

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work Site at: 40 Brick Plaza Brick, NJ 08723
2. Name of Owner in Fee: Officer Allen Federal Tel. (201) 122-6511
- Address SAME 132C PARK AVE. Willow Grove
street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Robert Lambosta Elec. cont. Tel. (732) 262-2718
- Address 291 Huppert Dr Brick NJ 08723
- License No. OR, if new home Builder Reg. No. 12562 Exp. Date 03-03
- Federal Employee No. [REDACTED] FAX: () _____
5. Architect or Engineer _____ Tel. () _____
- Address _____
6. Responsible Person in Charge of Work _____
- Tel. () _____ FAX () _____

V. FEE SUMMARY (for office use only)

- | | | | | | |
|-----|-----------------------------------|----|----|--|--|
| 1. | Building | \$ | | | |
| 2. | Electrical | \$ | 35 | | |
| 3. | Plumbing | | | | |
| 4. | Fire Protection | | | | |
| 5. | Elevator Devices | | | | |
| 6. | Subtotal | \$ | | | |
| 7. | Less 20% for
State Plan Review | | | | |
| 8. | Subtotal | \$ | | | |
| 9. | DCA Training Fee | | 1 | | |
| 10. | Subtotal | | | | |
| 11. | Cert. of Occupancy | | | | |
| 12. | Other | | | | |
| 13. | TOTAL | \$ | 36 | | |

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)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☒ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

OPTIONAL (for office use only)

Plans

Date:

Rejection

Approval _____

Re-

Result

Session Dates

Re-

VII. DESCRIPTION OF BUILDING USE

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:

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

Submission Dates	Rejection	Reviewer
1/10		

COMMERCIAL

VII.

2. ☐
3. ☐
4. ☐
5. ☐
6. ☐

No.

Light fixtures

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.

☒ Check if contractor.

Agent Name Robert Lambusta

Address 891 Huppert Dr. Brick N.J. 08723

Telephone (732) 262-2710

Signature [Signature]

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	Other
Building _____	Energy _____	_____
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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMITE

Date Issued 09/20/2002
Control #
Permit # 02-3580

IDENTIFICATION Block 671 Lot 8

Dual

Work Site Location 51 CHAMBERSBRIDGE RD
LIGHT FIXTURES
Owner in Fee FEDERAL REALTY INVESTMENT TRUS
Address 122C PARK AVE
Add 55 WILLOW GROVE, PA 19090-
Tel Phone (215) 657-8740

Contractor ROBERT LAMBUSIA ELECTRIC
Address 291 HIPPERT DR
BRICK, NJ 08723-
Telephone (732) 262-2710
Lic. No. or Bldgs. Reg. No. 13562
Federal Emp. No.

Is hereby granted permission to perform the following work:
☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ REMEDIATION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)
DESCRIPTION OF WORK:
FIXTURES FOR ETHERN ALLEN

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 \$ 1,500
09/20/2002

Construction Official

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

Date

PAYMENTS (Office Use Only)
Building 0
Electrical 35
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 1
Cert. of Occupancy 0
Other
Total 36
Check No. 1128
Cash
Collected By MHR

09/20/02 10:35AM 0000004930
\$302 SERV.002
#3580
ELECTRIC
DCA
CHECK
\$35.00
\$1.00
\$36.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/12/2002
Date Issued 9/12/02
Control # C12-78
Permit # 02-3580

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

D. TECHNICAL SITE DATA

FEE (Office Use Only)

Block 671 Lot 8 Qual 8
Work Site Location 51 CHAMBERSBRIDGE RD

Owner in Fee FEDERAL REALTY INVESTMENT TRUS
Address 122C PARK AVE
WILLOW GROVE, PA 19090-

Tele: (215) 657-8740

Contractor ROBERT LANBUSTIA ELECTRIC

Address 291 HUPPERT DR
BRICK, NJ 08723-

Tele: (732) 262-2710

Lic. No. of Bldg. Dept. No. 13562

Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[] Pole/Pad # [] Temporary [] Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 9/12/02

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: 10/10/02

Approved By: [Signature]

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

[] Licensed Electrical Contractor [] Exempt Applicant

[] Licensed Electrical Contractor [] Exempt Applicant

ITEM

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors-Fract HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

35

TOTAL NUMBERS

Pool Permit/with UM Lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elect Sign/Outline Light

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Administrative Surcharge \$ 0

Minimum Fee \$ 0

TOTAL FEE \$ 35

DCA State Permit Fee \$ 1

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/12/2002
Date Issued 9/12/02
Control # C12-78-3580
Permit # 02-3580

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

D. TECHNICAL SITE DATA

FEE (Office Use Only)

Block 671 Lot 8 Qual

Work Site Location 51 CHAMBERSBRIDGE RD

LIGHT FIXTURES

Owner in Fee FEDERAL REALTY INVESTMENT TRUS

Address 122C PARK AVE

WILLOW GROVE, PA 19090-

Tele.(215)657-8740

Contractor ROBERT LAMBUSIA ELECTRIC

Address 291 HUPPERT DR

BRICK, NJ 08723-

Tele.(732)262-2710

Lic. No. or Bids. Reg. No. 13562

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 9/12/02

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: 10/10/02

Approved By: [Signature]

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

[] Licensed Electrical Contractor [] Exempt Applicant

NO. 8

ITEM

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors-Fract HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UM Lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elect Sign/Outline Light

other

other

other

other

other

other

other

other

other

other

other

other

other

other

other

other

other

other

other

other

Administrative Surcharge \$

Minimum Fee \$

TOTAL FEE \$

DCA State Permit Fee \$

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/12/2002
Date Issued 9/18/02
Control # C12-38
Permit # 02-3580

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000

Block 971 Lot 8 Qual

Work Site Location 51 CHAMBERS BRIDGE RD

Owner in Fee FEDERAL REALTY INVESTMENT TRUS

Address 1225 PARK AVE

WILLOW GROVE, PA 19090-

Tele. (215) 651-8140

Contractor ROBERT LAURUSTIA ELECTRIC

Address 291 HUPPERT DR

BRICK, NJ 08123-

Tele. (732) 262-2710

Lic. No. or Bldgs. Reg. No. 13562

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U

[] Pole/Pad [] Temporary [] Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 1,500

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

[] Licensed Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

NO. SIZE

8

0

0

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0

0

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FEE (Office Use Only)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/12/2002
Date Issued 9/18/02
Control # C12-78
Permit # 02-3580

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

Block 971 Lot 8 Dual
Work Site Location 51 CHAMBERS BRIDGE RD

LIGHT FIXTURES

Owner in Fee FEDERAL REALTY INVESTMENT TRUS
Address 122C PARK AVE
WILLOW GROVE, PA. 19090

Tele. (215) 651-8240

Contractor ROBERT LABUSTA ELECTRIC

Address 291 HOPPERT DR
BRICK, NJ 08723

Tele. (732) 262-2710

Lic. No. or Bldg's Reg. No. 13302

Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U

[] Pole/Pad [] Temporary [] Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 9/18/02

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved By: _____

D. TECHNICAL SITE DATA

NO. SIZE

ITEM

FEE (Office Use Only)

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors-Fract HP

Emergency Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UV Lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elect Sign/Outline Light

Other

Other

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

[] Licensed Electrical Contractor [] Except Applicant

Paid [] Check \$ _____

Collected by: _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

TOTAL FEE \$ _____

DCA State Permit Fee \$ _____

Township of Brick

Counter Form

(PLEASE PRINT)

Edhan
allan

51 Chambers Budget

Site Location: Brick Plaza Brick NJ 08103

Block: 671 Lot: 8

Owner's Name: Edhan Allen Federal Realty

Owner's Mailing Address: same 122C Park Ave

Phone: (215) 657-8940

BUILDING

ELECTRICAL

Contractor:

Address:

Phone#:

Lis #:

Federal Emp # or SSN

Contractor: Robert Lambust Elec. cont.

Address: 291 Huppert Dr.

Phone#: 732-262-2700

Lis #: 13562

Federal Emp # or SSN

Technical Data

Description of Work:

Technical Data

Item Quantity

Lighting Fixtures 38

Receptacles

Switches

Detectors

Light Poles

Motors w/ Fract. HP

Emergency & Exit Lights

Communication Points

Alarm Devices/FAC Panel

Total 38

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 Structure:

Volume of New Structure:

Total Land Disturbed:

Cost of Alteration: \$

Cost of New Building: \$

Total Cost of New 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

Pool (Receptacles, Switches, Lights, Motor 1HP)

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 Stand AMP

Service AMP

Subpanel AMP

Motor Control Center AMP

Sign/Outline Light KW

Furnace

Steam Boiler

Other:

Estimated Cost of Electrical Work: 1500.00

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: Robert Lambust

Please Print Name Robert Lambust

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____
Phone #: _____
Lic #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	_____
Urinals/Bidets	_____
Bath Tub (w/or w/out shower head)	_____
Lavatory (IR Sink)	_____
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	_____
Grease trap	_____
Air Conditioner (Condensate Drain)	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Pool Heater	_____
Other:	_____

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: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____
Phone #: _____
Lic #: _____
Federal 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:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
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: _____