BLOCK 671 LOT 1.101 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Chambersbridge PERMIT NO. 16-4310

CONSTRUCTION PERMIT APPLICATION

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

C16-005025

I. IDENTIFICATION

1. Proposed Work Site at: 56 Chambersbridge Rd. Unit 8
2. Name of Owner in Fee: Federal Realty Inv. Trust Dr. office
   Tel. ( ) e-mail
   Address 1626 East Jefferson St. Rockville MD
   (street / municipality / zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: SFC Enterprises Inc. Tel. (732) 264-2005
   Address 809 Hwy 36 e-mail terry@sfcenterprises.com
   Union Beach NJ 07735
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH07921900
   Federal Emp. ID No. 223585787 FAX: 732 264 0055
5. Architect or Engineer CWB Contact Craig Brearley
   Address 799 Route 72 Manahawkin e-mail
   Tel. (609) 597-8880 FAX: (609) 597 5258
6. Responsible Person in Charge once Work has Begun Anthony Ulisse
   Tel. (732) 395 1704 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update	
1. Building	$ 3020			
2. Electrical	1125	300		
3. Plumbing				
4. Fire Protection	211	175	175	775
5. Elevator Devices				
6. Subtotal				
7. Less 20% for State Plan Review	$			
8. Subtotal	$			
9. State Permit Surcharge Fee	149	25	19	481
10. Subtotal	$			
11. Cert. of Occupancy	150			
12. Other	50			
13. TOTAL	$ 4705		194	803

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 81
8. If Industrialized Building: State Approved HUD
9. Total Land Area Disturbed sq. ft.
10. Flood Hazard Zone
11. Base Flood Elevation ft.
12. Wetlands yes no

COMMERCIAL

IIa. PROPOSED WORK

- ☐ Minor Work — 1 year fit up
- ☐ 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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	63.000	MW			11/30/16	KEK		12/7/16 FA	
☒ Electrical	15.000	10/11/16			10/24/16	PJE		10/24/16	PJE
☒ Plumbing	25,000			12-7-16	12.20.16				
☒ Fire Protection	18000				12/5/16	LL			
☐ Elevator	N/A	Exempt	Exempt		12/21/16	ECC			
TOTAL COST	125.000								

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: B
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 S Barton SKC Enterprises, LLC Date 9/13/16

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 SKC Enterprises

Address 809 Highway 36
Union Beach NJ 07735

Telephone (732) 264-2005

Signature S Barton

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 05/11/2017
Control Number C-16-005025
Permit Number 16-4310
Permit Issue Date 12/12/2016
Certificate Number 16-4310

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. UNIT 8 Brick Township, NJ Block: 671 Lot: 1.01 Qual:

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone:

Contractor SFC ENTERPRISES, INC

Address 809 HWY 36 UNION BEACH NJ 07735

Telephone: (732) 264-2005 Fax: (732) 264-0055

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: 81

Description of Work/Use: TENANT FIT UP - IMMEDIATE CARE (UNIT 8) ...FORMER GLOW GOLF

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:

Kenneth C Keil - ACTING
Construction Official

Fee: $150.00
Check Number: 160448
Collected By: Christopher Winters

Date Printed: 05/11/2017

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/12/16

Date Issued / Permit # 16-4310

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

Block 671 Lot 1.01 Qualification Code

Work Site Location 56 Chambers Bridge Rd.

Owner in Fee: Federal Realty Inv. Trust

Tel. (484) 419 1221 e-mail jfmiller@federalrealty.com

Address 1626 East Jefferson St. Rockville MD
street municipality

Contractor: SFC Enterprises, Inc Tel. (732) 254 2005
zip code

Address 809 Highway 36 e-mail terry@sfcenterprises.com
Union Beach NJ 07735

Contractor License No. or Builder Registration No. _____ Exp. Date 3/31/17

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH07092700

Federal Emp. ID No. 22-3585787 FAX: 732 2640055

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.

Sign here: _____

Print name here: FRANK CANNIZZARO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant fit out

Immediate care Dr office
COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	11/30/16	KEH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 11/30/16
Approved by: KEH

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 04/12/17
Approved by: KEH

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame		*	1-30-17	JS
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other Above ceiling			3-7-17	SD
Final * 4.10.17	JS	*	4-11-17	JS
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ ~~125,000~~ -
3. Total (1+ 2) $ ~~125,000~~ - 103,000 -

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

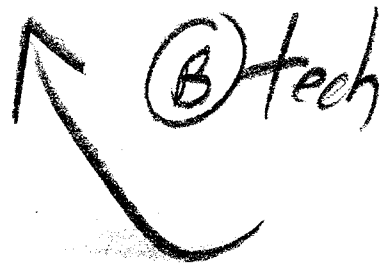
$ _____

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

1-30-17 Frame pass check sent to Jeff

*4-10-17 Final Fail 1) Need Threshold @ Room exit addressed
2) Need Flame & smoke cert for Gases
3) Need final Balancing Report

*4-11-17 Final Pass Need Flame & smoke cert for Gases corrected submitted for at C.O.



M3S MECHANICAL AIR-BALANCING REPORT

PROJECT INFORMATION				
ADDRESS BRICK PLAZA		Readings by MIKE MANNINO		Certification# 289567
Test Instrument used TSI ALNOR EBT731		Calibration date 2/28/2017		
Balancing done on (date):				
EQUIPMENT				
RTU 1	Brand CARRIER	Model#CBA750	BTU output 175000	Strip KW N/A
	Brand CARRIER	Model# 7.5 TON	Rated tons 7.5	
	Brand CARRIER	Model# 7.5TON	Rated tons 7.5	
DESIGN PERFORMANCE				
Design total Static Pressure .01		Design S.P. (+) .01	Design S.P. (–) .01	
Design total CFM				
MEASURED PERFORMANCE				
Measured total CFM (1st test, all dampers open) 3150				
Measured S.P. (+) .01		Measured S.P.(-) .01	Total Static Pressure .01	
PROPORTIONED CFM (If Measured Total differs from Design Total by 10%, or more)				
Measured total CFM ÷ Design total CFM = __3000___5_% (Adjust all room CFM's by this % to re-proportion airflows)				
INDIVIDUAL REGISTERS				
Room name	Design CFM	1st Test	Bal. to_____ %	2nd Test	3rd Test	

Totals	3000	3145	3058			

Totals	300	3060	3058			

PHARMACY 1	500	625		532		
2	500	575		521		
3	250	260		247		
4	250	200		253		
OPEN	500	445		497		
OPEN	500	560		510		
OPEN	500	395		498		

M3S MECHANICAL AIR-BALANCING REPORT

PROJECT INFORMATION				
ADDRESS BRICK PLAZA		Readings by MIKE MANNINO		Certification# 289567
Test Instrument used TSI ALNOR EBT731		Calibration date 2/28/2017		
Balancing done on (date):				
EQUIPMENT				
RTU 2	Brand CARRIER	Model#CBA750	BTU output 175000	Strip KW N/A
	Brand CARRIER	Model# 7.5 TON	Rated tons 7.5	
	Brand CARRIER	Model# 7.5TON	Rated tons 7.5	
DESIGN PERFORMANCE				
Design total Static Pressure .01		Design S.P. (+) .01	Design S.P. (–) .01	
Design total CFM				
MEASURED PERFORMANCE				
Measured total CFM (1st test, all dampers open) 3150				
Measured S.P. (+) .01		Measured S.P.(-) .01	Total Static Pressure .01	
PROPORTIONED CFM (If Measured Total differs from Design Total by 10%, or more)				
Measured total CFM ÷ Design total CFM = __3000___5_% (Adjust all room CFM's by this % to re-proportion airflows)				
INDIVIDUAL REGISTERS				
Room name	Design CFM	1st Test	Bal. to_____ %	2nd Test	3rd Test	

BRAKE ROOM	500	587		525		
OPEN	500	575		521		
OFFICE						
1	250	265		249		
2	250	245		251		
3	250	237		254		
4	250	259		247		
5	250	248		248		
6	250	257		256		
7	250	236		247		
BATH	250	287		260		

M3S MECHANICAL AIR-BALANCING REPORT

PROJECT INFORMATION				
ADDRESS BRICK PLAZA		Readings by MIKE MANNINO		Certification# 289567
Test Instrument used TSI ALNOR EBT731		Calibration date 2/28/2017		
Balancing done on (date):				
EQUIPMENT				
FURNACE/BLOWER	Brand CARRIER	Model#CBA750	BTU output 175000	Strip KW N/A
OUTDOOR UNIT	Brand CARRIER	Model# 7.5 TON	Rated tons 7.5	
INDOOR COIL	Brand CARRIER	Model# 7.5TON	Rated tons 7.5	
DESIGN PERFORMANCE				
Design total Static Pressure .01		Design S.P. (+) .01	Design S.P. (–) .01	
Design total CFM				
MEASURED PERFORMANCE				
Measured total CFM (1st test, all dampers open) 3150				
Measured S.P. (+) .01		Measured S.P.(-) .01	Total Static Pressure .01	
PROPORTIONED CFM (If Measured Total differs from Design Total by 10%, or more)				
Measured total CFM ÷ Design total CFM = __3000___5_% (Adjust all room CFM's by this % to re-proportion airflows)				

INDIVIDUAL REGISTERS

Room name	Design CFM	1st Test	Bal. to_____ %	2nd Test	3rd Test	
XRAY	500	465		500		

Totals	3100	2935	2985			

WAITING ROOM	750	800		759		
NURES STATION	250	269		247		
RECEPTION	400	387		290		
BATHROOM 1	100	165		132		
BATHROOM 2	100	112		119		
EXAM ROOM 10	250	225		245		
11	250	219		247		
12	250	299		247		
13	250	227		251		
14	250	232		247		

M3S MECHANICAL AIR-BALANCING REPORT

PROJECT INFORMATION				
ADDRESS BRICK PLAZA		Readings by MIKE MANNINO		Certification# 289567
Test Instrument used TSI ALNOR EBT731		Calibration date 2/28/2017		
Balancing done on (date):				
EQUIPMENT				
FURNACE/BLOWER	Brand CARRIER	Model#CBA750	BTU output 175000	Strip KW N/A
OUTDOOR UNIT	Brand CARRIER	Model# 7.5 TON	Rated tons 7.5	
INDOOR COIL	Brand CARRIER	Model# 7.5TON	Rated tons 7.5	

DESIGN PERFORMANCE		
Design total Static Pressure .01	Design S.P. (+) .01	Design S.P. (–) .01
Design total CFM		

MEASURED PERFORMANCE		
Measured total CFM (1st test, all dampers open) 3150		
Measured S.P. (+) .01	Measured S.P.(-) .01	Total Static Pressure .01

PROPORTIONED CFM
(If Measured Total differs from Design Total by 10%, or more)

Measured total CFM ÷ Design total CFM = __3000___5_% (Adjust all room CFM's by this % to re-proportion airflows)

INDIVIDUAL REGISTERS

Room name	Design CFM	1st Test	Bal. to_____ %	2nd Test	3rd Test	
XRAY	500	465		500		

Totals	3000	3094		2988		

EXAM ROOM1	250	275		247		
2	250	239		251		
3	250	259		248		
4	250	212		245		
5	250	289		243		
6	250	258		249		
7	250	269		253		
8	250	305		249		
9	250	258		245		
10	250	265		258		

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 12/21/16
Control #
Date Issued
Permit # 16-4310 C

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

Block 671 Lot 1.01 Qualification Code

Work Site Location 56 Chambersbridge Rd. Brick NJ
Brick Plaza

Owner in Fee: Federal Realty Inv. Trust

Tel. (484) 419 1221 e-mail jfmiller@federalrealty.com

Address 1626 East Jefferson St Rockville MD
street municipality zip code

Contractor: POLO A PLUMBING & HEATING Tel. ( )

Address 14 CHARLES STREET e-mail
METUCHEN, NJ 08840
PHONE 732-767-1800

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable)
FAX 732-767-9397

Federal Emp. ID No. FAX: ( )
LIC#9085 FED ID#26-4236086

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 25,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-20-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 4-10-17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			1-10-17	
Rough	1-27-17		1-30-17	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			4-10-17	

NO GAS WORK

DOOR #2 ROAD

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 sign/Contractor sign and seal here:

Print name here: Anthony Polonio

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Plumbing

COMMERCIAL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	
	Urinal/Bidet	
	Bath Tub	
4	Lavatory	
	Shower	
	Floor Drain	
16	Sink	
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
X	Sewer Connection	
X	Water Service Connection	
	Stacks	
1	Other A/C	

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

1-10-17

C.O Needed at 90° V WW

Turn in 4" PVC V WW

1-29-17

Test water Pressure