BLOCK 671 LOT 2,4,6,8,11 QUALIFICATION CODE C22-28 ADDRESS (SITE) Brick Plaza center PERMIT NO. 98-341

RECEIVED SEP 21 1998 DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: Brick plaza Pad site A-1
2. Name of Owner in Fee: Federal Realty Trust Tel. (301) 998 8100
   Address 1626 East Jefferson st. Rockville MD (street, municipality, zip code)
3. Ownership in Fee: Public ✓ Private
4. Principal Contractor: Jayeff const. co Tel. (732) 223-5320
   Address 35 Oakely ave Manasquan NJ 08736
   License No. OR, if new home, Builder Reg. No. Exp. Date
   Federal Employee No. FAX: ( )
5. Architect or Engineer NA Tel. ( )
   Address
6. Responsible Person in Charge of Work Tom Moore
   Tel. (732) 223-5320 FAX (732) 223-6080

Temp construction trailer
Homecare America site

V. FEE SUMMARY (for office use only)

Temp Trailer const

			Update		Update
1. Building	$	50	NO FEE REQUIRED	DATE 9-28-98	
2. Electrical					
3. Plumbing		0109			
4. Fire Protection					
5. Elevator Devices					
6. Subtotal	$				
7. Less 20% for State Plan Review				APPROVED BY KT	
8. Subtotal	$				
9. DCA Training Fee					
10. Subtotal					
11. Cert. of Occupancy					
12. Other ZP+PP		$30			
13. TOTAL	$	80.			

H.B.T. - MANDATORY FEE - COMMERCIAL

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 COMMERCIAL
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

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building TRAILER	500	[illegible]			9-30-98	FM	9/30/00		OK
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	500								
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		[illegible]	9/24/98		9/24/98	[illegible]			
TOTAL COSTS	1000								

OPTIONAL (for office use only)

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: retail
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10505254

U.C.C. F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

Do not issue until you speak to me please; Lisa Rose

I. OWNER SECTION (to be comp

I hereby certify that I am the owner ir

Mark the following applicable boxes:

A. ( ) I further certify that a new erty for my own use and occupancy. This dwelling is to urpose other than single family residential use. I attest that , in whole or in part, by me or by subcontractors under m I further acknowledge that said new home is not covered Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be n years of the date of issuance of a certificate of occupan

I UNDERSTAND THAT IN #10. fire sterbach JMING RESPONSIBILITY FOR THE WORK DONE ON S ERTY 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 Thomas Moore Date 9-21-98

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 Tom Moore

Address 35 Colby ave

Manasquan nj 08736

Telephone (732) 223-5320

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			
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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/20/98
Control #
Permit # 98-3641

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 671 Lot 2 Qual

Work Site Location BRICK PLAZA BEHIND WIZ N1
TEMPORARY TRAILER
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone (301)998-8100

Contractor JAYEFF CONST.
Address 35 COLBY AVE
MANASQUAN, NJ
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-35320

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TEMPORARY CONSTRUCTION TRAILER

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 $ NO 500

Construction Official

10/20/98

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

PAYMENTS (Office Use Only)

Building	50
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
~~Other~~ 2 DEP	30
Total	80 - 50
Check No.	0109
Cash	
Collected By	PA

10/20/98
0005
3641 #
BLOCK 671
LOT 2 3
BUILDING 50.00
ZONEPLOT 15.00
ENG P.R. 15.00
TOTAL 80.00
CHECK 0.00
CHANGE 0.00
0008A005 09:24

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/21/98
Date Issued 10/20/98
Control # C22-28
Permit # 98-3641

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

Block 671 Lot 2 Qual
Work Site Location BRICK PLAZA BEHIND WIZ N1
TEMPORARY TRAILER
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(301)998-8100
Contractor JAYEFF CONST.
Address 35 COLBY AVE
MANASQUAN, NJ
Tele.(__)__ Fax (__)__
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-35320

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

TEMPORARY CONSTRUCTION TRAILER

Must Be Anchored! No exceptions

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	9-30-98	FA
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 500
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other TEMP TRAILER	50
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 50
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: September 23, 1998 1998 - 1587

Block 671 Lot 8 Zone B-3, H.D.

Property Address: Cedar Bridge Avenue, Brick Plaza

Owner: Federal Realty Trust (Phone): (301) 998-8100

Applicant: Thomas Moore; Jayeff (Phone): (732) 223-5320

Existing Use: Home Care America store site.

Proposed Use: Temporary construction office trailer.

Proposed Construction (if any): 10' by 35' temporary trailer; 11' high.

Conditions: As per Chapter 280 of the Township Code.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

Temp const trailer

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 671 LOT 2,4,6,8,11

PROPERTY ADDRESS Brick Plaza Center

NAME OF OWNER Federal Realty Trust OWNER'S PHONE (301) 998-8100

NAME OF APPLICANT Tom Moore

APPLICANT'S COMPLETE ADDRESS 35 colby ave manasquan nj 08736

APPLICANT'S PHONE NUMBER (732) 223-9320 APPLICANT'S BUSINESS NAME Joyce const co

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☐ Single Family Dwelling
- ☐ Condo or Apartment
- ☒ Commercial (please describe) const trailer for new building
- ☐ Other (please describe)

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☐ Single Family Dwelling
- ☐ Condo or Apartment
- ☒ Commercial (please describe) const trailer
- ☐ Other (please describe)

PROPOSED CONSTRUCTION Temp office trailer

All Dimensions 10' W 35' L 11' H

Deck or Garage ☐ Attached ☒ Detached

Fence Type office - storage trailer H 11'

CHECKLIST:

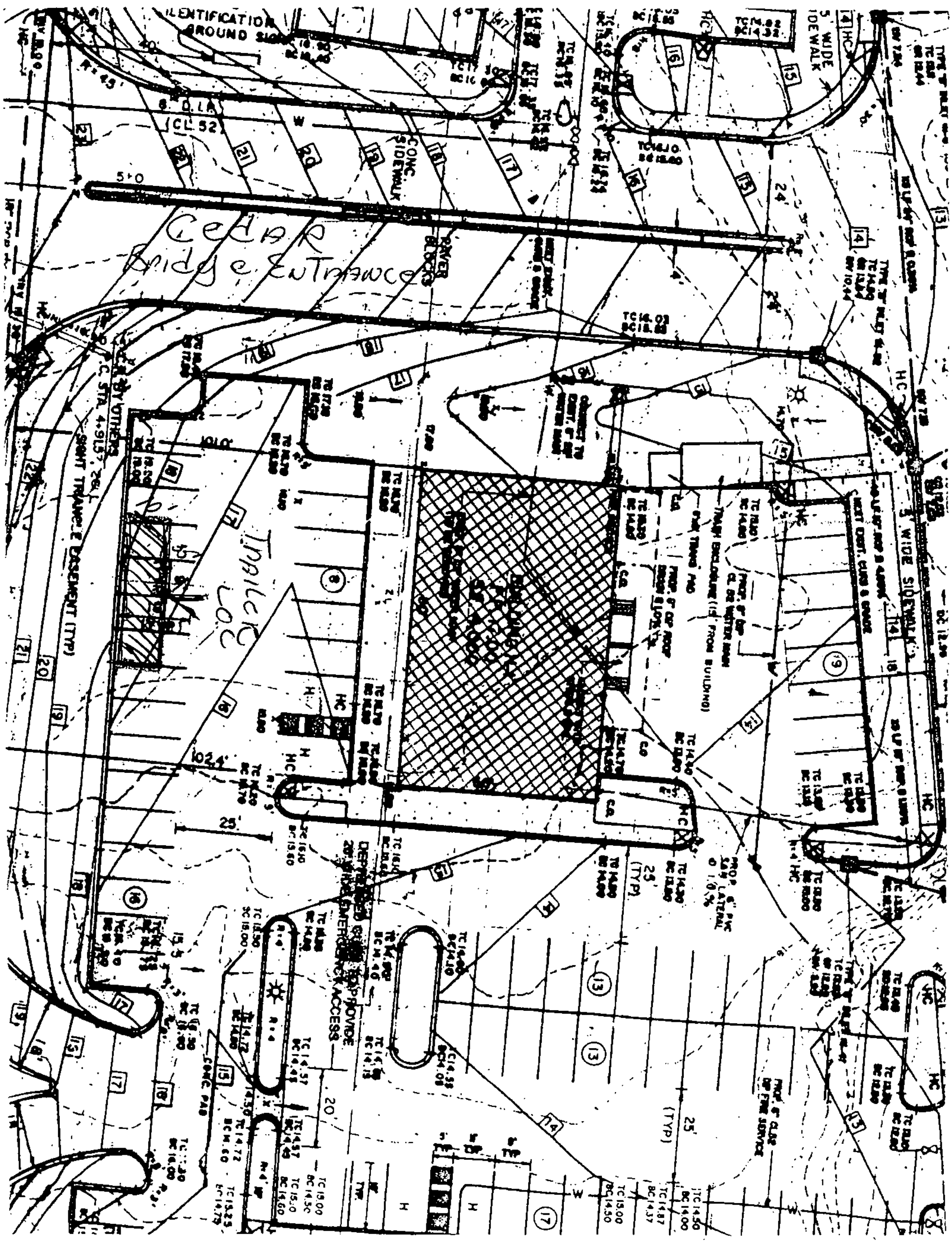
- ☑ All information completed above
- ☑ Two (2) accurate Survey / Plot Plans containing:
  - ☑ all existing and proposed structures
  - ☑ all dimensions of lot and structures
  - ☑ set backs to all property lines
  - ☐ all streets and waterways shown
- ☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of Applicant Thomas Moore Date 9-21-98

Reviewed by Zoning Officer Date 9/23/98

☒ Approved ☐ Rejected



IDENTIFICATION GROUND SIGN
CONC. SIDEWALK
5' WIDE SIDEWALK
SIGHT TRIANGLE EASEMENT (TYP)
DEPRESSED CURB TO PROVIDE 20' WIDE EMERGENCY ACCESS
Cedar Bridge Entrance
Trailer Loc

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 171 LOT 2 SITE ADDRESS [illegible]
TYPE OF SITE Residential /(Commercial) TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # [illegible] NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ _____ Date _____

Estimated Required Fee $ _____

Required Deposit on Estimate $ _____ Date _____

Check # _____ Receipt # _____

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

NO FEE REQUIRED

Carol A. Wolfe
Affordable Housing Administrator

APPROVED BY _____ **DATE** _____

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # ______________________

APPROVAL DATE: ______________________
(Planning Board/BOA)

DATE: 9-25-97

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 641 LOT 24.1, [illegible] SITE ADDRESS Brick Plaza

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS [illegible]

APPLICANT [illegible] CITY & STATE [illegible] NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ ______________________

____
Frederick R. Millman, CTA, Tax Assessor

____
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ ______________________

____
Frederick R. Millman, CTA, Tax Assessor

____
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: Brick Plaza Pad N-1 Date Rec'd.:
Block: 671 ~~2,4,6,8,11~~ Lot: 2,4,6,8,11 Date Issued:
Owner in Fee: Federal route Control #:
Address: 1626 E Jefferson St Permit #:
Rockville MD
State: MD Zip: ? Phone: (301) 998-8100
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS: NA

PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: Tayloff Const Co.
ADDRESS: 35 Colby Ave Manasquan NJ. 08736
PHONE: 732-223-5320
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Temp Const Trailer

TYPE OF WORK
☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS
USE GROUP Temp Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature: Tom Moore

Estimated Cost of Building Work: 4500
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM

PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #.: EXP. DATE:

FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
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 w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $

Signature (print name):

Estimated Cost of Electrical Work: $

Signature (print name):

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #.: EXP. DATE:

FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

Heating Sys: ☐ New ☐ Existing

Location of Furnace / Boiler

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervsion

Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:

Combustable Liquid Storage Tanks Capacity: Fuel:

L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $

Signature:

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date: