BLOCK 853 LOT 2 QUALIFICATION CODE C0-2 ADDRESS (SITE) 848 RT 70 PERMIT NO. 98-418

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: Bedroom Addn. 848 Rt. 70
2. Name of Owner in Fee: Michael Moore Tel. ( ) 206-9777
   Address 848 Rt 70 (street) Brick, NJ. (municipality) 08723 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Same Tel. ( ) ____
   Address ____
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. ____ FAX: ( ) ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Mr. Ironworks
   Tel. ( ) ____ FAX ( ) ____

temp. text

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 35.-		
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			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 35.-		

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		5/6/98	YES		5/6/98	JK			
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	500.								

OPTIONAL (for office use only)

5/7/98 called

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 10103518

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 4-22-98

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 _____

Address _____

_____

Telephone (_____) _____

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									
☐ 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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/18/98
Control #
Permit # 98-1418

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 853 Lot 2

Work Site Location 848 ROUTE 70
TEMP TENT
Owner in Fee MOORE, MICHAEL
Address SAME
BRICK, NJ 08723-
Telephone (732)206-9777

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. HO-
or Social Security No.

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
TEMPORARY TENT FOR OUTSIDE SALE

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 $ 500

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	
Total	35
Check No.	1078
Cash	
Collected By:	AJP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/06/98
Date Issued 5/18/98
Control # C6-2
Permit # 98-148

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

Block 853 Lot 2
Work Site Location 848 ROUTE 70
TEMP TENT
Owner in Fee MOORE, MICHAEL
Address SAME
BRICK, NJ 08723-
Tele.(732)206-9777
Contractor
Address
Tele.(__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-
or Social Security No.

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

TEMPORARY TENT FOR OUTSIDE SALE

as per JPC - done

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5/6/98	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	18
[ ] Roofing	
[ ] Siding	
[ ] Fence 0 Height (6' or over)	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
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 $ 500
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 17
Collected by: TOTAL FEE	$ 35
DCA Training Fee	$ 0

U.C.C. Form F-110B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/06/98
Date Issued 5/8/98
Control # C6-2
Permit # 98148

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

Block 853 Lot 2
Work Site Location 848 ROUTE 70
TEMP TENT
Owner in Fee MOORE, MICHAEL
Address SAME
BRICK, NJ 08723-
Tele.(732)206-9777
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-
or Social Security No.

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

TEMPORARY TENT FOR OUTSIDE SALE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5/6/98	X
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	18
[ ] Roofing	
[ ] Siding	
[ ] Fence 0 Height (6' or over)	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
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 $ 500
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 17
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. Form F-110B

BRICK TOWNSHIP
BUREAU OF FIRE SAFETY
500 HERBERTSVILLE ROAD
BRICK, NEW JERSEY 08724
(908) 458-4100

FIRE SAFETY PERMIT

PERMIT TYPE: TENT PERMIT **REGISTRATION NO:** 2-0283

PERMIT FEE PAID $ 35.00 **EXPIRATION DATE:** May 25, 1998 through May 29,98 ALL DAY

LOCATION INFORMATION

Name Bedroom World	**Street Address** Route 70
Municipality Brick	**County** Ocean
State New Jersey **Zip Code** 08723	**Area Code & Phone Number** (732)206-9777

APPLICANT INFORMATION

Applicant's Name Michael Moore	**Applicant's Home Street Address** Bedroom World/Route 70
Municipality Brick	**County** Ocean
State New Jersey **Zip Code** 08723	**Area Code & Phone Number** (732)206-9777

Bureau Chief/Fire Official

4-30-98
Date of Approval

Approval is contingent on adherance with the following conditions:

TENT PERMIT:
1. Adequate egress must be available for tent at all times.
2. Access ability for Fire Department must be available at all times.
3. Tents to have fire extinguisher as directed by Fire Inspector.
4. No cooking under tents or within 20' of tents.

TENT: 30' x 30' *Needs zoning approval.

This is a fire permit only and it is the Applicant's responsibility to comply with other applicable laws, regulations or ordinances regarding requirements for the activity involved.

THIS PERMIT MUST BE CONSPICUOUSLY POSTED AT THE SITE FOR THE DURATION OF THE ACTIVITY. FAILURE TO COMPLY WITH FIRE CODE REQUIREMENTS OR ANY CONDITIONS SET FORTH ABOVE IS CAUSE FOR REVOCATION OF THIS PERMIT.

BEDROOM WORLD

5/5/98

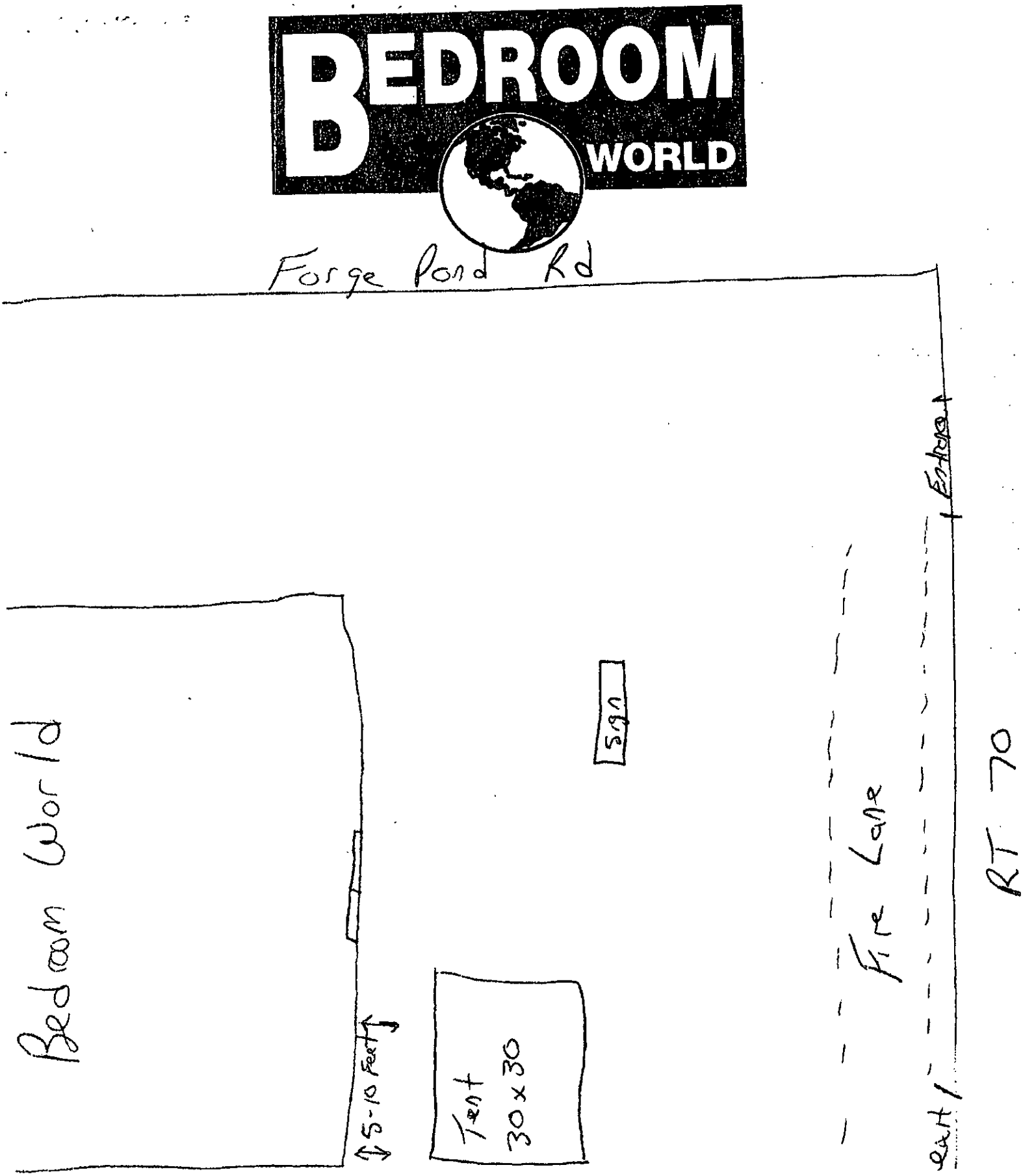
To Whom It May Concern,

Bedroom World will be holding its tent sale From May 26th to May 30th 1998. The tent is 30x30 & Fire resistant, see certificate. The tent will be located 5-10 feet From the building there will only be Furniture stored under it.

Any questions please call
732-206-9777

Thank you
Michael Moore
general manager

848 Route 70 • Brick, NJ 08723 • (908) 206-9777 • (800) 851-7378
Discount Center For: Mattresses–Waterbeds–Futons–Platform Beds–Bedroom Furniture–Day Beds–Bunk Beds
STORE HOURS: Mon. - Fri. 10-9 – Sat. 10-6 – Sun 12-5



848 Route 70 • Brick, NJ 08723 • (908) 206-9777 • (800) 851-7378

Discount Center For: Mattresses–Waterbeds–Futons–Platform Beds–Bedroom Furniture–Day Beds–Bunk Beds

STORE HOURS: Mon. - Fri. 10-9 – Sat. 10-6 – Sun 12-5

Certificate of Flame Resistance

REGISTERED APPLICATION NUMBER
P121.4

ISSUED BY
ANCHOR INDUSTRIES INC.
EVANSVILLE, INDIANA 47711
MANUFACTURERS OF THE FINISHED TENT PRODUCTS DESCRIBED HEREIN

Date of Manufacture
INV#952005 1/1/91

This is to certify that the materials (identified below) and were supplied to: were flame-retardant treated (or are

NAME: Millers Rentals

CITY Edison STATE NJ

Certification is hereby made that:
The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshall Code, equal to or exceeds NFPA 701, CPAI 84 Method of application: LAMINATED CONFORMANT CERTIFIED LAB #9056 MIL-C-43809D, NYC-374-65-SM U.L.-214

Type, color and weight of canvas/vinyl: 10 oz. BOYLES BIG TOP VINYL LAMINATE red/white

Description of item certified: 30' X 30' Framed Tent

Flame Retardant Process Used Will Not Be Removed By Washing And Is Effective For The Life Of The Fabric

JOHN BOYLE & CO.
Name of Applicator of Flame Resistant Finish
STATESVILLE, NC

Signed:
TENT DEPARTMENT—ANCHOR INDUSTRIES INC.
LOUIS E. REGAN

BLOCK 853 LOT 2 SITE LOCATION 848 RT 70

BUILDING INSPECTION

Contractor A#1 PROMOTIONS
Address _____ Phone (___) 2069777
Town OCEAN State N.J. Zip _____
LIC # _____ FEDERAL EMP. NO.(or SSN#) _____

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $_____ ALTERATION (2) $_____
ADDITION (3) $_____ TOTAL (1+2+3) $ 500 —

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING

USE GROUP	PRESENT	PROPOSED
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES	HT. 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.

TYPE OF WORK

TYPE OF WORK		COST	MISC.		COST
NEW BLDG.			FENCE Ht.		
ADDITION			SIGN Sq. Ft.		
ALTERATION			POOL		
ROOFING			ASBESTOS ABATEMENT		
SIDING			DCA		
DEMOLITION			TOTAL		

DESCRIPTION OF WORK

COMMENTS TENT

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.
SEAL &
SIGNATURE Mike Wood

PLUMBING INSPECTION

Contractor _____
Address _____ Phone (___) _____
Town _____ State _____ Zip _____
LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

ESTIMATED COST OF PLUMBING WORK: $_____

Sewer Size _____ Water Size _____

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT		NO.	FIXTURE/EQUIPMENT	
	Water Closet			Steam Boiler	
	Urinal / Bidet			Hot Water Boiler	
	Bath Tub			Sewer Pump	
	Lavatory			Interceptor/Separator	
	Shower			Backflow Preventer	
	Floor Drain			Grease Trap	
	Sink			Water Cooled A/C	
	Dishwasher			or Refrigeration Unit	
	Drinking Fountain			Sewer Connection	
	Washing Machine			Water Service Connection	
	Hose Bibb			Active Solar System	
	Water Heater			Other	
	Fuel Oil Piping			Other	
	Gas Piping			Other	

DESCRIPTION OF WORK

COMMENTS _____

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.
SEAL &
SIGNATURE (Contractor's Seal) _____

FIRE INSPECTION

Contractor A#1 PROMOTIONS
Address _____ Phone (732) 2069777
Town OCEAN State N.J. Zip
LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

ESTIMATED COST OF FIRE PROT. WORK: $_____
Heating Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
Heating System: ☐ New ☐ Existing
Location of Furnace / Boiler _____

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 _____ F
Combustible Liquid Storage Tanks ☐ Capacity _____ F
L.P.G. Storage Tanks ☐ Capacity _____ F
L.N.G. Storage Tanks ☐ Capacity _____ F

NO.	ITEM	NO.	ITEM
_____	Wet Sprinkler Heads	_____	Pre-Engineered S
_____	Dry Sprinkler Heads	_____	CO_2 Suppressio
_____	TOTAL	_____	Halon Suppressi
		_____	Foam Suppressic
_____	Smoke Detectors	_____	Dry Chemical
_____	Heat Detectors	_____	Wet Chemical
_____	TOTAL	_____	Gas or Oil Fired
		_____	Other _____
_____	Stand Pipes	_____	
_____	Kitchen Hood Exhaust System	_____	

DESCRIPTION OF WORK

COMMENTS TENT

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECOR AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE W ON THIS APPLICATION.
SEAL &
SIGNATURE (Contractor's Seal) Mike Wood