BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 JACK MARTIN BLVD BRICK, NJ PERMIT NO. 04-3698

CONSTRUCTION PERMIT APPLICATION

C16.15

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

I. IDENTIFICATION

1. Proposed Work Site at: 425 JACK MARTIN BLVD, BRICK, NJ
2. Name of Owner in Fee: OCEAN MEDICAL CENTER Tel. ( )
   Address 425 JACK MARTIN BLVD, BRICK, NJ
   (street, municipality, zip code)
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: THE DAWSON CORPORATION Tel. (732) 928-6600
   Address PO BOX 400 CLARKSBURG, NJ 08510
   License No. OR, if new home, Builder Reg. No. NA Exp. Date _____
   Federal Employee No. 22-2088279 FAX: (732) 928-0660
5. Architect or Engineer: MELILLO & BAUER Tel. 732-295-9630
   Address 300 HAWTHORN AVE, FT READING, NJ Contact SAM MELILLO
6. Responsible Person in Charge once Work has Begun ROBERT L SNAILY
   Tel. (732) 928-0600 FAX: (732) 928-0660

V. FEE SUMMARY (for office use only)

			Update 9/10	Update
1.	Building	$ 40		
2.	Electrical	50		
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$ 90	41	
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy	90	15	
12.	Other			
13.	TOTAL	$	91.00	

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

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		YC	8/13/04		10/14/04	FG	11/10/05		
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing					8/18/04		11/24/05		
7. ☒ Electrical					8/18/04		11/24/05		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR 10625617

U.C.C. F100-1 (rev. 04/03)

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 AUG 13, 2004

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 THE DAVISON CORPORATION

Address BOX 400 CLARKSBURG NJ 08510

Telephone (732) 928-1600

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. _____	_____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/27/2005
Tracking Number
Permit Number 04-3698
Permit Issue Date 10/15/2004

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD , NJ Block: 1170 Lot: 18

Owner in Fee: OCEAN MEDICAL CENTER

Owner Address: SAME BRICK NJ -

Telephone: / -

Contractor ROBBIE'S PLUMBING & HEATING

Address 27 HALL ROAD FREEHOLD NJ 07728-

Telephone: 732/308-1700 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3810779

Home Warranty Number: N/A

Type of Warranty Plan: ☑ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

Comments:

DECORATIVE FOUNTAIN

☐ **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.

☑ **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.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the vivible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00

Date Printed: 1/27/2005

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/15/2004
Control #
Permit # 04-3698

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
DECORATIVE FOUNTAIN
Owner in Fee OCEAN MEDICAL CENTER
Address SAME
BRICK, NJ -
Telephone ( ) -

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Sldrs. Reg. No.
Federal Emp. No. NO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SEE UPDATE FOR BLDG PORTION OF FOUNTAIN

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 $ 1,001

Construction Official 10/15/2004 Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)

Building	0
Electrical	40
Plumbing	50
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	92
Check No.	999
Cash	
Collected By	MJR

10/15/04 7:50AM 00155843497
XX02 SERV.002

#3698	
ELECTRIC	$40.00
PLUMBING	$50.00
DCA	$2.00
CHECK	$92.00

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/23/2004
Date Issued ~~01/01/1954~~
Control # 10-15-04
Permit # 04-3698+A

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
FOUNTAIN-BLDG ONLY
Owner in Fee OCEAN MEDICAL CENTER
Address SAME
BRICK, NJ -
Tele.( ) -
Contractor THE DAWSON CORP
Address PO BOX 400
CLARKSBURG, NJ 08570-
Tele.(732)928-0600 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2088279

steve
(C) 259-4617

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

DECORATIVE FOUTAIN

Provide Concrete Pour Receipts. (Dump Tickets)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10-11-04	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 11-31-05
Approved By: FM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing	10/25 N/C		10/26	
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			11/27/05	
BarrierFree				

Tickets Received (attached)

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	910
[ ] 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 $ 30,000
3. Total (1+2) $ 30,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 910
DCA State Permit Fee	$ 41

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

IJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/13/2004
Date Issued 10/15/04
Control # C16-15
Permit # 04-3698

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
DECORATIVE FOUNTAIN
Owner in Fee OCEAN MEDICAL CENTER
Address SAME
BRICK, NJ -
Tele.( ) -
Contractor RK ELETRIC
Address 182 PESKIN RD
FARMINGDALE, NJ 07727-
Tele.(732)938-5443 201 8320
Lic. No. or Bldrs. Reg. No. 8226
Federal Emp. No. 22-2757727

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 8/16/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10/21/04
Approved By:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other Temp		12-9-04		EO
Service				
Final		1-21-05		EO

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)
0		Lighting Fixtures	
1		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		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
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 5
Collected by:	TOTAL FEE	$ 40
	DCA State Permit Fee	$ 1

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

IJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/13/2004
Date Issued 10/15/04
Control # C16-15
Permit # 04-3698

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
DECORATIVE FOUNTAIN
Owner in Fee OCEAN MEDICAL CENTER
Address SAME
BRICK, NJ -
Tele.( ) -
Contractor ROBBIE'S PLUMBING & HEATING
Address 27 HALL ROAD
FREEHOLD, NJ 07728-
Tele.(732)308-1700
Lic. No. or Bldrs. Reg. No. 10052
Federal Emp. No. 22-3810779

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 8/18/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ]
Approved By:
Date: 1-24-05

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Pixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO	Final		1/21/05	

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
1	Water Service Connection	50
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 50
DCA State Permit Fee $ 1

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: 9-22-04

Block: 1170 Lot: 18

Property Address: 425 JACK MARTIN BLVD.

I, Stephen McNamara (name) of P.O. Box 400 Clarksburg, NJ (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on:_____ Signed:_____

Rejected on:_____ Signed:_____

Comments:

Township of Brick
Zoning Permit

Approved: Wednesday, October 13, 2004 **Number:** 1552

Block 1170 **Lot** 18 **Zone:** H-S, Hospital Supp.

Property Address: 425 Jack Martin Boulevard

Applicant: Stephen McNamara; The Dawson Corporation

Property Owner Ocean Medical Center

Existing Use: Hospital (Ocean Medical Center).

Proposed Use: Hospital (Ocean Medical Center).

Proposed Construction: Decorative fountain, six (6) feet high.

Conditions: Administratively approved by the Planning Board.
Letters dated October 7, 2004 and March 8, 2004.
Case No. 2403-PSP-FSP-V-2/02.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

Update

RECEIVED
SEP 27 2004
ZONING

RECEIVED
OCT 7 2004
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 1170 LOT 18 QUALIFIER

PROPERTY ADDRESS 425 JACK MARTIN Blvd.

PERSONAL NAME OF APPLICANT Stephen Mc Namara

BUSINESS NAME OF APPLICANT The Dawson Corporation

MAILING ADDRESS OF APPLICANT P.O. Box 400 Clarksburg, NJ 08510

PROPERTY OWNER'S FULL NAME Ocean Medical Center

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Hospital

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Hospital

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) Height
☐ Addition - Height
☐ Alteration
☐ Porch or deck - Height
☐ Shed - Height
☐ Fence - Type Height
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) decorative fountain 6' Ht.

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT SK Date 9/23/04

Reviewed by Zoning Office SK Date 9/29/4 10/13/4 (X) Approved ( ) ~~Denied~~

March 2003

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Planning Board

(732) 262-1045
Fax: (732) 262-8954
http://www.twp.brick.nj.us

October 7, 2004

Melillo & Bauer Associates
300 Hawthorne Avenue
Point Pleasant Beach, NJ 08742

Att: Jill L. Kovalsky, Certified Landscape Architect

Re: Case # 2403-PSP-FSP-V-2/02
The Medical Center of Ocean County
Block 1170, Lot 18, 18.01

Dear Ms. Kovalsky:

At the work session meeting of the Planning Board held on October 6, 2004, the board discussed your request to change the originally approved landscape plans for the newest additions to the hospital campus as follows:

An eight foot square brick seat wall with a decorative sculptured fountain will be constructed in the center of the Administrative Terrace at the Ocean Medical Center as shown on plans prepared by Melillo & Bauer Associates dated June 6, 2004. The seat wall will be approximately 18 inches high constructed of the same brick used on the building.

The Planning Board agreed to administrative approval for the proposed changes.

Rec 10/7/04

Should you have any questions, please feel free to call me.

Very truly yours,

Judith Fox Nelson
Secretary

Cc: Mayor Joseph Scarpelli
Scott MacFadden, Business Administrator
Dan Kelly, Chairman
Michael P. Fowler, AICP/PP
James Priolo, P.E.
Sean Kinnevy
Kenneth Shafer
Harry Bradley (Granary Associates)
Peter Daniels (Ocean Medical Center)
Mike Jahoda (Ocean Medical Center0

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

September 29, 2004

Stephen McNamara
The Dawson Corporation
PO Box 400
Clarksburg, NJ 08510

Re: Block 1170, Lot 18
425 Jack Martin Boulevard – Ocean Medical Center
Zoning permit application

Dear Mr. McNamara:

Your application for a zoning permit for a decorative fountain on the referenced property cannot be approved unless a site plan is submitted and approved by the Planning Board, as per Section 190-240 of the Township Code.

Very truly yours,

Sean Kinnevy
Zoning Officer

10/7/04 - Resubmit Lot

Cc: Scott MacFadden, Business Administrator
Michael Fowler, Township Planner
Kate MacDonald, Assistant Zoning Officer
Lisa Rose Tavalaiccio, Zoning Permit Clerk
Daniel Newman, Jr., Construction Official
Judith Fox Nelson, Planning Board Secretary

St. Triolo

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Planning Board

(732) 262-1045
Fax: (732) 262-8954
http://www.twp.brick.nj.us

March 8, 2004

Melillo & Bauer Associates
300 Hawthorne Avenue
Point Pleasant Beach, NJ 08742

Att: Jill L. Kovalsky, Certified Landscape Architect

Re: Case # 2403-PSP-FSP-V-2/02
The Medical Center of Ocean County
Block 1170, Lot 18, 18.01

Dear Ms. Kovalsky:

At the work session meeting of the Planning Board held on March 3, 2004, the board discussed your request to change the originally approved landscape plans for the newest additions to the hospital campus as follows:

1. Construction of a six foot high brick entry wall sign with a precast cap which will match the building's brick. The flag poles are to be relocated behind the wall and the grounds will be re-graded at the rear of the wall forming a berm.

2. The existing trees are to be removed from the center island and a row of 4 to 4 ½ inch caliper Red Maples will be planted in a ring along the entrance drive from Jack Martin Boulevard.

3. A small patio will be constructed at the gift shop.

4. The landscaping around the parking garage will be changed from an assortment of shrubs to the planting of ornamental grasses, perennials and trees.

9/23/04

The Planning Board agreed to administrative approval for the proposed changes.

Revised plans are to be submitted to the Engineering Department for inspection.

Should you have any questions, please feel free to call me.

Very truly yours,

Judith Fox Nelson
Secretary

Cc: Mayor Joseph Scarpelli
Scott MacFadden
Dan Kelly
Michael P. Fowler, AICP/PP
James Priolo, P.E.
Sean Kinnevy
Kenneth Shafer
Harry Bradley
Doug Murray

Granary Associates

411 North 20th Street
Philadelphia, Pennsylvania 19130
215/665-7000
215/665-7001 FAX
www.granaryassoc.com

July 14, 2004

RECEIVED
JUL 16 2004
ENGINEERING

Mr. James Priolo
Engineering Department
Township of Brick
401 Chambers Bridge Road
Brick, New Jersey 08723

RE: Ocean Medical Center
East Wing Addition
Project No. 14930010
Landscaping Contract Award

Dear Mr. Priolo,

We are in the process of awarding the landscape contract for the East Wing Addition to the Dawson Corporation. Because of budgetary constraints the Entrance Wall Alternate #1 cannot be included in the contract at this time. Ocean Medical Center proposes, with your approval, to include the grading and utility rough-ins for the Entrance Wall in the Dawson Contract with the understanding that Alternate #1 will be awarded to Dawson for the current bid price in fiscal year 2005. All irrigation and seeding will be completed in the Entrance Wall area this fall.

Under separate cover, Melillo and Bauer will submit for your approval, a sketch of the additional day lilies added at the request of Ms. Elissa Commins of your office.

Thank you for your cooperation and please call me at 215-313-0953 should you have any questions or comments.

Sincerely

Harry Bradley

c: Peter Daniels
Joe Gordon
Mike Jahoda.
Chuck Buboltz
Doug Murray
Elissa Commins
Jill Kovalsky – Melillo & Bauer

RALPH CLAYTON & SONS

READY-MIX CONCRETE JOB # 504

TOLL FREE 1-800-662-3044

732-363-1995 OGVAN MEDICAL

CAUTION!

UNHARDENED CONCRETE CAN CAUSE A SEVERE SKIN IRRITATION AND-OR BURNS ON SKIN. AVOID CONTACT WITH SKIN AND WASH EXPOSED SKIN AREAS PROMPTLY WITH WATER. WEAR RUBBER GLOVES, BOOTS, GLASSES AND PROTECTIVE CLOTHING.

NOTICE: THE STRENGTH OF CONCRETE DESCRIBED IS BASED UPON A SLUMP OF 3 TP 4 INCHES WHEN TESTED IN ACCORDANCE WITH ASTM C 94-58. THE CUSTOMER IS RESPONSIBLE FOR REQUIREMENTS OF ACI 305 AND 306.

THIS LOAD CONTAINS 30 GALS. OF WATER

THE UNDERSIGNED AUTHORIZES ADDITION OF _____ GALS. OF WATER & HEREBY ASSUME RESPONSIBILITY FOR THE STRENGTH & DURABILITY OF THE CONCRETE.

SIGNED _____

ORDER #: 329

DATE	CUSTOMER NO	TICKET NO
16:00 26-Oct-04	03428J00	11163990

SOLD TO: GAVAN/MICHAEL T.
MISC
BRICK HOSPITAL

DELIVER TO: BRICK TWP.
JACK MARTIN BLVD. & MAIN ENTRANCE

SOURCE	TRUCK	DRIVER	METHOD OF PAYMENT	PURCHASE ORDER NO.
11	439	189		

QUANTITY	DESCRIPTION	U/M	PRICE	AMOUNT
1.00	3000 PSI CONCRETE	CY		
	~~FREIGHT~~			
	~~MIN LOAD~~			
	EXCESS TIME (sales tax included)			
	SIX MINUTES PER YARD UNLOADING TIME ALLOWED EXCESS TIME		TAX	

15 MINUTES	30 MINUTES	45 MINUTES	60 MINUTES	
$17.50	$35.00	$52.50	$70.00	
ARRIVE JOB 4:20	LEFT JOB	TIME	TOTAL YDS. TODAY 3.00	TOTAL

COMPANY NOT RESPONSIBLE FOR DAMAGE DONE WHEN OFF PUBLIC ROADS

911783

AUTHORIZED & REC'D BY X _____

DELIVERY RECEIPT

RALPH CLAYTON & SONS

READY-MIX CONCRETE

TOLL FREE 1-800-662-3044

732-363-1995

#504

CAUTION!

UNHARDENED CONCRETE CAN CAUSE A SEVERE SKIN IRRITATION AND-OR BURNS ON SKIN. AVOID CONTACT WITH SKIN AND WASH EXPOSED SKIN AREAS PROMPTLY WITH WATER. WEAR RUBBER GLOVES, BOOTS, GLASSES AND PROTECTIVE CLOTHING.

NOTICE: THE STRENGTH OF CONCRETE DESCRIBED IS BASED UPON A SLUMP OF 3 TP 4 INCHES WHEN TESTED IN ACCORDANCE WITH ASTM C 94-58: THE CUSTOMER IS RESPONSIBLE FOR REQUIREMENTS OF ACI 305 AND 306.

THIS LOAD CONTAINS 10 GALS. OF WATER

THE UNDERSIGNED AUTHORIZES ADDITION OF 0 GALS. OF WATER & HEREBY ASSUME RESPONSIBILITY FOR THE STRENGTH & DURABILITY OF THE CONCRETE.

SIGNED _____

ORDER #:421

DATE	CUSTOMER NO	TICKET NO
13:39 03-Nov-04	03428J00	94109104

SOLD TO: SAVAN/MICHAEL T.
MISC

DELIVER TO: BRICKTOWN JACKMARTIN BLVD. AT HOSPITAL
FOOTING

SOURCE	TRUCK	DRIVER	METHOD OF PAYMENT	PURCHASE ORDER NO.
94	485	618		

QUANTITY	DESCRIPTION	U/M	PRICE	AMOUNT
4.00	3000 PSI CONCRETE	CY		
	FRT/SH			
	MIN LOAD			
	EXCESS TIME (sales tax included)			
			TAX	

SIX MINUTES PER YARD UNLOADING TIME ALLOWED EXCESS TIME

15 MINUTES	30 MINUTES	45 MINUTES	60 MINUTES	
$17.50	$35.00	$52.50	$70.00	
ARRIVE JOB	LEFT JOB	TIME	TOTAL YDS. TODAY	TOTAL
2:20	2:50		4.00	

COMPANY NOT RESPONSIBLE FOR DAMAGE DONE WHEN OFF PUBLIC ROADS

AUTHORIZED & REC'D BY X _____

887141

DELIVERY RECEIPT

update 04-3698

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 425 JACK Martin Blvd.
Block: 1170 Lot: 18
Owner's Name: Ocean Medical Center
Owner's Mailing Address: Same
Phone: (____)_____

BUILDING

Contractor: The Dawson Corp.
Address: P.O. Box 400
Clarksburg, NJ 08510
Phone#: 732-928-0600
Lis #_____
Federal Emp # or SSN 22-2088279

Technical Data

Description of Work:

Decorative fountain

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Fireplace wd/gas
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
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: $_____

Cost of New Building: $_____

Cost of Site Work $_____

Total Cost of New Building Work: $ 30,000 —

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 SOEHRN O. MCNAMARA

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:_____

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 425 JACK MARTIN BLVD
Block: 1170 Lot: 19
Owner's Name: OCEAN MEDICAL CENTER
Owner's Mailing Address: 425 JACK MARTIN BLVD
BRICK N.J.
Phone: (732) 920-0600

BUILDING

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

Technical Data

Description of Work:

landscaping

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present:_____ Proposed:_____
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: $

Cost of New Building: $

Cost of Site Work $

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

ELECTRICAL

Contractor: RK ELECTRIC
Address: 20 Sunnyside Rd
Howell NJ 07731
Phone#: 732 901 8320
Lis #: 8226
Federal Emp # or SSN 22-2757727

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	1
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: 500

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 Randy King

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Robbie's Plumbing & Heating
Address: P.O. Box 774
Freehold, NJ 07728
Phone #: 732-308-1700
Lis #: N.J. Master Plumbing Lic #10052
Federal Emp # or SSN 22-3810779

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:

Decorative Fountain
1/2" Water supply line

Estimated Cost of Plumbing Work $500-

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: Robbie Bailey
Please Print Name: Robbie Bailey

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: