

BLOCK 672 LOT 12 QUALIFICATION CODE 004934 ADDRESS (SITE) 705 ROUTE 70 PERMIT NO. 07-3538



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 705 ROUTE 70

2. Name of Owner in Fee: ONE MORE ENTERPRISES TRCF

Tel. () e-mail
Address 705 ROUTE 70 BRICK NJ. street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: TONY'S WORKING Tel. 732 278-5814

Address 225 EDWARD DRIVE, BRICK e-mail
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. ()

5. Architect or Engineer FORM ARCHITECT Contact
Address 239 MARKET ST. e-mail
Tel. (742) 543-6934 FAX: ()

6. Responsible Person in Charge once Work has Begun BOB HUNTER
Tel. (908) 462-4757 FAX: ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>40</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$ <u>34</u>		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>139</u>		

VI. BUILDING/SITE CHARACTERISTICS

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		

(office use only)

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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
							Approval	Rejection
☒ Building					<u>10-9-07</u>	<u>OC</u>		
☐ Electrical								
☐ Plumbing								
☐ Fire Protection					<u>10-9-07</u>	<u>OC</u>	<u>725-08</u>	
☐ Elevator								

TOTAL COSTS 25000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

4. No. of dwelling units: All Units Income-restricted

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

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

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	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs
	7. ☐ Sprinklers	

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.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 _____

Address _____

Telephone (_____) _____

Signature _____

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/13/2012
Control Number C-07-004934
Permit Number 07-3538
Permit Issue Date 11/14/2007
Certificate Number 07-3538

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 705 ROUTE 70 Brick Township, NJ Block: 672 Lot: 12 Qual: _____
Owner in Fee: ONE MORE ENTERPRISE, INC%TGI FRIDAY
Owner Address: 2 WOODLAND DRIVE DALLAS PA 18612
Telephone: _____
Contractor Tony's Roofing
Address 225 Elmwood Drive Brick NJ 08723
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____
Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: B Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: FIRE ALTERATIONS Torch Down Roof

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 _____

Date Printed: 2/13/2012

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____



CONSTRUCTION PERMIT

Date Issued 11/14/2007
Control # C-07-004934
Permit # 07-3538

IDENTIFICATION Block: 672 Lot: 12 Qualifier _____
Work Site Location: 705 ROUTE 70 Brick Township, NJ Contractor Tony's Roofing
Address 225 Elmwood Drive Brick NJ 08723
Owner in Fee ONE MORE ENTERPRISE, INC%TGI FRIDAY
2 WOODLAND DRIVE DALLAS PA 18612 Telephone: _____
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee. No. _____

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:

FIRE ALTERATIONS Torch Down Roof

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 \$25,000

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$0
Plumbing	\$0
Fire Protection	\$65
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$34
CO Fee	
Other	\$0
Total	\$139
Check No.	1502
Cash	\$0
Credit	\$0
Collected By	Alyse Pierce

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

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

Block 672 Lot 12 Qualification Code _____
Work Site Location 705 ROUTE 70
BRICK NJ

Owner in Fee ONE MORE ENTERPRISES INC. TGIF
Address 705 ROUTE 70
BRICK NJ

tel (732) 262-0937
Contractor TONY'S ROOFING
Address 225 CUMWOOD DRIVE
BRICK NJ

tel (732) 278-5814 FAX (_____)

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. 352223223

I. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New OR [] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [] New OR [] Existing [] HVAC Fire Suppression/Standpipe System:

Type: [] Gas [] Oil [] Electric [] Solar [] New OR [] Existing

[] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: [] Flammable OR [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Electric [] Elevator

[] Fire Plans Approved

Date: 10-9-07

Approved by: GR

SUBCODE APPROVAL

[] CO [] CCO

Date: 7-23-08

Approved by: RUR

INSPECTIONS

Type: Failure Failure Approval Initial

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Flam/Combust Tanks _____

Fireplace Venting _____

Final 12/2 12/2

Other _____



Date Received

Control #

Date Issued

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's Signature/Contractor's Signature

[] Certified Contractor

[] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: TAR SEAM ROOF

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	COMMERCIAL
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	_____	COMMERCIAL
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	_____	COMMERCIAL
FM200 Suppression	_____	
Other	_____	
Other Systems	_____	
Kitchen Hood Exhaust System	_____	
Smoke Control System	_____	
Fired Appliances [] Gas or [] Oil	_____	
Fireplace Venting/Metal Chimney	_____	
Other <u>ROOF TAR SEAM</u>	_____	

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



BUILDING SUBCODE TECHNICAL SECTION



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

Block 672 Lot 1.2 Qualification Code _____

Work Site Location 705 ROUTE 70
FRICK NJ.

Owner in Fee C.E. ALBRECHT ENTERPRISES
Address 705 ROUTE 70
FRICK NJ.

(702) 702-6701

Contractor TUNIS, RYAN INC
Address 705 ROUTE 70
FRICK NJ.

(702) 702-6701 FAX (____) _____

Contractor License No. or Builder Registration No. _____
General Emp. No. 1512322 [REDACTED]

DB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	
☒ No Plans Required	<u>10/07/14</u>	<u>KM</u>	Type:	Failure	Approval
☐ All			Footings		
☐ Footing			Footings Bonding		
☐ Foundation			Foundation		
☐ Frame			Slab		
☐ Other			Frame		
			Truss Sys./Bracing		
			Barrier-Free		
Point Plan Review Required:			Insulation		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes -Base Layer		
			Finishes -Final		
UBCODE APPROVAL			Energy		
☐ CO ☐ CCO ☐ CA			Mechanical		
ate:			TCO		
pproved by:			Other		
			Final		
			Barrier-Free		

BUILDING CHARACTERISTICS

Group Present _____ Proposed _____ Est. Cost of Bldg. Work:
Instr. Class Present _____ Proposed _____ 1. New Bldg. \$ _____
of Stories _____ 2. Rehabilitation \$ _____
Height of Structure _____ Ft. 3. Total (1+2) \$ 1300
Area — Largest Floor _____ Sq. Ft.
Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Date Received _____
Control # _____

Date Issued 11/14/14
Permit # 7

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

THE SIGN
KCOF

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☒ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

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

(Ref: 01/03)
 M.C. 2410
 3 Bank = Quota Code
 1 White = Identification Code
 4 Org = 102, 201, 300A
 5 C.R.T. = Quota Code
 TOTAL FEE \$ _____
 State & Local Excise Fee \$ _____
 Minimum L.R. \$ _____
 Administrative Surcharge \$ _____

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☐	Other _____
☐	Feed Hay Asperment NTAC 2-11
☐	Asperment Asperment 8
☐	Soil _____
☐	Stibu _____ 2d Ft
☐	Fence _____ Holding (exceeds 6)
☐	Shrub _____
☐	Roofing _____
☐	Reupholstering _____
☐	Adoption _____
☐	New Building _____

TYPE OF WORK _____

2 _____

FEE (Office Use Only) _____

TECHNICAL SITE DATA	DESCRIPTION OF WORK

and am authorized to make this abolition

CERTIFICATION IN TIEN OF OATH



Defendant # _____
Defendant # _____

Receipt # _____
 Date Issued _____
 Control # _____
 Date Received _____



BUILDING 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 17 Lot 2 Qualification Code _____

Work Site Location _____

Owner in Fee _____
Address _____
Tel. (____) _____
Contractor _____
Address _____

Fel. (____) _____ FAX (____) _____
Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
			Type:		Failure	Approval
☒ No Plans Required	10/27/11		Footing			
☐ All			Footing Bonding			
☐ Footing			Foundation			
☐ Foundation			Slab			
☐ Frame			Frame			
☐ Other			Truss Sys./Bracing			
Joint Plan Review Required:			Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation			
SUBCODE APPROVAL			Finishes - Base Layer			
☐ CO	☐ CCO	☐ CA	Finishes - Final			
Date: _____			Energy			
Approved by: _____			Mechanical			
			TCO			
			Other			
			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories			2. Rehabilitation \$ _____
Height of Structure			3. Total (1+2) \$ _____
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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
<i>[Handwritten: 1000 sq ft]</i>

TYPE OF WORK:	HEIGHT (exceeds 6') Sq. Ft.	FEE (Office Use Only)
☐ New Building		
☐ Addition		
☒ Rehabilitation		
☐ Roofing		
☐ Siding		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz. Abatement NJAC 5:17		
☐ Other		
☐ Demolition		

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 672 Lot 1 Qualification Code 70

Work Site Location 705 ROUTE 70

Owner in Fee 606-1016-40 REYNOLDS INC TCIF

Address 705 ROUTE 70

el (705) FAX (705)

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

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

Fire Alarm Contractor No.

Federal Emp. No.

FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: New or Existing

Constr. Class: Present Proposed Location of Panel:

Existing System: New or Existing Fire Suppression/Standpipe System:

Type: Gas Oil Electric Solar Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: Flammable or Combustible Capacity

Total Cost of Fire Protection Work \$

JOB SUMMARY (Office Use Only)		INSPECTIONS			
PLAN REVIEW		Type:	Failure	Failure	Approval Initial
☐ No Plans Required		Alarm System			
☐ Joint Plan Review Required:		Suppression Sys.			
☐ Building ☐ Plumbing		Standpipe			
☐ Electric ☐ Elevator		Fire Pump			
☐ Fire Plans Approved		Pre-Eng. System			
Date: <u> </u>		Mechanical			
Approved by: <u> </u>		Smoke Control			
SUBCODE APPROVAL		TCO			
☐ CO ☐ CCO ☐ CA		Flam/Combust Tanks			
Date: <u> </u>		Fireplace Venting			
Approved by: <u> </u>		Final			
		Other			



C. CERTIFICATION IN LIEU OF OATH

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

☐ Certified Contractor ☐ Applicant's Signature/Contractor's Signature

☐ Exempt Applicant

D. TECHNICAL SITE DATA

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., tamper, low/high air)		
Signaling Devices (i.e., horns/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump <u> </u> GPM Type <u> </u>		
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		
Fired Appliances ☐ Gas or ☐ Oil		
Fireplace Venting/Metal Chimney <u> </u>		
Other <u> </u>		

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



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 _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee _____
Address _____

Tel (____) _____
Contractor _____
Address _____

FAX (____) _____
Tel (____) _____
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System:
Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing
[] Other _____ Location of Main Control Valve: _____
Location: _____
Fuel Storage Tank: _____
Fuel Type: [] Flammable or [] Combustible Capacity _____
Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS			
PLAN REVIEW		Type:	Failure	Dates (Month/Day)	Approval
[] No Plans Required		Alarm System	_____	_____	_____
Joint Plan Review Required:		Suppression Sys.	_____	_____	_____
[] Building	[] Plumbing	Standpipe	_____	_____	_____
[] Electric	[] Elevator	Fire Pump	_____	_____	_____
[] Fire Plans Approved		Pre-Eng. System	_____	_____	_____
Date: _____		Mechanical	_____	_____	_____
Approved by: _____		Smoke Control	_____	_____	_____
SUBCODE APPROVAL		TCO	_____	_____	_____
[] CO [] CCO [] CA		Flam/Combust Tanks	_____	_____	_____
Date: _____		Fireplace Venting	_____	_____	_____
Approved by: _____		Final	_____	_____	_____
		Other	_____	_____	_____



Late Received
Control # _____
Date Issued _____
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's Signature/Contractor's Signature

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
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., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horns/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	_____	_____
Fired Appliances [] Gas or [] Oil	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other _____	_____	_____

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