BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Chambersbridge Rd PERMIT NO. 16-31606

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C16-003428

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

I. IDENTIFICATION

1. Proposed Work Site at: Brick Plaza ~~51~~ 56 ~~Cambridge~~ Chambersbridge Ave, Brick
2. Name of Owner in Fee: Federal Realty
   Tel. (484) 419-1221 e-mail _____
   Address 50 E. Wynnewood Rd - Suite 206, Wynnewood, PA 19096
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Innovative Construction Solutions Tel. (856) 206-7020
   Address 10 Collins Mill Ct. e-mail icsadmin@comcast.net
   Moorestown, NJ 08057
   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. 27-1573242 FAX: (856) 848-8094
5. Architect or Engineer David Brand Architecture Contact David Brand
   Address 3 Suffolk Ct, Cherry Hill, NJ 08034 e-mail _____
   Tel. (267) 532-6673 FAX: (____) _____
6. Responsible Person in Charge once Work has Begun David RAHN
   Tel. (856) 206-7020 FAX: (856) 848-8094

V. FEE SUMMARY (for office use only)

		Update A	Update B
1. Building	$ 10,800		
2. Electrical	1205		150
3. Plumbing	1520		
4. Fire Protection	190 -	175 -	116
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	684	19 -	90
10. Subtotal	$		
11. Cert. of Occupancy	100		
12. Other	2		
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	16 ft.	
3. Area — Largest Floor	2,843 sq. ft.	
4. New Building Area	- sq. ft.	
5. Volume of New Structure	- cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load	38	
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	N/A sq. ft.	
10. Flood Hazard Zone	N/A	
11. Base Flood Elevation	N/A ft.	
12. Wetlands yes ____ no ✓		

COMMERCIAL

IIa. PROPOSED WORK

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

Tenant fit up. (Dentist)

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	280,000	MFF	7/18/16		08/26/16	KER			
☒ Electrical	40,000				8/2/16	PSE			
☒ Plumbing	30,000			8-11-16	9-8-16	~~AHS~~			
☒ Fire Protection	10,000			8/23/16		SM			
☐ Elevator		Exempt	Exempt		7/28/16	ECC			
TOTAL COST	360,000								

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: Dental Office
2. Use Group, Proposed: B
3. Change in Use Group, Indicate Present: B

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

D. Construct. Classification: Present 3B
Proposed 3B

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

ECC
Call Clark 856-264-2630
E
KMARA Dental

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 Innovative Construction Solutions, Inc.

Address 10 Collins Mill Ct.
Moorestown, NJ 08057

Telephone (856) 206-7020

Signature David Rak

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 12/28/2016
Control Number C-16-003428
Permit Number 16-3166
Permit Issue Date 09/12/2016
Certificate Number 16-3166

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. AMARA DENTAL 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: (484) 419-1221

Contractor Innovative Construction Solutions/Electric

Address 10 Collins Mill Court Moorestown NJ 08057

Telephone: (856) 206-7020 Fax:

License Number or Builders Registration Number: 7663A Federal Emp. Number: 27-1573242

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 38

Description of Work/Use: TENANT FIT UP - AMARA DENTAL ...FORMER MINIGOLF

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: 01/28/2017
Conditions to be met:

NEEDS FINAL ENGINEERING

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/28/2016

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

HILLSBOROUGH TOWNSHIP
Building Department
The Peter J. Biondi Building
379 South Branch Road
Hillsborough, New Jersey 08844
(908) 369-4313

ALLIED DENTAL

UCC NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 9/12/16
Control #
Date Issued
Permit # 16-3166

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 56 Chambers Qualification Code

Work Site Location Brick Plaza, ~~[illegible]~~ ~~Cam~~bridge Ave., Brick, NJ

Owner in Fee: FEDERAL REALTY

Tel. 484 419-1221 e-mail

Address 50 E. Wynnewood Ave, Wynnewood, PA 19096
street municipality zip code

Contractor: American Elec. Cont. Co. Tel. 732 904-4174

Address 15 Ilene Ct. Bld 12 Suite 11 e-mail
Hillsborough 08844

Contractor License No. ~~22-3046540~~ 9491A Exp. Date 2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-3046540 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed B

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Dental office Utility Co.

Est. Cost of Elec. Work $ 40,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: ✓ Approved by:

* [✓] Electric Plans Approved

Date: 8/2/16 Approved by: PJC

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 8/2/16

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 12/21/16

Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			10-2-16	MR
Barrier-Free				
Trench PART			10-7-16	
~~Temp. Serv.~~ EGTG 11/2/16			12-7-16	
Constr. Serv.				
TCO				
Other 12-8-16 MR 12/7/16				
Service				
Final			12-21-16	MR
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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: [signature]

Print name here: Dale Gates

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Fitout of Dental office rough wiring, service upgrade, fixtures & devices

QTY	SIZE	ITEMS	FEE (Office Use Only)
66		Lighting Fixtures	
98		Receptacles	
30		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
6		Emergency & Exit Lights	
42		Communications Points	
		Alarm Devices/F.A.C. Panel	
242		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	2.0	KW Elec. Water Heater	
1	3.0	KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
2	3.6 10.2	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
2	2.0	HP Motors 1/+ HP	
		KW Transformer/Generator	
1	400a	AMP Service	
2	200a	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

COMMERCIAL

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

* - WIRING IN PATIENT CARE AREAS MUST BE MEDICAL GRADE

U.C.C. F120 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

OVER

10-7-16 TRENCH - POWER FOR LIGHTS
11 29 16 OPEN CEILING REQUEST NOT READY
12-2-16 PART OPEN CEILINGS.
~~SOMEONE TO INSTALL WIRE~~
DON'T GROUND MC CABLE
SERVICE NOT READY
12-8-16 INCOMPLETE WM
@ tech

Clark

ALLied Dental

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 9/12/16

Date Issued Permit # 16-3166

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

Block 671 Lot 101 56 Chambers Qualification Code

Work Site Location Brick Plaza, ~~1600 Ocean~~ Bridge Ave, Brick, NJ

Owner in Fee: Federal Realty

Tel. 484 419-1221 e-mail

Address 50 E. Wynnewood Ave, Wynnewood, PA 19096

Contractor: Innovative Plumbing Solutions (street / municipality) Tel. 609 820-4547 (zip code)

Address 10 Collins Mill Ct. e-mail icsadmin@comcast.net
Moorestown, NJ 08057

Contractor License No. 11961 Exp. Date 6/30/17

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 46-4185335 FAX: 856 848-8094

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 1½" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 30,000

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: 9-8-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12-23-16
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			10-7-16	
Rough			11-2-16	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping Pressure Test			12-9-16	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO (*)			12-21-16	
Final			12-22-16	

* 1024 ck used ok per Bernie Email med/gas cert

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: Joseph J. Rodgers

Print name here: JOSEPH J. RODGERS

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK PROVIDE UNDERSLAB/ROUGH PLUMBING FOR DENTAL OFFICE. SUPPLY & INSTALL FIXTURES

QTY.	FIXTURE/EQUIPMENT
3	Water Closet
	Urinal/Bidet
	Bath Tub
3	Lavatory
	Shower
	Floor Drain
13	Sink
	Dishwasher
~~1~~	Drinking Fountain
1	Washing Machine
~~1~~	Hose Bibb
	Water Heater
	Fuel Oil Piping
6 4	Gas Piping 4 For MEDICAL GAS
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
1 ~~1~~	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
2	~~Units~~ AC units
~~1~~	Other ~~MEDICAL GASES~~
1	VACUUM COMPRESSOR
1	
9	Water Conditioner to chairs

FEE (Office Use Only)

$

COMMERCIAL

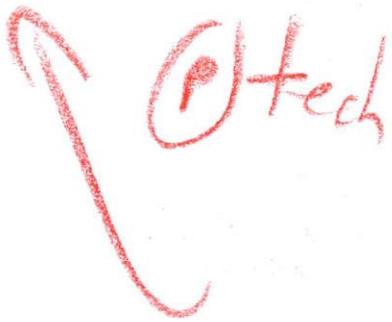
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F130 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three parts.
1.White-Office Copy 2.Canary-Applicant Copy 3. Pink-Office Copy 4.Tag-Inspector Copy

Approved 022 check ~~1057~~

12-21-16 BJR

Plan 10" Set



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Uniform Construction Code — New Jersey

Update

Date Received 12/7/16
Control #

Date Issued
Permit # 16-31666 + B

TOWNSHIP OF HAMILTON

Rec - 10/13/16 - LH

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 Chamber Bridge Road - Amara Dental -

Owner in Fee: Federal Realty Investment Trust

Tel. (484) 419 1221 e-mail

Address 1626 East Jefferson St Rockville MD 20852
(street / municipality / zip code)

Contractor: Mediatric Fire LLC Tel. (856) 829-0002

Address 407 Route 130 South e-mail
Cinnaminson, N.J. 08077

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01334

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 173796

Fire Alarm Contractor No. Exp. Date 04/30/2019

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

Federal Emp. ID No. 275458737 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 $ 10,000

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:

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:
Tenant Fit Out - Re-location of Sprinklers

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., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	60	
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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved 10/13/16
Date: Approved by: LO
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/14/16
Approved by: CW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12-28-16
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other Rough 12/5/16			12-28-16	LC

U.C.C. F140 (rev1/04)

1 White = OFFICE COPY
2 Canary = APPLICANT COPY
3 Tag = INSPECTOR COPY

se provide one

- 5 upright
- Above grand pipe
- Fire Alarm update / test
- Fire Ext
- 1

(F) tech