382. BLOCK 26 LOT 5 QUALIFICATION CODE ADDRESS (SITE) 266 HERITAGE DR. PERMIT NO. 03 1197

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY Uniform Construction Code

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

I. IDENTIFICATION

1. Propsed Work Site at: 266 HERITAGE DR.
2. Name of Owner in Fee: MRS ANGELI Tel. [redacted]
   Address 266 HERITAGE DR (street) BRICK TWN (municipality) (zip code)
3. Ownership in Fee: Public _____ Private V
4. Principal Contractor: TRIMBUILT LLC Tel. (609) 9710440
   Address 335 LACEY ROAD FORKED RIVER NJ
   License No. OR, if new home, Builder Reg. No. 030701 Exp. Date 10/04
   Federal Employee No. 22 369 6227 FAX: (609) 971 7820
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work TOM TRIMBOLI
   Tel. (609) 971 0440 FAX (609) 971 7820

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 64		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$ 2		
9.	DCA Training Fee			
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.	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	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition							5/22/03		
4.	☒ Alteration	2000								
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☒ Demolition	150								
	TOTAL COSTS	2150								

OPTIONAL (for office use only)

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 10303029

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 TRIMBUILT, LLC

Address 335 LACEY ROAD
FORKED RIVER NJ 08731

Telephone (609) 971 0440

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

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/07/2003
Control #
Permit # 03-1197

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block [illegible] Lot [illegible] Qual [illegible]

Work Site Location [illegible]

Owner in Fee [illegible]
Address [illegible]
[illegible]
Telephone [illegible]

Contractor [illegible] LLC
Address [illegible]
[illegible]
Telephone [illegible]
Lic. No. or Bldrs. Reg. No. [illegible]
Federal Emp. No. [illegible]

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Separate Permit)

DESCRIPTION OF WORK:
RE ROOF

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 $ [illegible]

[signature]
Construction Official Date

N.J.C. [illegible]

FEES (Office Use Only)

Building	64
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	66
Check No.	[illegible]
Cash	
Collected By	[illegible]

04/07/03 2:28PM 000000#8889
XX07 SERV.007
#031197

BUILDING	$64.00
DCA	$2.00
CHECK	$66.00

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/07/2003
Date Issued 04/07/2003
Control #
Permit # 03-1197

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

Block 382.26 Lot 5 Qual
Work Site Location 266 HERITAGE DRIVE
ROOF
Owner in Fee ANSELLI
Address SAME
BRICK, NJ 08723-
Tel [redacted]
Contractor [illegible] LLC
Address 335 LACEY RD
FORKED RIVER, NJ 08731-
Tele.(609)971-0440 Fax ( )
Lic. No. or Bldrs. Reg. No. 023937
Federal Emp. No. 22-3696227

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

RE ROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elect [ ] Plumb [ ] Fire		
SUBCODE APPROVAL [ ] Elev		
[ ] CO [ ] CCO [ ] CA		
Date: 5-22-03		
Approved By:		

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			5/21/03	
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	64
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

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 $ 2,150
3. Total (1+2)$ 2,150

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 64
DCA State Permit Fee	$ 2

U.C.C. F110 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/07/2003
Date Issued 04/07/2003
Control #
Permit # 03-1197

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

Block 382.26 Lot 5 Qual
Work Site Location 266 HERITAGE DRIVE
BRICK
Owner in Fee ANGELL
Address SAME
BRICK, NJ 08723-
Tel [redacted]
Contractor INTERBUILT LLC
Address 335 LACEY RD
FORKED RIVER, NJ 08731-
Tele.(609)971-0440 Fax ( )
Lic. No. or Bldrs. Reg. No. 025927
Federal Emp. No. 22-3695227

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

RE ROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	64
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Decolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B-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 $ 2,150
3. Total (1+2)$ 2,150

Industrialized Buildings:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 64
DCA State Permit Fee	$ 2

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/95)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/07/2003
Date Issued 04/07/2003
Control #
Permit # 03-1197

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. (ALL UTILITY SYS PO: 1-(CW-272-1000)

Block 382.26 Lot 5 Qual
Work Site Location 224 HERITAGE DRIVE
SOOF
Owner in Fee NICOLI
Address BRICK, NJ 08723-
Tel [redacted]
Contractor HOMEBUILT LLC
Address 365 LACEY RD
FORKED RIVER, NJ 08731-
Tele. (609)971-0447 Fax ( )
Lic. No. or Bldrs. Reg. No. 065929
Federal Emp. No. 22-3615207

B. CERTIFICATION IN LIEU OF OATH

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

Signature

C. TECHNICAL SITE DATA
DESCRIPTION OF WORK

PE COOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] Sill		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elv
[ ] CO [ ] CCO [ ] CL
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approved	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
Barrier Free				
Insulation				
Fireplace				
Energy				
Mechanical				
FCO				
Other				
Final				
Barrier Free				

TYPE OF WORK

	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	64
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 3	0
[ ] Lead Haz. Abatement HUAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

D. BUILDING CHARACTERISTICS

Use Group Present Proposed R-2
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 24 Ft.
Area Largest Floor 2,150 Sq. Ft.
New Bldg. Total All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Enclosed Structure 0 Cu. Ft.

Est. Cost of Bldg. Work
1. New Bldg. 0
2. Alteration 2,150
3. Other Work 8,150

Incidental Purchases
[ ] Other
[ ] HVAC

Administrative Surcharge	$ 0
Paid [ ] Check # Division Fee	0
Collected $: TOTAL FEE	64
COO State Permit Fee	2

U.C.C. F110 (rev. 2/2)

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 266 HERITAGE DR

Block 26 Lock 5

Contractor TRIMBUILT, LLC

Contractor's Address 335 LACEY Rd. FORKED RIVER NJ

Type of Construction (minor, new home) RE-ROOF EXISTING SCREEN Room

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

Party Responsible for removal Tom TRIMBOLI

Dumpster Size N/A

Destination of Debris Discard SONNY'S RECYCLING CTR.

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

TOM TRIMBOLI

Print Name

Site Location: 266 HERITAGE DR.
Block: 26 Lot: 5
Owner's Name: MRS ANGELLI
Owner's Mailing Address: 266 HERITAGE DR.
BRICKTOWN NJ
Phone: [redacted]

BUILDING

Contractor: TRIMBUILT, LLC
Address: 335 LACEY ROAD
FORKED RIVER NJ 08731
Phone#: 6099710440
Lis # 030701
Federal Emp # or SSN 223696227

Technical Data

Description of Work:
REMOVE + REPLACE ROOF ONLY ON EXISTING 9'X13' SCREEN ROOM

Type of Work

___ New Building
___ Addition
___ Alteration
X Roofing
___ Asbestos Abatement
___ Siding
___ Fence
___ Pool
___ Demolition
___ Sign _____ sq ft

Building Characteristics

Use Group Present: V Proposed: _____
No of Stories: 1
Height of Structure: 8
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: $ 2150

Cost of New Building: $ _____

Total Cost of New Building Work: $ 2150

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: _____

ELECTRICAL

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

Technical Data

Item Quantity

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

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____ KW
Oven/Surface Unit _____ KW
Electric Water Heater _____ KW
Electric Dryer _____ KW
Dishwasher _____ KW
Garbage Disposal _____ HP
A/C Unit –Central Air _____ KW
Space Heater/Air Handler _____ KW
Baseboard Heating _____ KW
Motors 1+ HP _____
Transformer/Generator _____ KW
Light Stander _____ AMP
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
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.

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	
Greasetrap	
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

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