BLOCK 853 LOT 9 C22-2 QUALIFICATION CODE _____ ADDRESS (SITE) 848 Route 70 PERMIT NO. 98-2786

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 848 RT 70
2. Name of Owner in Fee: Bedroom World Tel. ( ) 206 9777
   Address Same 848 Rt. 70, Brick NJ. 08723
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Al Promos / Self 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 Mike Moore
   Tel. ( ) Same FAX ( ) 206 9777

Temp. Tent

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 35.-		
2.	Electrical			
3.	Plumbing ✓ # 1364			
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		JPJ	7/22/98		7-27-98	FMo			
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)

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 10103519

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 Michael Moore Date 1-22-98

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 08/12/98
Control #
Permit # 98-2786

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 853 Lot 2 Qual

Work Site Location 848 ROUTE 70 BEDROOM WORLD
TEMP TENT

Owner in Fee BEDROOM WORLD/ MIKE MOORE
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.
Federal Emp. No. HO-

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:
TEMPORARY TENT

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

U.C.C. PI70 (rev. 3/96)

08/12/98 NO.
08/12/98
Date

0028A005 13:47
CHANGE 0.00
CHECK 35.09
TOTAL 35.00
BUILDING 35.00
LOT 2 # 0.00
BLOCK 853 # 0.00
2786*#
005

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	1364
Cash	
Collected By	PA

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/22/98
Date Issued 8/12/98
Control # C22-2
Permit # 98-2780

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 Qual

Work Site Location 848 ROUTE 70 BEDROOM WORLD
TEMP TENT

Owner in Fee BEDROOM WORLD/ MIKE MOORE

Address SAME
BRICK, NJ 08723-

Tele.(732)206-9777

Contractor

Address

Tele.(__) Fax (__)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

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

as per JPC
-Jose

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	7-27-98	FM
[ ] 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				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	18
[ ] 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

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

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/22/98
Date Issued 8/12/98
Control # C22-2
Permit # 98-2780

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 Qual
Work Site Location 848 ROUTE 70 BEDROOM WORLD
TEMP TENT
Owner in Fee BEDROOM WORLD/ MIKE MOORE
Address SAME
BRICK, NJ 08723-
Tele.(732)206-9777
Contractor
Address

Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	7-27-98	FMH
[ ] All		
[ ] 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				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	18
[ ] 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

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

Paid [ ] Check #
Collected by:

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

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 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

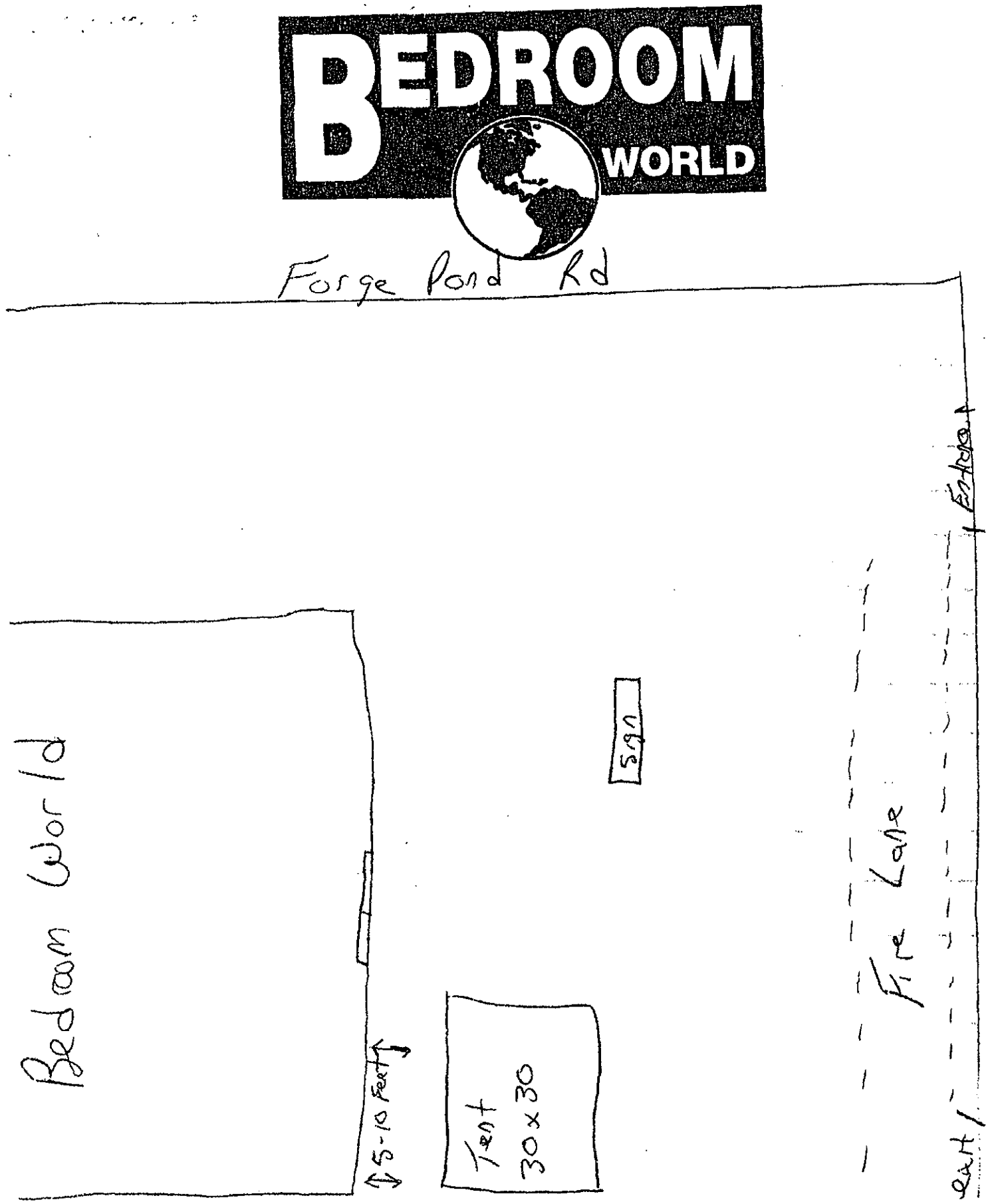
To Whom It May Concern,

Bedroom World will be holding it's tent SALE From 8/31 to 9/7 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 described [illegible] have been flame-retardant treated (or are [illegible]) and were supplied to:

NAME: Killers 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 GOVERNMENT CERTIFIED LAB #3056

Method of application: LAMINATED U.L.-214

MIL-C-43806D, NYC-374-65-SM

Type, color and weight of canvas/vinyl: 10 oz. BOYLES 8IC TOP VINYL LAMINATE red/white

Description of items 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 R. BROWN

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 848 Rt 70 — Date Rec'd.:
Block: 853 Lot: 2 — Date Issued:
Owner in Fee: Bedroom World — Control #:
Address: — Permit #:

State: Zip: Phone: ( ) 206-9777
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR:	CONTRACTOR: A-1 Promo's
ADDRESS:	ADDRESS: Rt 35 Ocean N.J.
PHONE:	PHONE: 206-9777
LIC.#:	LIC.#:
LIC. EXPIRATION DATE:	LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):	FEDERAL EMP. # (or S.S. #):
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
NO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK: Temp. Tent
_____ Water Closet	
_____ Urinal / Bidet	
_____ Bath Tub	
_____ Lavatory	
_____ Shower	
_____ Floor Drain	
_____ Sink	
_____ Dishwasher	
_____ Drinking Fountain	
_____ Washing Machine	
_____ Hose Bibb	
_____ Gas Piping	
_____ Fuel Oil Piping	
_____ Water Heater	
_____ Steam Boiler	TYPE OF WORK
_____ Hot Water Boiler	☐ New Building
_____ Sewer Pump	☐ Addition ☐ Fence: Height (6' or More)
_____ Interceptor / Separator	☐ Alteration ☐ Sign: Sq. Ft.
_____ Backflow Preventer	☐ Roofing ☐ Pool (In Ground)
_____ Greasetrap	☐ Siding ☐ Pool (Above Ground)
_____ Water Cooled AC or Refrig. Unit	☒ Other: Temp Tent ☐ Asbestos Abatement
_____ Sewer Connection	☐ Other: ☐ Demolition
_____ Septic (Disposal System) Closure	BUILDING CHARACTERISTICS
_____ Water Service Connection	USE GROUP Present: Proposed:
_____ Gas Service Connection	CONSTR. CLASS Present: Proposed:
_____ Active Solar System	No. of Stories:
_____ Vent Through Roof	Height of Structure:
_____ Other	Area - Largest Floor:
	New Building Area / All Floors:
Estimated Cost of Plumbing Work: $	Volume of Structure: Total Land Disturbed:
Signature:	Signature: Mike Moore
Owner ☐ Contractor ☐	
SUBCODE APPROVAL:	Estimated Cost of Building Work:
PLANS: Required ☐ Approved ☐	New Building (1):$
Approved by:	Alteration (2):$
Date:	TOTAL (1+2):$ $500
CONTRACTOR AFFIX SEAL:	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by:
	Date:

COUNTER FORM

PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #.: EXP. DATE:

FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS

Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP-Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $

Signature (print name):

Estimated Cost of Electrical Work: $

Signature (print name):

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #.: EXP. DATE:

FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

Heating Sys: ☐ New ☐ Existing

Location of Furnace / Boiler

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervsion

Proprietary Supervision

Flammable Liquip Storage Tanks	Capacity:	Fuel:	
Combustable Liquid Storage Tanks	Capacity:	Fuel:	
L.G.P. Storage Tanks	Capacity:	Fuel:	

DESCRIPTION	NUMBER
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 Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $

Signature:

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date: