

OFFICE USE ONLY

[illegible]

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. _____	_____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/17/2017
Control Number C-16-004022
Permit Number 16-3113
Permit Issue Date 9/6/2016
Certificate Number 16-3113

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ Block: 1170 Lot: 18 Qual: _____

Owner in Fee: OCEAN MEDICAL CENTER %MERIDIAN

Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone: _____

Contractor ABC FIRE & SAFETY INC

Address 750 FAIRFIELD AVENUE KENILWORTH NJ 07033

Telephone: (908) 259-9110 Fax: (908) 259-9021

License Number or Builders Registration Number: 9358 Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: WET/DRY SPRINKLER HEADS

Certificate Comments:

☐ **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 visible 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

Check Number: _____

Collected By: _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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 Qualification Code _____
Work Site Location Ocean Medical 425 Jack Martin
Buck Hospital
Owner in Fee: Ocean Medical

Tel. (____) _____ e-mail _____
Address 425 Jack Martin Blvd Brick 08724
Contractor: ABC Fire and Safety Tel. (908) 257-9110
Address 750 Fairfield Ave e-mail _____
Kenilworth NJ 07033

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00044
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank:
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable OR [] Combustible
Capacity _____
Heating System: [] New OR [] Modification to Existing Fire Alarm System: [] New OR [] Existing
OR [] Conversion OR [] Replacement Location of Panel: _____
Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System:
Other _____ [] New OR [] Existing
Location: _____ Location of Main Control Valve _____

Total Cost of Fire Protection Work \$ 1,200

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type	Failure	Failure	Approval	Initial
[] No Plans Required		Alarm System	_____	_____	_____	_____
[] Partial -Underslab Utilities Approved		Suppression Sys	_____	_____	_____	_____
Date: _____ Approved by: _____		Standpipe	_____	_____	_____	_____
[] Fire Protection Plans Approved		Fire Pump	_____	_____	_____	_____
Date: _____ Approved by: _____		Pre-Eng. System	_____	_____	_____	_____
Joint Plan Review Required		Mechanical	_____	_____	_____	_____
[] Bldg. [] Elec. [] Plumb. [] Elev.		Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____	_____
Date: <u>8/23/10</u>		Flam/Combust Tanks	_____	_____	_____	_____
Approved by: <u>MO</u>		Fireplace Venting	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Final	_____	_____	_____	_____
[] CO [] CCO [] CA		Other	_____	_____	_____	_____
Date: <u>3-13-17</u>						
Approved by: <u>10</u>						

UCC F140 (rev 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Date Received 9/6/16
Control # _____

Date Issued 16-3113
Permit # _____

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.

Applicant/Contractor
sign here: _____

Print name here: Charles Lindstrom

D. TECHNICAL SITE DATA ☒ Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK. Add additional nozzle over
Flat Griddle and move Fryer nozzle over
Water Supply Source Fryer
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems		
[] System	_____	_____
[] 110v Interconnected	_____	_____
[] CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	_____	_____
Suppression Systems		
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems		
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other	_____	_____
Other Systems		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances [] Gas [] Oil [] Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



CONSTRUCTION PERMIT

Date Issued 7/16/16
Control # C-16-004022
Permit # _____

16 - 3113

IDENTIFICATION Block: 1170 Lot: 18 Qualifier _____
Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ Contractor ABC FIRE & SAFETY INC
Address 750 FAIRFIELD AVENUE KENILWORTH NJ 07033
Owner in Fee OCEAN MEDICAL CENTER %MERIDIAN Telephone: (908) 259-9110
1350 CAMPUS PKWY STE 1500 NEPTUNE NJ Lic. No. or Bldrs. Reg. No. 9358 9358 9358
07753 Federal Employee No. _____
Telephone: _____

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK.

WET/DRY SPRINKLER HEADS

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 \$1,200

D. J. ...
Construction Official

8/24/16
Date

UCC F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$170
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$172
Check No. <u>1169</u>	
Cash	\$0
Credit	\$0
Collected By <u>LH</u>	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 1170 Lot 151 Qualification Code _____

Work Site Location Ocean Medical 4125 Jack Martin

Owner in Fee: Ocean Medical

Tel. (____) _____ e-mail _____

Address 4125 Jack Martin Blvd Brick 08724

Contractor: ABC Fire and Safety Tel. (____) 734-9110

Address 712 Tamarac Ave e-mail _____

City/State/Zip Kearnsport NJ 07033

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 700044

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable). _____

Federal Emp. ID No. _____ FAX: (____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: ☐ New OR ☐ Modification to Existing

OR ☐ Conversion OR ☐ Replacement

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

Other _____

Location: _____

Total Cost of Fire Protection Work \$ 1,200

Fuel Storage Tank:

Fuel Type: ☐ Flammable OR ☐ Combustible

Capacity _____

Fire Alarm System: ☐ New OR ☐ Existing

Location of Panel _____

Fire Suppression/Standpipe System:

☐ New OR ☐ Existing

Location of Main Control Valve _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial -Underslab Utilities Approved

Date _____ Approved by _____

☐ Fire Protection Plans Approved

Date _____ Approved by _____

Joint Plan Review Required

☐ Bldg ☐ Elec ☐ Plumb. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date 2/23/10

Approved by [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date _____

Approved by _____

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.

Applicant/Contractor sign here: _____

Print name here: Charles Lindstrom

☒ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ABC Fire and Safety

Water Supply Source: City

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tampers, low/high air) _____

Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: ☐ New OR ☐ Modification to Existing
OR ☐ Conversion OR ☐ Replacement

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Other _____

Location: _____

Fuel Storage Tank:

Fuel Type: ☐ Flammable OR ☐ Combustible
Capacity _____

Fire Alarm System: ☐ New OR ☐ Existing

Location of Panel _____

Fire Suppression/Standpipe System:

☐ New OR ☐ Existing

Location of Main Control Valve _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Alarm System	_____	_____	_____	_____
☐ Partial -Underslab Utilities Approved		Suppression Sys	_____	_____	_____	_____
Date _____ Approved by _____		Standpipe	_____	_____	_____	_____
☐ Fire Protection Plans Approved		Fire Pump	_____	_____	_____	_____
Date _____ Approved by _____		Pre-Eng. System	_____	_____	_____	_____
Joint Plan Review Required:		Mechanical	_____	_____	_____	_____
☐ Bldg. ☐ Elec ☐ Plumb. ☐ Elev.		Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____	_____
Date _____		Flam/Combust Tanks	_____	_____	_____	_____
Approved by _____		Fireplace Venting	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Final	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA		Other _____	_____	_____	_____	_____
Date _____						
Approved by _____						

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.

Applicant/Contractor
sign here. _____

Print name here: _____

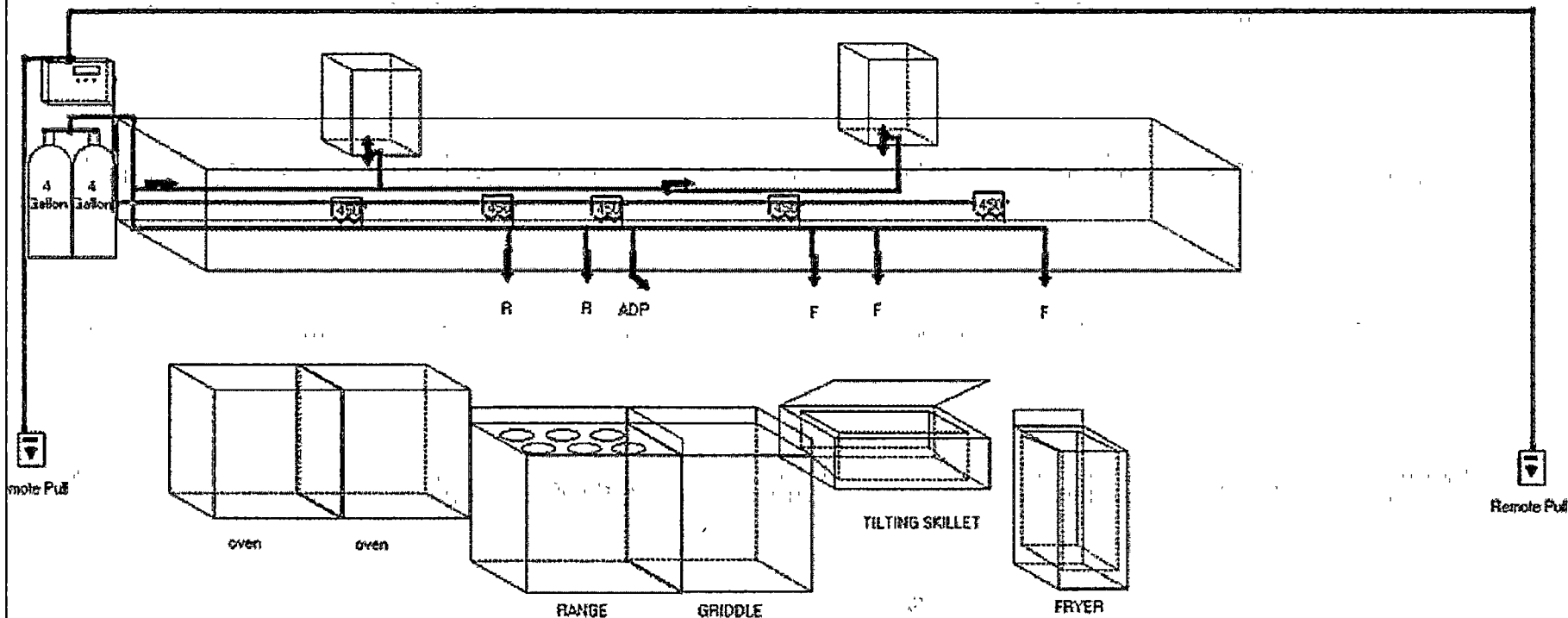
D. TECHNICAL SITE DATA ☐ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems		
☐ System	_____	_____
☐ 110v Interconnected	_____	_____
☐ CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., lampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices _____	_____	_____
TOTAL	_____	_____
Suppression Systems		
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems		
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other _____	_____	_____
Other Systems		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other _____	_____	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

Range Guard Wet Chemical Systems Pre-Engineered Fire Suppression System



Total System Flow Points = 15



Designed & Installed by:
ABC Fire And Safety Inc
750 Fairfield Ave
Kenilworth, NJ 07033
908-259-9110

For:
Ocean Medical
425 Jack Martin Blvd.
Brick, New Jersey 08724

Lic #: P00044

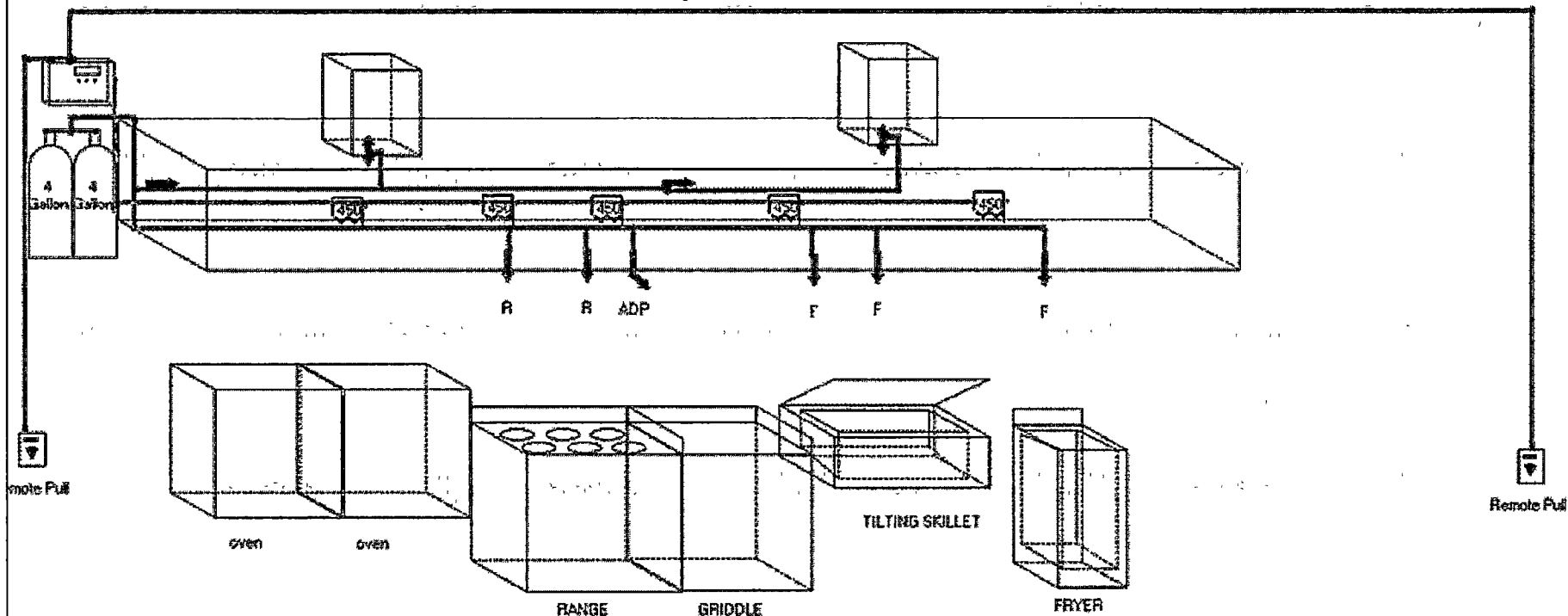
Designer CL

Job #:

Date: 5/19/2016

Stamp

Range Guard Wet Chemical Systems Pre-Engineered Fire Suppression System



Total System Flow Points = 15



Designed & Installed by:
ABC Fire And Safety Inc
750 Fairfield Ave
Kenilworth, NJ 07033
908-259-9110

For:
Ocean Medical
425 Jack Martin Blvd.
Brick, New Jersey 08724

Lic #: P00044

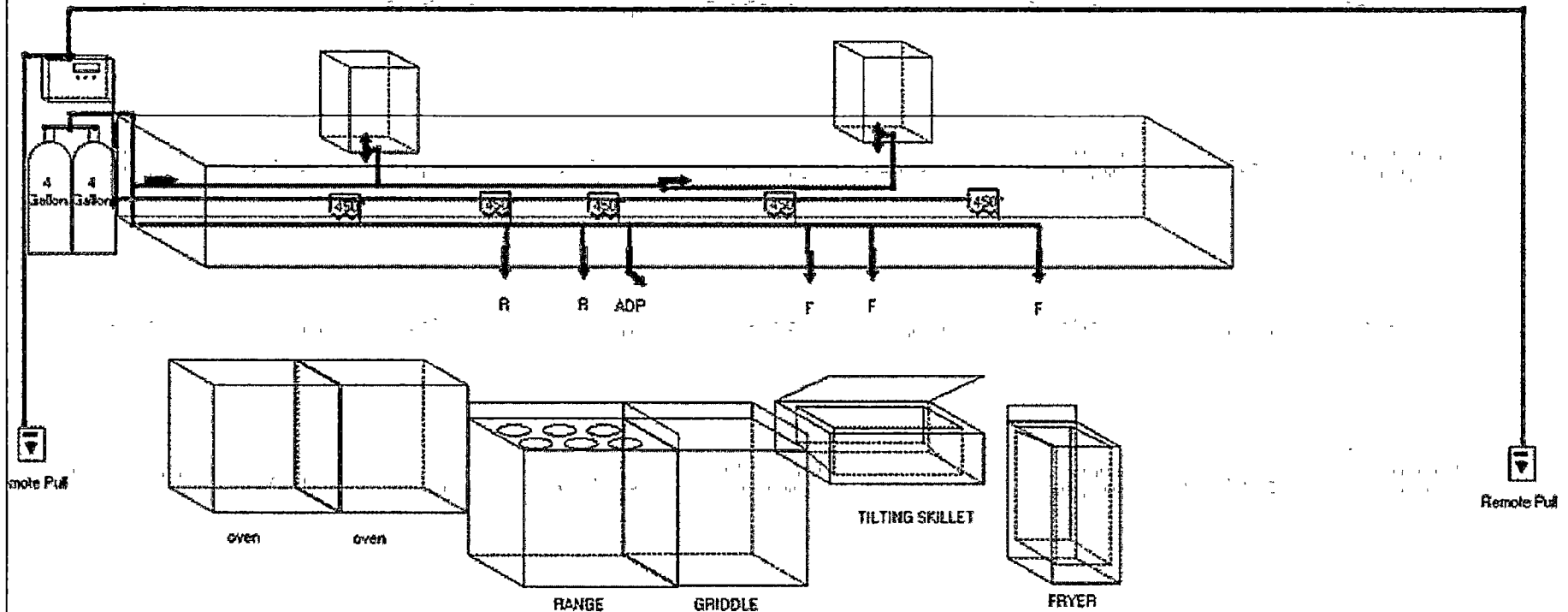
Designer CL

Job #:

Date: 5/19/2016

Handwritten signature
5-23-16
Stamp

Range Guard Wet Chemical Systems Pre-Engineered Fire Suppression System



Total System Flow Points = 18



Designed & Installed by:
ABC Fire And Safety Inc
750 Fairfield Ave
Kenilworth, NJ 07033
908-259-9110

For:
Ocean Medical
425 Jack Martin Blvd.
Brick, New Jersey 08724

Lic #: P00044

Designer: CL

Job #:

Date: 5/19/2016

[Signature]
5-23-16
Stamp

BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin PERMIT NO. 16-3113



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C16-004022

I. IDENTIFICATION

1. Proposed Work Site at: Ocean Medical 425 Jack Martin
2. Name of Owner in Fee: Ocean Medical / Buck Hospital
Tel. () e-mail _____
Address 425 Jack Martin Blvd 08724
street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: ABC Fire and Safety Tel. (908) 259-9110
Address 750 Fairfield Ave e-mail _____
Kenilworth NJ 07033
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____
5. Architect or Engineer: Pm Fire Systems Contact: Lenny
Address 181 high st Nutley NJ e-mail _____
Tel. (973) 338-3600 FAX: () _____
6. Responsible Person in Charge once Work has Begun: Charles Lindstrom
Tel. (609) 713-1052 FAX: () _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical		
3. Plumbing		
4. Fire Protection	<u>170</u> ✓	
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	<u>2-</u>	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$	

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. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved	<u>HUD</u>
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands yes	<u>no</u>

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ Building
☐ Electrical
☐ Plumbing
☒ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
	<u>LH</u>	<u>8/17/16</u>					

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
Gained, Sale _____
Gained, Rental _____
Lost, Sale _____
Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s):

- D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)1.ix:

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. 5:23-2.15(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 ABC Fire and Safety

Address 750 Fairfield Ave Kenilworth NJ 07033

Telephone (908) 259-9110

Signature [Signature]

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.