BLOCK 621 LOT 8 QUALIFICATION CODE C11-17 ADDRESS (SITE) 64 Chambers Bridge PERMIT NO. 02-3906

10/9

CONSTRUCTION PERMIT APPLICATION

COMMERCIAL
BRICK Plaza

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

I. IDENTIFICATION

1. Propsed Work Site at: A & P 64 Chambers Bridge Rd
2. Name of Owner in Fee: The Great A & P Tea Co. Tel. (201) 571-4850
   Address 2 Paragon DR. (street) Montvale (municipality) NJ 07645 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Edward Electric Tel. (973) 857-2708
   Address 98 Commerce Rd Cedar Grove NJ 07009
   License No. OR, if new home, Builder Reg. No. 22-26222326 Exp. Date ____
   Federal Employee No. 10147 FAX: (____) ____
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person in Charge of Work ____
   Tel. (____) ____ FAX (____) ____

new Refrig. cases, fixtures, registers

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		150	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		120	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	270	

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. 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	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Req'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		DAP	9/19/02						
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	150,000			9-20-02	10-8-02	JW	10/16/02		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	150,000								

III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction ____
After Construction ____
Net Gain or Loss ____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10401443

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 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.

(X) Check if contractor

Agent Name Pablo Berrios PABLO BERRIOS JR.

Address 98 COMMERCE RD.
CEDAR GROVE, N.J.

Telephone (973) 857-2708

Signature Pablo Berrios J.

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

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.				

GBE

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/10/2002
Control #
Permit # 02-3906

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location 64 CHAMBERSBRIDGE RD
NEW REFRIG CASES/FIXTURE
Owner in Fee THE GREAT A & P TEA COMPANY
Address 2 PARAGON DR
MONTVALE, NJ 07064-
Telephone (201)571-4850

Contractor AWARD ELECTRIC
Address 98 COMMERCE RD
CEDAR GROVE, NJ 07009-
Telephone (973)857-2700
Lic. No. or Bldrs. Reg. No. 6147
Federal Emp. No. 22-2622926

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
NEW REFRIGERATOR CASES/FIXTURES/REGISTERS

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 $ 150,000

D. Newman 10/10/2002
Construction Official Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	80
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	120
Cert. of Occupancy	0
Other	
Total	200
Check No.	6985
Cash	
Collected By	MJR

10/10/02 9:53AM 0000004483
XX02 SERV.002

#3906	
ELECTRIC	$80.00
DCA	$120.00
CHECK	$200.00

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-10-02
Control #
Permit # 02-3906

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

Block 671 Lot 8
Work Site Location A&P FOOD MARKET
64 BRICK PLAZA BRICKTOWN, NJ.
Owner In Fee/Occupant THE GREAT A&P TEA COMPANY
Address 2 PARAGON DRIVE
MONTVALE, NJ. 07064
Tele. (201) 571-4850
Contractor AWARD ELECTRIC
Address 98 COMMERCE ROAD
CEDAR GROVE, NJ. 07009
Tele. (973) 857-2708 Fax (973) 857-3309
Lic. No. 6147
Federal Emp. No. 22-2622326

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 150,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10 8 02
Approved by: VM

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
217		Lighting Fixtures
12		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
229		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

front end replacement

TOTAL NUMBERS	$
Pool Permit/with UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range/Receptacle	
KW Oven/Surface Unit	
KW Elec. Water Heater	
KW Elec. Dryer/Receptacle	
KW Dishwasher	
HP Garbage Disposal	
KW Central A/C Unit	
HP/KW Space Heater/Air Handler	
KW Baseboard Heat	
HP Motors 1/+ HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F120
(rev 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-10-02
Control #
Permit # 02-3906

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Tele. (201) 571-4850
Contractor AWARD ELECTRIC
Address 98 COMMERCE ROAD
CEDAR GROVE, NJ. 07009
Tele. (973) 857-2708 Fax (973) 857-3309
Lic. No. 6147
Federal Emp. No. 22-2622326

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 150,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10/8/02
Approved by: WM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10/16/02
Approved by: WM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/16/02	SB

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

Replacement of front end replacement

COMMERCIAL

FEE (Office Use Only)	
	$

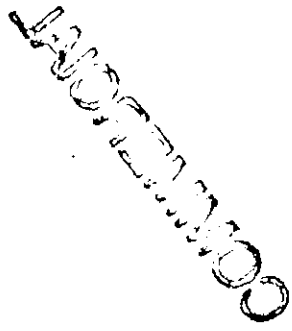
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

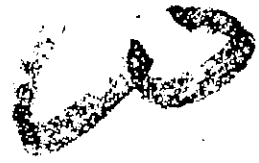
U.C.C. F120
(rev. 3/96)

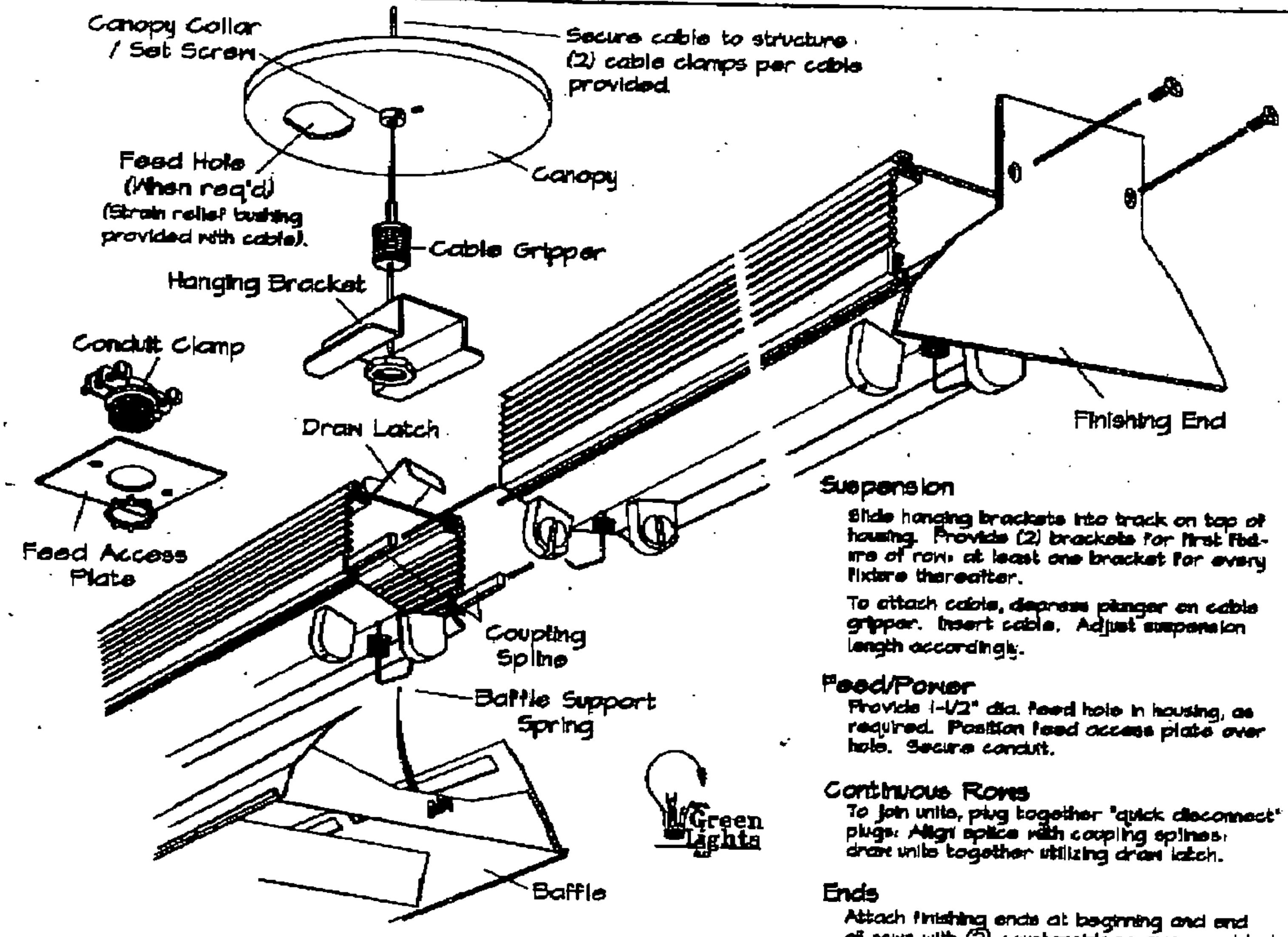
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Ad P — JOHN BENTHAM

EC — ALLEN







Suspension
Slide hanging brackets into track on top of housing. Provide (2) brackets for first fixture of row, at least one bracket for every fixture thereafter.

To attach cable, depress plunger on cable gripper. Insert cable. Adjust suspension length accordingly.

Feed/Power
Provide 1-1/2" dia. feed hole in housing, as required. Position feed access plate over hole. Secure conduit.

Continuous Rows
To join units, plug together "quick disconnect" plugs. Align splice with coupling splines, draw units together utilizing draw latch.

Ends
Attach finishing ends at beginning and end of rows with (2) countersink screws provided.

SHEET 1 OF 1

INSTALLATION DETAILS

TYPICAL

Mark LIGHTING
6 KILMER ROAD
EDISON, NEW JERSEY 08818
732-[illegible]
FAX 732-[illegible]-6441

ALL FIXTURES ARE U.L. LISTED
UNION-MADE IN THE U.S.A.

SMKT
Pendant, Two Lamp T5

B-13086

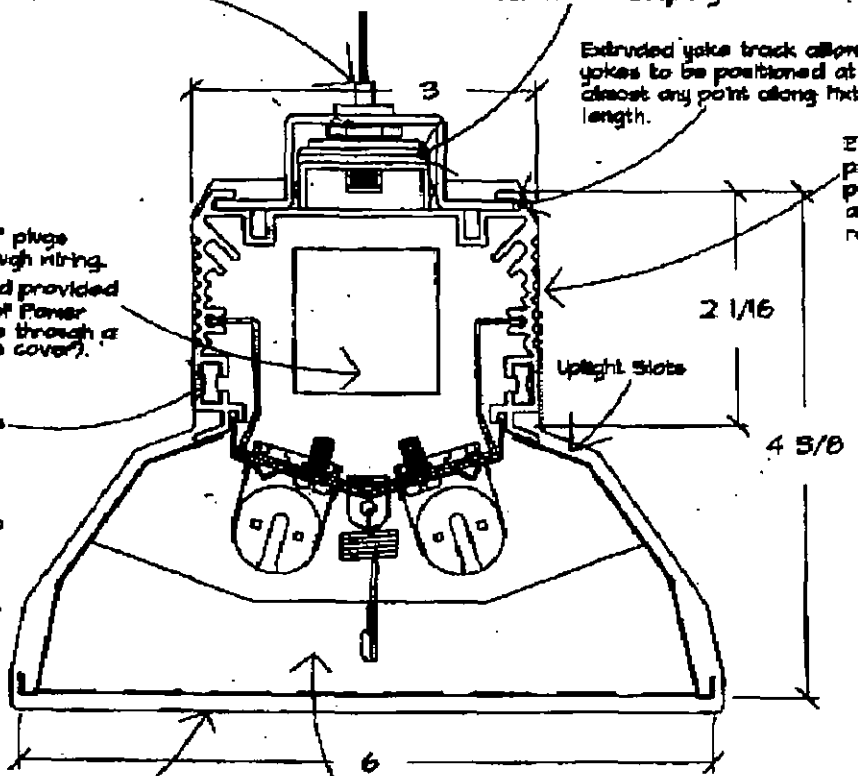
AWARD ELECTRICAL CONSTRUCTION, INC.

Alan A. Pyott
President

98 Commerce Road, Cedar Grove, New Jersey 07009
973-857-2708 • FAX 973-857-3309
License # 6147

PROJECT: TYPE:

Note:
Fixtures can be provided factory-lamped in plastic bags. Power feed units can be established at factory. Please provide run information.



CATALOG NO.

SMKT-SPEC-A527 (4 Ft.)

SMKT-SPEC-A528 (8 Ft.)

SPECIFICATIONS

Lighting	Direct, Indirect ambient.
Mounting	Pendant
Length	Nom. 4 ft. and 8 ft. lengths.
Lamps	(2) or (4) F28T5 lamps.
Ballast	Electronic. Advise voltage.
Material	Housing: heavy gauge extruded aluminum. Internal: galvanized steel. Specular reflector.
Shielding	Specular baffle, blades 3" O.C. Side rails slotted to provide uplight. slots 3/8" wide 3 1/2" long x approx 4 1/4" O.C.
Finish	Anodized natural aluminum color.
Cable	White 600v 5/12 power cable. Please cap off yellow wire (not used at this time).

Listen-made in the U.S.A.
IBEN-AHL-CLO

FULL SCALE DETAIL

Mark Lighting

SCALE:	DATE: 6/29/01	DRAWN BY: JJP	DRAWING NO.: B-12080	REV.: 1

AWARD ELECTRIC

98 COMMERCE ROAD
CEDAR GROVE, NJ 07009
973-857-2708/973-857-3309 FAX

FACSIMILE TRANSMITTAL SHEET

TO: Mr. Paul Grosko	FROM: Alan A. Pyott
FAX NUMBER: (732) 262-8954	DATE: October 8, 2002
COMPANY: Brick Township	TOTAL NO. OF PAGES INCLUDING COVER: 4
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: A&P Brick, NJ	YOUR REFERENCE NUMBER:

☐ URGENT ☑ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

Dear Mr. Grosko,

To follow please find the cuts on the type "GT-5" fixture that was used to replace the type "G" fixture at the A&P in Brick, NJ.

The new "GT-5" fixture uses 4 - T5 lamps @ 28 watts per lamp, while the existing type "G" fixture used 4 – T8 lamps @ 32 watts per lamp. This will decrease the load per fixture by 16 watts for a total load reduction for 270 fixtures of 4,320 watts.

If you have any further questions or concerns please contact my office at your convenience.

Yours truly,

Alan A. Pyott

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: A&P Supermarket Rte 70
Block: 671 Lot: 8
Owner's Name: A&P
Owner's Mailing Address: 2 PARAGON DRIVE
MONTVALE, NJ 07645
Phone: (201) 571-4851 ATTN: Ed Slawinski

BUILDING

Contractor: RADCO Construction Corp
Address: PO Box 5065
Clinton, NJ 08889
Phone#: 908 735 2922 ATTN: ERIC
Lis #
Federal Emp # or SSN 22 2934105

Technical Data

Description of Work:
Change aisle widths of checkouts & shelving.

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name ERIC BIAS

ELECTRICAL

Contractor:
Address:
Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Insch Plumbing & Heating
Address: 164 Free Union Rd.
Belvidere, N.J. 07823
Phone #: 908-637-6177
Lis #: 9347
Federal Emp # or SSN [redacted]

Technical Data

Fixtures — Quantity

Water Closets
Urinals/Bidets
Bath Tub
Lavatory
Shower
Floor Drain
Sink
Dishwasher
Drinking Fountain
Washing Machine
Hose Bib
Gas Piping
Fuel Oil Piping
Water Heater
Steam Boiler
Hot Water Boiler
Sewer Pump
Interceptor/Separator
Backflow Preventer
Greasetrap
Water Cooled A/C or Refrig. Unit
Septic Tank Closure
Sewer Service Connection
Water Service Connection
Active Solar System
Auxiliary Meter
Sprinkler Heads
Sump Pump
Other: 3 Condensate Drains

Estimated Cost of Plumbing Work

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: John E. Insch
Please Print Name: John E. Insch

CONTRACTOR'S SEAL

FIRE

Contractor:
Address:
Phone #:
#:
eral Emp # or SSN

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:

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

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads
Dry Sprinkler Heads
Total

Smoke Detectors
Heat Detectors
Total

Stand Pipes
Kitchen Hood Exhaust System

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances

Furnace
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:
Print Name: