

740-93



I. IDENTIFICATION

6. Responsible Person _____
In Charge of Work _____ Tel. (_____) _____

3. Change in Use Group.
Indicate Former:

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 New Jersey 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 Grinnell Fire Protection

Address 2323 Randolph Ave.

Avenel NJ.

Telephone (908) 381-7722

Signature John Puzos Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL	
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date
☐ Planning Board								
☐ Zoning Board								
☐ Sewer Authority								
☐ Water Authority								
☐ Fire Department								
☐ Police Department								
☐ Health Department								
☐ Soil Conservation								
☐ N.J. Dept. of Community Affairs								
☐ N.J. Department of Transportation								
☐ N.J. Dept. of Environmental Protect.								
☐ Utility Dig No.								
☐ Other								
☐								
☐								
☐								

COMMENTS

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	_____
Electrical _____	Barrier Free _____	_____
Plumbing _____	Flood Hazard _____	_____
Fire Protection _____	As Built Elevation Cert. _____	_____
Mechanical _____	Other _____	_____

X. CERTIFICATES ISSUED (office use only)

DATE EXPIRED

☐ Temporary Certificate of Occupancy	No. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____
☐ Certificate of Approval	No. _____
☐ None	No. _____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

4/28/93
740-93

IDENTIFICATION Block 1170 Lot 18 18.2 18.3
 Work Site Location 1170 & Leonard Rd. Contractor Wrenold Fire Prot.
 Address _____
 Owner in Fee Buck Hospital
 Address 1170 Middle (B) Union Tele. (____) _____
 Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
 Federal Emp. No. _____
 or Social Security No. _____

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Sprinkler

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 \$ 2000

[Signature]

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		740*#
Building		
Plumbing	<u>412</u>	0.00
Electrical	<u>1170 #</u>	
Fire Protection	<u>LVI</u>	0.00
Other	<u>18 #</u>	
Other	<u>FIRE</u>	40.00
DCA Training Fee	<u>C / U</u>	20.00
Cert. of Occ.	<u>NOTAL</u>	60.00
Other	<u>CHECK</u>	60.00
Total	<u>1000</u>	0.00
Check No.	<u># 1025</u>	
Cash	<u>4/28/93</u>	1:16
Collected By:	<u>[Signature]</u>	



FIRE PROTECTION
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

4/28/93
740-93

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, 18.2, 18.3
Work Site Location CUDDE CARE NURSERY
RT 70 & GEORGE RD. BRICK NJ.
Owner in Fee BRICK HOSPITAL
Address 425 JACK MARTIN BLVD.
BRICK NJ.
Tele. ()
Contractor GRINDELL FIRE PROTECTION
Address 2323 RAUDOLPH AVE.
AVEREL NJ.
Tele. () 381-7722
Lic. No. _____
Federal Emp. No. 0540346132 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ 300.00 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
[] No Plans Required	Type:	Failure Failure Approval Initial
[] Bidg. [] Plumb. [] Elec.	Suppression Test	
[X] Fire Plans Approved	Fire Alarm Test	
Date: <u>4/26/93</u>	Smoke Test	
Approved by: _____	Mechanical	
SUBCODE APPROVAL	TCO	
[] CO [] CCO [] CA	Other	
Date: <u>4/30/93</u>	Other	
Approved by: _____	Other	

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

John P. Long
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

City

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
L.P.G. Storage Tanks
L.N.G. Storage Tanks

() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____

Wet Sprinkler Heads
Dry Sprinkler Heads
TOTAL

Number
1

FEE (Office Use Only)

Smoke Detectors
Heat Detectors
TOTAL

Stand Pipes
Kitchen Hood Exhaust Systems

Pre-Engineered Systems

CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas or Oil Fired Appliance
OTHER

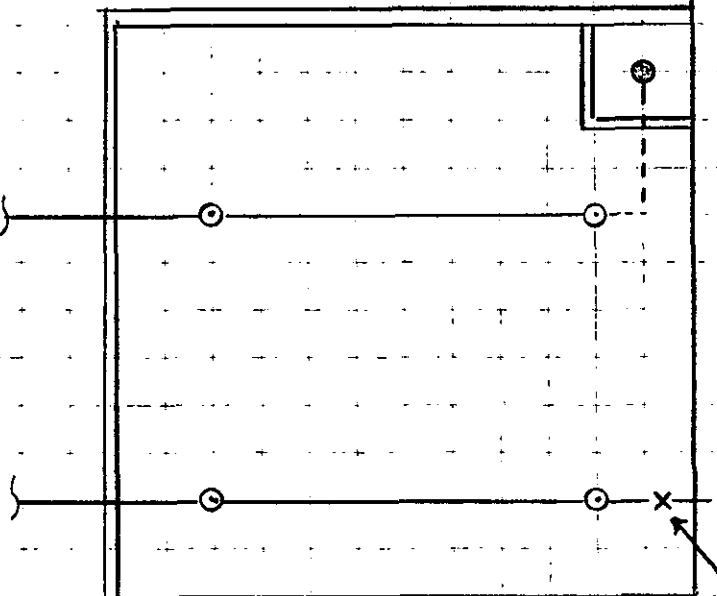
Paid [] Check # _____ Minimum Fee \$
Collected by _____ TOTAL FEE \$

Administrative Surcharge \$

46-

INSPECTOR'S TEST VALVE

NEW 165° HEAD IN CLOSET →



Handwritten:
4/26/93
KPC

CUDDLE CARE

RT 704 GEORGE RD

BRICK N.J.

GRINDELL TO ADD
ONE SPRINKLER HEAD
IN CLOSET.

○ - Denotes Existing

● - Denotes New Head

$\frac{1}{4}'' = 1'-0''$