

Brick

Permit Without a Jacket

Permit Number 1206-92



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 6/11/92
Date Issued
Control # 1206-92
Permit Robert J. Kelly

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

Block 852 Lot 3
Work Site Location 1753 Rt 88 West BRICK

Owner in Fee GEORGE KECKENMETHY
Address 666 MONTANA DRIVE
TOMS RIVER NJ.

Tele. ()
Contractor DREW ELECTRIC - WILL KECKENMETHY
Address HOWELL NJ.

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class. Present 5-G Proposed 5-G
Heating Systems [] New [] Existing
Type: [X] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ 300.00 [] Other _____

Call for Test

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: <u>6/11/92</u>	Smoke Test	
Approved by: <u>[Signature]</u>	Mechanical	
SUBCODE APPROVAL:	TCO	
[] CO [] CCO [] CA	Other	
Date: _____	Other	
Approved by: _____	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. William S. Keckemethy
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work _____
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 _____
Dry Sprinkler Heads _____
TOTAL _____
Smoke Detectors _____
Heat Detectors _____
TOTAL _____
1/206

Stand Pipes _____
Kitchen Hood Exhaust Systems _____
Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____
EXTENSIVE BELL
Gas or Oil Fired Appliance _____
OTHER EMERGENCY LIGHTS _____

Paid [] Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ _____
Administrative Surcharge \$ _____
416

FEE (Office Use Only)