BLOCK 18 LOT T170 QUALIFICATION CODE C17.18 ADDRESS (SITE) 425 JACK MARTIN BLVD PERMIT NO. 02-2318

CONSTRUCTION PERMIT APPLICATION MAIL IN

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

I. IDENTIFICATION

1. Propsed Work Site at: TEMPORARY DOCTOR'S ENTRANCE
2. Name of Owner in Fee: MEDICAL CENTER OF OCEAN COUNTY Tel. (732) 840-3296
   Address 425 JACK MARTIN BLVD. (street) BRICK TOWNSHIP (municipality), NJ 08724 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: WM. BLANCHARD CO. Tel. (973) 376-9100
   Address 199 MOUNTAIN AVE SPRINGFIELD NJ 07081
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 22-1688982 FAX: (973) 376-9154
5. Architect or Engineer VITETTA Tel. (215) 218-4747
   Address 4747 SOUTH BROAD STREET PHILLY, PA. 19112
6. Responsible Person in Charge of Work BOB WILKE
   Tel. (973) 376-9100 FAX (973) 376-9154

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	1		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 70		

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 COMMERCIAL	
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	1000				6-2002 FW		3/5/03		
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	1000								

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: HOSPITAL
2. Use Group: I-2
3. Change in Use Group, Indicate Former.

LDS BR 10300219

U.C.C. F100-1 (rev. 3/96)

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.

(X Check if contractor.

Agent Name WM. BLANCHARD CO.

Address 199 MOUNTAIN AVE.

SPRINGFIELD, NJ

Telephone (973) 376-9100 X 235

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.				

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/25/2002
Control #
Permit # 02-2318

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
TEMPORARY DOCTORS ENTRANC
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3296

Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Telephone (973)376-9100
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1680982

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:
CREATE A TEMPORARY DOCTORS ENTRANCE TO LOUNGE TO AVOID TRAVELING AROUND CONSTRUCTION OF SRI ADDITION TO EAST WING

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 $ 1,000

Construction Official 06/25/2002 Date

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

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	36
Check No.	101154
Cash	
Collected By	JB

06/25/02 11:02AM 0000000822
#006 SERV.006

#022318	
BUILDING	$35.00
DCA	$1.00
CHECK	$36.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/14/2002
Date Issued / /
Control # C17-18
Permit #

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

Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
TEMPORARY DOCTORS ENTRANC

Owner in Fee MEDICAL CENTER OF OCEAN CTY

Address SAME
BRICK, NJ 08724-

Tele.(732)840-3296

Contractor WILLIAM BLANCHARD CO

Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-

Tele.(973)376-9100 Fax ( )

Lic. No: or Bldrs. Reg. No.

Federal Emp. No. 22-1668982

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

CREATE A TEMPORARY DOCTORS ENTRANCE TO LOUNGE TO AVOID TRAVELING AROUND CONSTRUCTION OF SRI ADDITION TO EAST WING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	6/20	FM
[ ] 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 U 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 $ 1,000
3. Total (1+2)$ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	35
[ ] 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	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/98)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/14/2002
Date Issued / /
Control # C17-18
Permit #

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

Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
TEMPORARY DOCTORS ENTRANC

Owner in Fee MEDICAL CENTER OF OCEAN CTY

Address SAME
BRICK, NJ 08724-

Tele.(732)840-3296

Contractor WILLIAM BLANCHARD CO

Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-

Tele.(973)376-9100 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-1088982

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

CREATE A TEMPORARY DOCTORS ENTRANCE TO LOUNGE TO AVOID TRAVELING AROUND CONSTRUCTION OF SRI ADDITION TO EAST WING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	6/20/02	EW
[ ] 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 U 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 $ 1,000
3. Total (1+2)$ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	35
[ ] 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	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/98)

...MBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/14/2002
Date Issued / /
Control # C17-18
Permit # 02-2318

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

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
TEMPORARY DOCTORS ENTRANC
Owner in Fee MEDICAL CENTER OF OCEAN CTY
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor WILLIAM BLANCHARD CO
Address 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-
Tele.(973)376-9100 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1688982

STAN 836 4080

COMMERCIAL

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

CREATE A TEMPORARY DOCTORS ENTRANCE TO LOUNGE TO AVOID TRAVELING AROUND CONSTRUCTION OF SRI ADDITION TO EAST WING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	6/20/02	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7-5-07
Approved By: FM

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			8/8/02	
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			7-5-07	FM
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	35
[ ] 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 U 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 $ 1,000
3. Total (1+2)$ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 35
DCA Training Fee	$ 1

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

WM. BLANCHARD CO.
P.O. Box 298 | 199 Mountain Avenue | Springfield, New Jersey 07081 | 973.376.9100

1010154

Invoice	Job	PO #			
6-21-02	06/21/02	10-4826-00	36.00	.00	36.00

6-21-02		1010154	36.00	.00	36.00

1860 Blanchard
Wm. Blanchard Co. | Builders since 1860

P.O. Box 298 199 Mountain Avenue.Springfield, New Jersey 07081
973.376.9100 Fax: 973=376=9154

June 12, 2002

Building Department
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Attn: Daniel F. Newman, Jr. – Construction Official
732-262-1030
732=262=8954 (Fax)

Ref: Job No. 4826
SRI Addition and Parking Garage
Medical Center of Ocean County
Brick, New Jersey

We Are:

- ☐ Forwarding To You
- ☒ Enclosing Herewith via Fedex
- ☐ Returning Herewith
- ☐ Handing You

For Your:

- ☐ Quotation
- ☐ Approval
- ☐ Review and Comment
- ☐ Approved as Noted
- ☒ Use

No. Copies	Drawing Number	Title	Date
1	Construction Permit Application for Temporary Doctor's Entrance		
1	Completed Building Subcode Tech Section		
3	Drawing AD2.1 dated 5/10/02 (shows where entrance will go)		

COMMENTS: **It was a pleasure meeting you yesterday. As discussed, please call with the permit fee amount as soon as possible.**

Thanks,
Wm. Blanchard *Co.*

~~Robert Wilke~~
Project Manager

RW/lak
Cc: Doug Murray, GA w/ copy
Scott Malin, Vitetta w/ copy
R. A. Samenfeld
File w/ copy

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: TEMP. DOCTOR'S ENTRANCE
Block: 18 Lot: 1170
Owner's Name: MEDICAL CENTER OF OCEAN COUNTY
Owner's Mailing Address: 425 JACK MARTIN BLVD
BRICK, NJ 08724
Phone: (732) 840-3296

BUILDING

Contractor: WM. BLANCHARD CO.
Address: 199 MOUNTAIN AVE
SPRINGFIELD, NJ 07081
Phone#: 973-376-9600
Lis #: —
Federal Emp # or SSN 22-168 8982

Technical Data

Description of Work:

CREATE A TEMPORARY DOCTOR'S ENTRANCE TO LOUNGE TO AVOID TRAVELING AROUND CONSTRUCTION OF SRI ADDITION TO EAST WING.

Type of Work

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

Building Characteristics

Use Group Present: I-2 Proposed: I-2
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $ 1,000

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.

Signature:

Please Print Name ROBERT WILKE

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.

Signature:

Please Print Name

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:_____
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 authorized to make this application and perform the work listed on this application.

Signature:_____

Print Name:_____