



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1595 Forge Pond Rd, Brick
2. Name of Owner in Fee: Pichler Tel. [REDACTED]
Address 1595 Forge Pond Rd, Brick, NJ 08724
street municipality zip code
3. Ownership in Fee: Public Private
4. Principal Contractor: Deer-Alex, Inc. Tel. (732) 458 4061
Address 1681 Rt. 99, Brick, NJ 08724
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. 22-3082296 FAX: (732) 458 5019
5. Architect or Engineer _____ Tel. (____) _____
Address _____
6. Responsible Person in Charge of Work _____
Tel. (____) _____ FAX (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>73</u>		
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	<u>2</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>75</u>		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

VINYL siding over existing

I. 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									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	<u>\$500.00</u>								

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:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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 Dessa Alex, Inc.

Address 1681 Rt. 88 W.

Wick, NJ 08724

Telephone (732) 458-4061

Signature [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			X		X		X		
☐ Planning Board			X		X		X		
☐ Zoning Board			X		X		X		
☐ Sewer Authority			X		X		X		
☐ Water Authority			X		X		X		
☐ Police Department			X		X		X		
☐ Health Department			X		X		X		
☐ Soil Conservation			X		X		X		
☐ N.J. Department of Community Affairs			X		X		X		
☐ N.J. Department of Transportation			X		X		X		
☐ N.J. Department of Environmental Protection			X		X		X		
☐ Utility Dig No.			X		X		X		
☐			X		X		X		
☐			X		X		X		

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

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
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

UCC NEW JERSEY
CONSTRUCTION
PERMITE

Date Issued 07/26/2002
Control #
Permit # 02-2027

IDENTIFICATION Block B20 Lot 9 Sublot

Work Site Location 1595 FORCE POND RD

Owner in Fee RIENTER, MARYANN

Address SALE

BRICK, NJ

Telephone [REDACTED]

Contractor MIRA PLEX INC

Address 1681 RT 88 W

BRICK, NJ 08724

Telephone (732) 458-4061

Lic. No. or Bldg. Reg. No.

Federal Emp. No. 22-3082296

Is hereby granted permission to perform the following work:

(X) BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT

☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION

☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

VINYL SIDING OVER EXISTING

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 \$3,500

Construction Official

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

Date

PAYMENTS (Office Use Only)

Building 73

Electrical 0

Plumbing 0

Fire Protection 0

Elevator Devices 0

Other 0

BCH Training Fee 5

Cert. of Occupancy 0

Total 73

Check No.

Cash 1

Collected By ERP

7/26/02 10:57AM 0000008620

807 SEP.007

8022927

BUILDING

BCH

REMOVAL

CASH

CHANGE

473.00

42.00

473.00

473.00

40.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UNRECORDED
Date Received 07/26/2002
Date Issued 07/26/2002
Control #
Permit # 02-2827

TECHNICAL SECTION

A. IDENTIFICATION-APPLICANT: COMPLETELY AVAILABLE INFORMATION WHEN CHANGING
CONTRACTORS. NOTIFY THIS OFFICE. CALL 1-800-272-1000
Block 820 Lot 9
Work Site Location 1395 FORGE POND RD

SIDING

Owner in Fee RENEER, MARYANN
Address SAME
BRICK, NJ 08724

Contractor DURA PLEX INC
Address 1681 RT 88 N

Tele. (732) 458-4061 Fax (732) 458-5019
Lic. No. of Bldgs. Reg. No.
Federal Emp. No. 22-3092274

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure Failure Approval Initial
☐ All			Footings	
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			BarrierFree	
Joint Plan Review Required:			Insulation	
☐ Elect ☐ Plumb ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CG ☐ CCO ☐ CA			Mechanical	
Date: 4.2.04			TCG	
Approved By: [Signature]			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed R-3	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ 0
No. of Stories	0	0	2. Alteration \$ 2,500
Height of Structure	0 Ft.	0 Ft.	3. Total (1+2) \$ 2,500
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.	
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.	
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.	
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.	

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner
of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

VINYL SIDING OVER EXISTING

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ 0
☐ Addition	\$ 0
☐ Alteration	\$ 73
☐ Roofing	\$ 0
☐ Siding	\$ 0
☐ Fence	\$ 0
☐ Sign	\$ 0
☐ Pool	\$ 0
☐ Asbestos Abatement Subchapter 8	\$ 0
☐ Lead Haz. Abatement NJAS 5117	\$ 0
☐ Other	\$ 0
☐ Demolition	\$ 0

Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 73
Collected by: DCA Training Fee \$ 2

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UJC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/26/2002
Date Issued 07/26/2002
Control #
Permit # 02-2827

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIS NO: 1-800-272-1000
Block 880 Lot 9 Sub
Work Site Location 1595 FORGE POND RD
SIDING

Owner in Fee RIEMER, MARYANN

Address SAME

BRICK, NJ

Tele

Contractor DURR PLET INC

Address 1601 RT 88 W

BRICK, NJ 08724

Tele (732)458-4061 Fax (732)458-5019

Lic. No. of Bldgs. Reg. No.

Federal Emp. No. 22-3082296

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure Failure Approval Initial
☐ All			Footings	
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			Barrierfree	
Joint Plan Review Required:			Insulation	
☐ Elect ☐ Plumb ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Dates:			TCO	
Approved By:			Other	
			Final	
			Barrierfree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed R-3	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ 0
No. of Stories	0	0	2. Alteration \$ 2,500
Height of Structure	0 Ft.	0 Ft.	3. Total (1+2) \$ 2,500
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.	
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.	Industrialized Building:
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.	☐ State Approved
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.	☐ HUD

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner
of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

VINYL SIDING OVER EXISTING

TYPE OF WORK

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

FEE (Office Use Only)

Paid ☐ Check 0	Administrative Surcharge	\$ 0
Collected by:	Minima Fee	\$ 0
	TOTAL FEE	\$ 73
	DCA Training Fee	\$ 2

TOWNSHIP OF BRICK
401 CHANDLER'S BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDINGS
SUBCODE
TECHNICAL SECTION

Date Received 07/26/2002
Date Issued 07/26/2002
Control #
Permit # 02-2827

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

Block 020 Lot 9 Qual
Work Site Location 1595 FORGE POOL RD
SIDING

Owner in Fee NIENTER, HARRYAN
Address SAME
BRICK, NJ

Tele. [REDACTED]
Contractor DUBA PLEX INC
Address 1681 RT 88 N
BRICK, NJ 08724

Tele. (732) 458-4061 Fax (732) 458-5019
Lic. No. or Bldg. Reg. No.
Federal Emp. No. 22-3082294

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure Approval	Dates (Month/Day)
☐ No Plans Req.			Type			Initial
☐ All			Footing			
☐ Footing			Foundation			
☐ Foundation			Slab			
☐ Frame			Frame			
☐ Other			Barrier/Free			
Joint Plan Review Required:			Insulation			
☐ Elect	☐ Plumb	☐ Fire	Finishes			
SUBCODE APPROVAL			Energy			
☐ CO	☐ CCO	☐ CA	Mechanical			
Date:			TCU			
Approved By:			Other			
			Final			
			Barrier/Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-3
Constr. Class Present _____ Proposed _____
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0
2. Alteration \$ 2,500
3. Total (1+2) \$ 2,500

C. CERTIFICATION IN LIEU OF DATA

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

VINYL SIDING OVER EXISTING

TYPE OF WORK	Height (exceeds 6')	Sq. Ft.	FEE (Office Use Only)
☐ New Building			
☐ Addition			
☒ Alteration			
☐ Roofing			
☐ Siding			
☐ Fence			
☐ Sign			
☐ Pool			
☐ Asbestos Abatement Subchapter B			
☐ Lead Haz. Abatement AISC 5:17			
☐ Other			
☐ Other			
☐ Demolition			

Administrative Surcharge

Paid ☐ Check # _____
Collected by: _____
TOTAL FEE 73
CCA Training Fee 2

Applicable to Ordinance 720-92

This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK
Debris Form

Work Site Address _____

Block _____ Lock _____

Contractor _____

Contractor's Address _____

Type of Construction (minor, new home) _____

Type of Debris (shingles, siding, wood, etc.) _____

Party Responsible for removal _____

Dumpster Size _____

Destination of Debris Discard _____

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

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

Signature _____ Date _____

Print Name _____

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 1595 Forge Pond Rd, Brick
 Block: 820 Lot: 9
 Owner's Name: Richter
 Owner's Mailing Address: 1595 Forge Pond Rd.
Brick, NJ 08723
 Phone: [REDACTED]

BUILDING

Contractor: Dora Alex, Inc.
 Address: 1681 Rt. 88W.
BRICK, NJ 08724
 Phone#: 732-458-4061
 Lis #:
 Federal Emp # or SSN 22-3082296

Technical Data

Description of Work:

VINYL Siding
Over existing

Type of Work

☐ New Building ☒ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign sq ft

Building Characteristics

Use Group Present: Proposed:
 No of Stories:
 Height of Structure:
 Area of the largest floor:
 Area of New Structure:
 Volume of New Structure:
 Total Land Disturbed:

Cost of Alteration: \$

Cost of New Building: \$

Total Cost of New Building Work: \$ X 2500.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: [Signature]

Please Print Name: Debra Mercadante

ELECTRICAL

Contractor:
 Address:
 Phone#:
 Lis #:
 Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	<u></u>
Receptacles	<u></u>
Switches	<u></u>
Detectors	<u></u>
Light Poles	<u></u>
Motors w/ Fract. HP	<u></u>
Emergency & Exit Lights	<u></u>
Communication Points	<u></u>
Alarm Devices/FAC Panel	<u></u>
Total	<u></u>

Pool (Receptacles, Switches, Lights, Motor 1HP)
 Spa/Hot Tub/Storable Pool
 Electric Range K
 Oven/Surface Unit KV
 Electric Water Heater KV
 Electric Dryer KV
 Dishwasher H
 Garbage Disposal KV
 A/C Unit - Central Air K
 Space Heater/Air Handler KV
 Baseboard Heating
 Motors 1+ HP
 Transformer/Generator K
 Light Stander AM
 Service AM
 Subpanel AM
 Motor Control Center AM
 Sign/Outline Light KV
 Furnace
 Steam Boiler
 Other:

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet) _____	
Urinals/Bidets _____	
Bath Tub (w/or w/out shower head) _____	
Lavatory (BR Sink) _____	
Shower _____	
Floor Drain _____	
Sink _____	
Dishwasher _____	
Drinking Fountain _____	
Washing Machine _____	
Hose Bib _____	
Gas Piping _____	
Fuel Oil Piping _____	
Water Heater _____	
Steam Boiler _____	
Hot Water Boiler _____	
Sewer Pump _____	
Interceptor/Separator _____	
Backflow Preventer _____	
Grease trap _____	
Air Conditioner (Condensate Drain) _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Pool Heater _____	
Other: _____	

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____
Flammable Storage Tanks _____ capacity _____ fuel _____
Combustible Storage Tanks _____ capacity _____ fuel _____
LPG Storage Tanks _____ capacity _____ fuel _____

Item	Quantity
Wet Sprinkler Heads _____	
Dry Sprinkler Heads _____	
Total _____	
Smoke Detectors _____	
Heat Detectors _____	
Total _____	
Stand Pipes _____	
Kitchen Hood Exhaust System _____	
Pre-Engineered Systems:	
CO2 Suppression _____	
Halon Suppression _____	
Foam Suppression _____	
Dry Chemical _____	
Wet Chemical _____	

Gas/ Oil Fired Appliances:

Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: _____