

BLOCK 842 LOT 2832 ADDRESS (SITE) 1715 Rt. 88 West BRICK NJ PERMIT NO. 2411-92

Quality Improvement Shop
DIV. OF INSPECTION



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1715 Rt. 88 West, Brick, NJ. *store #6*

2. Name of Owner in Fee: Patricia E. Miller T [Redacted]

Address 35 Amherst Rd So. Toms River NJ 08157

street municipality zip code

3. Ownership in Fee: Public ☐ Private ☐

4. Principal Contractor: Self Tel. [Redacted]

Address _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Emp. No. _____ Social Security No. _____

5. Architect or Engineer _____ Tel. (____) _____

Address _____

6. Responsible Person Patricia E. Miller T [Redacted]

In Charge of Work

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>8</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection	<u>46</u>		
5. Other			
6. Subtotal	\$ <u>54</u>		
7. Less 20% for State Plan Review	<u>5</u>		
8. Subtotal	\$ <u>1</u>		
9. DCA Training Fee			
10. Subtotal	\$ <u>20</u>		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>80</u>		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	_____
2. Height of Structure	_____ ft.
3. Area—Largest Floor	_____ sq. ft.
4. Building Area—All Floors	_____ sq. ft.
5. Volume of Structure	_____ cu. ft.
6. Construction Classification	_____
7. Total Land Area Disturbed	_____ sq. ft.
8. Flood Hazard Zone	_____
9. Base Flood Elevation	_____ ft.
10. _____	_____ sq. ft.
11. _____	_____
12. Max. Live Load	_____
13. Max. Occupancy Load	_____

II. PROPOSED WORK

1. ☐ Minor Work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☒ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

TOTAL COSTS

Est. Cost

900.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<u>DL</u>	<u>11/18/92</u>		<u>11/20/92</u>	<u>RA</u>	<u>11/25/92</u>	<u>JO</u>
			<u>11/23/92</u>		<u>11/25/92</u>	<u>JO</u>

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: retail sales
2. Use Group: M
3. Change in Use Group. Indicate Former: D

LDS BR 10410180

20k

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

Patricia E. Miller

Date

Nov. 18, 1992

Proprietor

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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

Date

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☒ Other <i>zoning</i>	<i>SK</i>	<i>11/18/92</i>	<i>County</i>	<i>refill</i>					
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Continued Certificate of Occupancy	No. _____	_____
☐ Certificate of Occupancy	No. <i>2411</i>	<i>12-1-92</i>
☒ Certificate of Approval	No. _____	_____



CERTIFICATE

Date Issued 12-1-92
Control #
Permit # 2411-92

IDENTIFICATION

Block 842 Lot 28
Work Site Location 1715 Rt. 88 West
Owner in Fee Patricia E. Miller
Address 35 Amberst Rd.
So. Toms River, NJ
Tele. ()
Contractor same
Address
Tele. ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group M 3 hours
Maximum Live Load
Description of Work/Use:

Tenant fit-up "Quality Consignment & Gift"

Type of Warranty Plan: [] State [] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

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

☐ 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 OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than , 19 or the owner will be subject to a fine or order to vacate:

Fee \$
Paid [] Check No.
Collected by:

CONSTRUCTION OFFICIAL

Arthur J. Giergo



CONSTRUCTION PERMIT

Date Issued 11-23-92
Control #
Permit # 2411-92

IDENTIFICATION Block 842 Lot 28
Work Site Location 1715 Pt. 8841 Contractor Self
Address _____
Owner in Fee Patricia E. Miller
Address _____
Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work: 11/23/92
☒ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

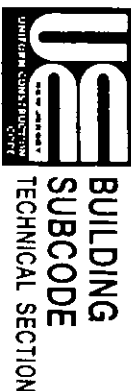
Tenant fit-up

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 \$ 900.

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	<u>8</u>	28 #
Plumbing		BUILDING
Electrical		FIRE
Fire Protection	<u>46</u>	PLAN RVW
Other	<u>5</u>	D.C.A.
Other		C / O
DCA Training Fee	<u>1</u>	TOTAL
Cert. of Occ.	<u>20</u>	CASH
Other		CHANGE
Total	<u>11/24/92</u>	NO. 5 0002A005 1:27
Check No.		
Cash		
Collected By:		



Date Received
Date Issued
Control #
Permit #

11-23-92
2411-92

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

Block 842 Lot 28
Work Site Location 1715 Rt. 88 West Brick, NJ.

Owner in Fee PARICIA E. MILLER
Address 35 Hines Rd. 50 Toms River NJ 08757

Contractor ABC
Address _____

Tele. () _____
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☒ No Plans Req.	11/20/92	ABC	Footings				
☐ All			Foundation				
☐ Footing			Slab				
☐ Foundation			Frame				
☐ Other			Insulation				
Joint Plan Review Required:			Finishes:				
☐ Elec. ☐ Plumb. ☐ Fire			Energy				
SUBCODE APPROVAL			Mechanical				
☐ CO ☐ CCO ☒ CA			TCO				
Date: 11/23/92			Other				
Approved By: [Signature]			Final				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. \$ 9000
2. Alteration \$ _____
3. Total (1+2) \$ _____

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CHANGE OF USE
From B to M USE.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration
 - ☐ Roofing
 - ☐ Siding
 - ☐ Other _____
- ☐ Demolition
- ☐ Miscellaneous
 - ☐ Fence _____ Height _____
 - ☐ Sign _____ Sq. Ft. _____
 - ☐ Pool _____
 - ☐ Elevator _____
 - ☐ Asbestos Abatement _____
 - ☐ Other _____

(Office Use Only)
FEE
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

	Administrative Surcharge	Minimum Fee	TOTAL FEE
Paid ☐ Check # _____	\$ _____	\$ _____	\$ _____
Collected by: _____	\$ _____	\$ _____	\$ _____



Date Received
Date Issued
Control #
Permit #

11-23-92
2411-92

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

Block 400 Lot 8
Work Site Location 115 N. 6th St. S.W.

Owner in Fee 115 N. 6th St. S.W.
Address 115 N. 6th St. S.W.

Tele. (405) 233-1111
Contractor JOHN
Address 115 N. 6th St. S.W.

Tele. (405) 233-1111
Lic. No. or Bids. Reg. No. 115 N. 6th St. S.W.
Federal Emp. No. 115 N. 6th St. S.W. or Social Security No. 115 N. 6th St. S.W.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Req.	<u>11/11/92</u>	<u>JOHN</u>	Type:	Failure	Approval
☐ All			Footings		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date:			Other		
Approved By:			Final		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class			1. New Bldg. \$ <u>9100</u>
No. of Stories			2. Alteration \$ <u>0</u>
Height of Structure			3. Total (1+2) \$ <u>0</u>
Area—Largest Floor			
Total Bldg. Area/All Floors			
Volume of Structure			
Total Land Area Disturbed			

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 JOHN

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

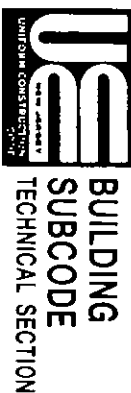
CHANGE OF USE
From B to M USE.

TYPE OF WORK:

☐ New Building	
☐ Addition	
☒ Alteration	
☐ Roofing	
☐ Siding	
☐ Other	
☐ Demolition	
☐ Miscellaneous	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Elevator	
☐ Asbestos Abatement	
☐ Other	

(Office Use Only)
FEE

Administrative Surcharge	Minimum Fee	TOTAL FEE
Paid ☐ Check # <u>0</u>		
Collected by: <u>JOHN</u>		



Date Received
Date Issued 11-23-92
Control #
Permit # 2411-92

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

Block _____ Lot _____
Work Site Location _____
Owner in Fee _____
Address _____
Tele. (____) _____
Contractor _____
Address _____
Tele. (____) _____
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

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

CHART

3

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration
 - ☐ Roofing
 - ☐ Siding
 - ☐ Other _____
- ☐ Demolition
- ☐ Miscellaneous
 - ☐ Fence _____ Height _____
 - ☐ Sign _____ Sq. Ft. _____
 - ☐ Pool _____
 - ☐ Elevator _____
 - ☐ Asbestos Abatement _____
 - ☐ Other _____

(Office Use Only)
FEE

Paid ☐ Check # _____	Administrative Surcharge \$ _____
Collected by: _____	Minimum Fee \$ _____
	TOTAL FEE \$ _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received 11-23-92
Date Issued
Control # 2411-92
Permit #

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

Block 842 Lot 28
Work Site Location 1715 Rt. 88 West, BRICK, N.J.

Owner in Fee PHILICIA E. MILLER
Address 35 Amherst Rd. So. Towns River, N.J. 08552

Tele. ()
Contractor
Address

Tele. ()
Lic. No.
Federal Emp. No. or Social Security No.

Tele. ()
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [] Gas [] Oil [] Electrical [] Solar
Type: [] Other
Location:
Total Est. Cost of Fire Prot. Work \$ [] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
[] No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:		
[] Bldg. [] Plumb. [] Elec.	Suppression Test	
[X] Fire Plans Approved	Fire Alarm Test	
Date: 11/23/92	Smoke Test	
Approved by: [Signature]	Mechanical	
SUBCODE APPROVAL:	TCO	
[X] CO [] CCO	Other	
Date: 11/23/92	Other	
Approved by: [Signature]	Other	

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]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

[Signature]

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

Flammable Liquid Storage Tanks () Capacity () Fuel
Combustible Liquid Storage Tanks () Capacity () Fuel
L.P.G. Storage Tanks () Capacity () Fuel
L.N.G. Storage Tanks () Capacity () Fuel

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 Appliances
OTHER

Administrative Surcharge \$
Paid [] Check # Minimum Fee \$
Collected by TOTAL FEE \$

FEE (Office Use Only)

446



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 11-23-92
Date Issued 2411-92
Control # 2411-92
Permit # 2411-92

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

Block 842 Lot 28
Work Site Location 1715 N 88 West Avenue

Owner in Fee W.C. A. P. 11167
Address 1715 N 88 West Avenue

Tele. (916) 442-8220

Contractor W.C. A. P.
Address 1715 N 88 West Avenue

Tele. (916) 442-8220
Lic. No. 11167
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems ☐ New ☐ Existing
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
☐ Other
Location:
Total Est. Cost of Fire Prot. Work \$ ☐ Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
☐ No Plans Required	Type:	Failure	Failure	Approval	Initial
☐ Bldg. ☐ Plumb. ☐ Elec.	Suppression Test				
☒ Fire Plans Approved	Fire Alarm Test				
Date: <u>11/24/92</u>	Smoke Test				
Approved by: <u>W.C. A. P.</u>	Mechanical				
SUBCODE APPROVAL:	TCO				
☐ CO ☐ CCO ☐ CA	Other				
Date: <u> </u>	Other				
Approved by: <u> </u>	Other				

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. W.C. A. P. SIGNATURE

D. TECHNICAL SITE DATA

Description of Work W.C. A. P.

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

Flammable Liquid Storage Tanks () Capacity Fuel
Combustible Liquid Storage Tanks () Capacity Fuel
L.P.G. Storage Tanks () Capacity Fuel
L.N.G. Storage Tanks () Capacity Fuel

Wet Sprinkler Heads Number

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
Paid ☐ Check # Minimum Fee \$
Collected by TOTAL FEE \$ 46

FEE (Office Use Only)

46

Lot # 28 Block # 842

Patricia E. Miller
35 Amherst Rd. So-Toms River, NJ. 08757
Proprietor

