Alteration (2): $
TOTAL (1+2): $ 695
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: TRI-STATE LAND Conservation
ADDRESS: 18 OAK HILL DRIVE
TOMS River, NJ 08753
PHONE: 732-255-5266
LIC. #: US00657 EXP. DATE:
FEDERAL EMPL. # (or S.S. #): 22-3215639

TECHNICAL DATA (DESCRIPTION OF WORK)

550 Gallon #2 Fuel Oil ABandonment

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 Supervision
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: $ 695-
Signature: Deborah Mellick
Owner ☐ Contractor ☑
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐