BLOCK 1170.09 LOT 3.04 QUALIFICATION CODE C4-33 ADDRESS (SITE) _____ PERMIT NO. 03-1144

Called

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 906 RT 70
2. Name of Owner in Fee: OCEAN QUEEN DINER Tel. (732) 458-7022
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: S B N ENTERPRISES Tel. (732) 244 7200
   Address 81 ROBBINS PKW TOMS RIVER
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3529405 FAX: (732) 244 9790
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work CHRIS KARAMANOS
   Tel. (~~732~~) 244-7200 FAX (732) 244 9790

Counter/Ck Replace due to fire -

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		44	
3. Plumbing			
4. Fire Protection		46	
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		2	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	92	

15 NO

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	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work		4/2/03							
2. ☐ New Building									
3. ☐ Addition									
4. ☑ Alteration					4-4-03	SB	6-11-03		
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ Electrical					$303	MN	5/28/03		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	~~2300~~								

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: Diner
2. Use Group: B - A3
3. Change in Use Group, Indicate Former:

LDS BR 10302898

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. SBN ENTERPRISES, INC

Agent Name CHRIS KARAMANOS

Address 1 ROBBINS PKW
TOMS RIVER

Telephone (732) 244-7200

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 06/12/2003
Control #
Permit # 03-1144

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1170.09 Lot 3.04 Qual
Work Site Location 906 ROUTE 70
COSMETIC REPLAC."FIRE"
Owner in Fee/Occupant OCEAN QUEEN DINER
Address SAME
BRICK, NJ 08724-
Telephone (732)458-7022
Contractor S.S. ELECTRIC
Address 63 LOGANBUR LN
TOMS RIVER, NJ 08753-
Telephone (732)255-7133 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 25-57133

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group A-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REPLACE WIRING & FIXTURES DUE TO FIRE

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] 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.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

D Newman Jr Ltr.

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 1520
Collected by: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/12/2003
Control #
Permit # 03-1144

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1170.09 Lot 3.04 Qual
Work Site Location 906 ROUTE 70
COSMETIC REPLAC."FIRE"
Owner in Fee/Occupant OCEAN QUEEN DINER
Address SAME
BRICK, NJ 08724-
Telephone (732)458-7022
Contractor S.S. ELECTRIC
Address 63 LOGANBUR LN
TOMS RIVER, NJ 08753-
Telephone (732)255-7133 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 25-57133

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group A-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REPLACE WIRING & FIXTURES DUE TO FIRE

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] 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.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

D Newman Jr Ltr

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 1520
Collected by: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/04/2003
Control #
Permit # 03-1144

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1170.09 Lot 3.04 Qual

Work Site Location 906 ROUTE 70
COSMETIC REPLAC,"FIRE"
Owner in Fee OCEAN QUEEN DINER
Address SAME
BRICK, NJ 08724-
Telephone (732)458-7022

Contractor S.S. ELECTRIC
Address 63 LOGANBUM LN
TOMS RIVER, NJ 08753-
Telephone (732)255-7133
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 25-57133

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
REPLACE WIRING & FIXTURES DUE TO FIRE

PAYMENTS (Office Use Only)

Building	0
Electrical	44
Plumbing	0
Fire Protection	46
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	92
Check No.	1520
Cash	
Collected By	TL

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 $ 2,200

Construction Official

04/04/2003
Date

04/04/03 10:18AM 000000088816
XX04 SERV.004
#1144 ELECTRIC $44.00
FIRE $46.00
DCA $2.00
XXXTOTAL $92.00
CHECK $-92.00
CHANGE $0.00

U.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/02/2003
Date Issued 04/4/03
Control # C4-33
Permit # 03-1144

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

Block 1170.09 Lot 3.04 Qual
Work Site Location 906 ROUTE 70
COSMETIC REPLAC,"FIRE"
Owner in Fee OCEAN QUEEN DINER
Address SAME
BRICK, NJ 08724-
Tele.(732)458-7022
Contractor SBN ENTERPRISES
Address 1 ROBBINS PKWY
TOMS RIVER, NJ 08753-
Tele.(732)244-9790
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3529405

See attached documents

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 800

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[/] Fire Plans Approved
Date: 4-4-03
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4/11/03
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test	3-27-03	4-4-03	4-4-03	MB
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other EMRG LIGHTS-EX		46
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA State Permit Fee	$	1

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/02/2003
Date Issued 04/14/03
Control # C4-33
Permit # 03-1144

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

Block 1170.09 Lot 3.04 Qual
Work Site Location 906 ROUTE 70
COSMETIC REPLAC,"FIRE"
Owner in Fee OCEAN QUEEN DINER
Address SAME
BRICK, NJ 08724-
Tele.(732)458-7022
Contractor SBN ENTERPRISES
Address 1 ROBBINS PKWY
TOMS RIVER, NJ 08753-
Tele.(732)244-9790
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3529405

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 800

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[/] Fire Plans Approved
Date: 4-9-03
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other EMRG LIGHTS-EX		46
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA State Permit Fee	$	1

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/02/2003
Date Issued 04/14/03
Control # C4-33
Permit # 03-1144

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

Block 1170.09 Lot 3.04 Qual
Work Site Location 906 ROUTE 70
COSMETIC REPLAC,"FIRE"
Owner in Fee OCEAN QUEEN DINER
Address SAME
BRICK, NJ 08724-
Tele.(732)458-7022
Contractor SBN ENTERPRISES
Address 1 ROBBINS PKWY
TOMS RIVER, NJ 08753-
Tele.(732)244-9790
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3529405

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed A-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 800

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[/] Fire Plans Approved
Date: 4 9 3
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other EMRG LIGHTS-EX		46
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 46
DCA State Permit Fee	$ 1

Paid [ ] Check # Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/02/2003
Date Issued 4/4/03
Control # C4-33
Permit # 03-1144

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

Block 1170.09 Lot 3.04 Qual
Work Site Location 906 ROUTE 70
COSMETIC REPLAC,"FIRE"
Owner in Fee OCEAN QUEEN DINER
Address SAME
BRICK, NJ 08724-
Tele.(732)458-7022
Contractor S.S. ELECTRIC
Address 63 LOGANBUM LN
TOMS RIVER, NJ 08753-
Tele.(732)255-7133
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 25-57133

B. ELECTRICAL CHARACTERISTICS

Use Group - Present A-3 Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 4303
Approved By: WM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5/28/03
Approved By: WM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	~~4/22/03~~		4/22/03	WM
Temp Serv				
Const Serv				
~~TCO~~ Open			5/6/03	WM
Other Subcode			5/6/03	WM
Service			~~5/28/03~~	~~Hardwired~~
Final			5/28/03	Pool ct WM
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				

Tiles in
Celing Closed

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
15		Lighting Fixtures	
3		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
3		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
21		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
1	3	KW Elect Sign/Outline Light	9
		Other	0
		Other	0

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge	$	0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 44
	DCA State Permit Fee	$ 1

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/02/2003
Date Issued 4/8/03
Control # C4-33
Permit # 03-1144

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

Block 1170.09 Lot 3.04 Qual
Work Site Location 906 ROUTE 70
COSMETIC REPLAC,"FIRE"
Owner in Fee OCEAN QUEEN DINER
Address SAME
BRICK, NJ 08724-
Tele.(732)458-7022
Contractor S.S. ELECTRIC
Address 63 LOGANBUM LN
TOMS RIVER, NJ 08753-
Tele.(732)255-7133
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 25-57133

B. ELECTRICAL CHARACTERISTICS

Use Group - Present A-3 Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 4 3 03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
15		Lighting Fixtures	
3		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
3		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
21		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
1	3	KW Elect Sign/Outline Light	9
		Other	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 44
	DCA State Permit Fee	$ 1

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/02/2003
Date Issued 4/4/03
Control # C4-33
Permit # 03-1144

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

Block 1170.09 Lot 3.04 Qual
Work Site Location 906 ROUTE 70
COSHETIC REPLAC,"FIRE"
Owner in Fee OCEAN QUEEN DINER
Address SAME
BRICK, NJ 08724-
Tele.(732)458-7022
Contractor S.S. ELECTRIC
Address 63 LOGANBUM LN
TOMS RIVER, NJ 08753-
Tele.(732)255-7133
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 25-57133

B. ELECTRICAL CHARACTERISTICS

Use Group - Present A-3 Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 4-4-03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
15		Lighting Fixtures	
3		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
3		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
21		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
1	3	KW Elect Sign/Outline Light	9
		Other	0
		Other	0

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 44
DCA State Permit Fee $ 1

U.C.C. F120 (rev. 3/96)

Simplex

Westminster MA 01441 0001 U S A

FIRE ALARM TEST/INSTALLATION ACKNOWLEDGEMENT

PAGE ____ OF ____

BOOK # 37435

CALL #

SEQ #

BRANCH	SERVICE AT CUSTOMER NUMBER	SITE AND PROJECT NO	TR ARRIVAL DATE	CO P D TE	NO	S C CODE	MIN	TRACT
526			06/05/03	0600	903			

NAME: Ocean Queen Divine

ADDRESS (OR ATTN OF): 906 TC 70

ADDRESS:

CITY: Brick STATE: NJ ZIP: 08724

INSP DATE: 06/03 M Y | S Q X

CUS O R P O AND/OR CUS O ER CONTACT NAME (PRINT)

SERVICE CODE	LBR REG.	TRAV REG	LBR OT	RAV OT	MILES
050					
WARRANTY CODE	**LBR REG**	**TRAV REG**	**LB O**	**TRAV OT**	**AR L**
TLP CODE	**LBR REG**	**TRAV REG**	**LB O**	**TRAV OT**	**DE TURE**

CONTROL PANEL

MANUFACTURER: EX | MODEL NO: 1500 | SERIAL NO | WIR G IAG O | SEQU C NO THRU

TYPE OF SIGNALING: ☒ GENERAL ALARM ☐ SELECTIVE SIGNALS ☐ CODED ☐ PRE-SIGNAL

POWER SOURCE: C R BRKR LOCATION Rt OF Main 21 | NO | LOCKED C BRKR ☐ Y ☒ N | DED C TE C R ☒ Y ☐ N

BATTERIES: ☐ NOTE # ___ VOLTAGE WITH CHARGER ☐ ☐ NORM 27 VOLTS OLT WITHOUT CHARGER ☐ ☐ /A 90 % CHARGED

TROUBLE CONDITIONS: RESPONSE TO ZONE TROUBLE ☒ NORM ☐ NOTE | S GNAL TROUBLE ☒ NORM ☐ NOTE | AC/OP POW LOSS ☒ NO M ☐ NOTE | EARTH G OU ☒ NO ☐ OTE

CUSTOMER OPERATING NSTRUCTIONS PROVIDE TO: MANDY KOIAFAS TEL NO 732 458 7022

STR TR S GNATURE:

TR 9608

CUSTOMER SIGNATURE: Andreas Kaufao

FIRE ALARM LICENSE NO S TE CERTIFICAT ON NO

☐ SEE NOTATION NO | THE SIMPLEX-SUPPLIED EQUIPMENT FOR THIS SYSTEM WAS TESTED AND FOUND OPERATIONAL THE WARRANTY BEGINS ON ___ MONTH ___ D Y ___ YR

SIGNALS SOUNDED PER CUSTOMER REQUEST ☒ Y ☐ N CUST INIT

AUXILIARY FUNCTIONS

ANNUNCIATOR: MFGR | SERIAL

MODEL | WIRING DIAGRAM

TYPE: ☐ INCAND ☐ GRAPHIC ☐ CRT ☐ LED ☐ DROP | VOLTAGE | NO OF ZONES | UNUSED PTS

AUX FUNCTIONS: ☐ LAMP TEST ☐ REMOTE RESET ☐ DRILL SW ☐ REMOTE ACK | ADDITIONAL NOTES

DOOR HOLDERS: DOOR RELEASE E CES INCLUDING CLOSERS LATCHES ☐ ORM ☐ QTY ☐ NO ☒ N/

ELEVATOR FIRE RECALL: RECALL O PR MARY FLOOR ☐ NOR ☐ O E ☒ N/A

RECALL O ALTE E FLOOR ☐ NORM ☐ O E ☒ N/A

LE TORS ART ROM UTDOW UTOMA ALL ☐ Y ☐ N

HVAC SHUTDOWN: AIR HANDLER SHUTDOWN ☐ NORM ☐ NO E ☐ QTY

RHANDLE ( ) RT ROM SHUTDOW UTOMA ICALL ☐ ☐ N

CITY CONNECTION OR CENTRAL MONITORING STATION: CITY RESPONSE TO ALARM ☐ NORM ☐ NOTE # | OFFICIAL CONTACTED | CITY RESPONSE TO TROUBLE ☐ NORM ☒ NOTE # | TIME OF DAY OUT OF SERVICE IN SERVICE | LOCAL FIRE DEPT /CENTRAL STATION | FD BUS PHONE NO./CENTRAL ST TION

SPECIAL CONSIDERATIONS LIST ANY UNIQUE FUNCTIONS TO BE AWARE OF BEFORE TESTING

1 Local Alarm only

2

3

MPX/TPR CHECKLIST

MODEL NO | THE FOLLOWING TRANSPONDERS FAILED THE TEST

NO OF XPNDRS TESTED | LOCATION NOTE #

POWER SUPPLY VOLTAGE NOTE # ☐ NORM | LOCATION NOTE #

CHARGER VOLTAGENOTE # ☐ NORM | LOCATION NOTE #

GROUND FAULT NOTE # ☐ Y ☐ N | LOCATION NOTE #

BATTERIES VOLTAGE NOTE # ☐ NORM | LOCATION NOTE #

POINTS TESTED NOTE # ☐ NORM | LOCATION NOTE #

OTHER NOTE # | LOCATION NOTE #

PRINTERS NOTE # ☐ Y ☒ N | CRT'S NOTE # ☐ Y ☐ N | OTHER NOTE # ☐ Y ☐ N

PERIPHERAL/PARTS USED

ITEM	PRODUCT I D	QTY	INV LOC /SEQ	NC	USG	UNIT PRICE
1						
2						
3						
4						
5						
6						
7						
8						

THE NUMBER OF PERIPHERAL DEVICES TESTED ARE:

	TOTAL NO OF DEVICES	No. T ted	oks See below
ST TIONS			
HEAT DETECTORS			
SMOKE DETECTORS	8	8	✓
ANNUNCIATORS			
DUCT DETECTOR			
HORNS	1	1	✓
BELLS			
CHIMES			
SPRINKLER SYST			
NURSE CALL			
TYPE PROGRAM			
VOICE MESSAGE			

FAILURES AND SYSTEM DEVIATIONS FROM NFPA STANDARDS: ☐ None ☐ As Follows (describe fully)

RELATED T | RELATED CALL

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: 906 RT 70

Block: _____ Lot: _____

Contractor: SBN ENTERP.

Contractor's Address: 1 ROBBINS PKW

Type of Construction (minor, new home): _____

Type of Debris (shingles, siding, wood, etc.): MIX

Party responsible for removal: EAST COAST

Dumpster size: 30

Destination of debris: _____

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.

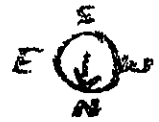
Signature

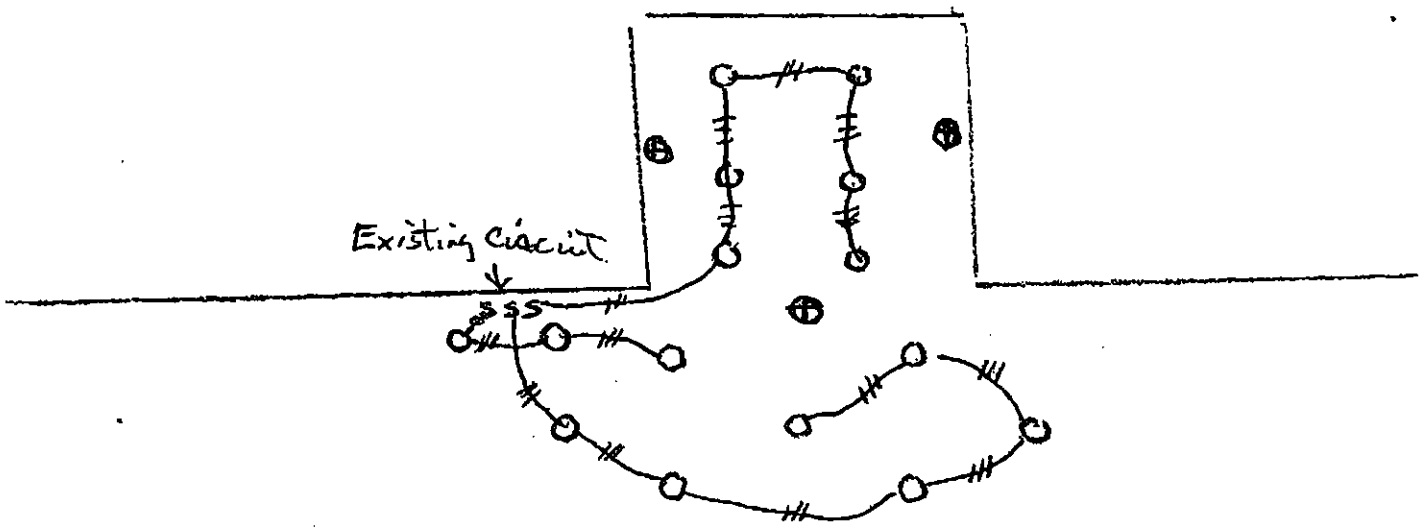
3-31-03
Date

CHRIS KARAMANOS
Print Name

S+S Electric Lic 11413

OCEAN QUEEN DINNER
Brick NJ





Repair + Replace fire Damage Area
main Foyer + ENTRANCE

ONE Sign Switch

3 Exits ⊕ Power Befor Switch
15 Resets O
3 Switch S

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 906 Rt 70
Block: 1170.09 Lot: 3.04
Owner's Name: OCEAN QUEEN DINER
Owner's Mailing Address: 906 RT 70

Phone: (732) 458-7022

BUILDING

Contractor: SBN ENT
Address: 1 ROBBINS PKW
TOMS RIVER
Phone#: 732 244-7200
Lis#: 22-3529405
Federal Emp # or SSN

Technical Data

Description of Work:

COSMETIC & REPLACEMENT
WORK DUE TO FIRE

NA per FMO 4-2-09

Type of Work

___New Building	___Siding
___Addition	___Fence
✓Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

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

X Cost of Alteration: $ ~~85,000~~

Cost of New Building: $ _____

Total Cost of New Building 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.

X Signature: _____

Please Print Name CHRIS KARAMANOS

ELECTRICAL

Contractor: S+S Electric
Address: 333 LongaBerry LA
TRENT 08753
Phone#: 732-258-7133
Lis #: 11413
Federal Emp # or S [redacted]

Technical Data

Item	Quantity
Lighting Fixtures	15
Receptacles	3
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	3
Communication Points	
Alarm Devices/FAC Panel	
Total	21
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KV
Oven/Surface Unit	KW
Electric Water Heater	KV
Electric Dryer	KV
Dishwasher	KV
Garbage Disposal	H
A/C Unit –Central Air	KV
Space Heater/Air Handler	KV
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KV
Light Stander	AMI
Service	AMI
Subpanel	AM
Motor Control Center	AM
Sign/Outline Light 1 Replace	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 1,400

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 Scott H. Shaw

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

FIRE

Contractor: S+S Electric
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: BASEMENT
Water Supply Source CITY
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: EXIT & EMERGENCY LITES

Estimated Cost of Fire Work 800.

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:_____

Print Name:_____