BLOCK 671 LOT 8 ADDRESS (SITE) 25-B Brick Plaza PERMIT NO. 3070-95

RECEIVED
DEC 13 1995
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION ZNA

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

I. IDENTIFICATION

1. Proposed Work-site at: 25B Brick Plaza Pt. 70 + Chambersbridge Rd.
2. Name of Owner in Fee: John Kearns Tel. (908) 571-0370
   Address Norwood Ave (street) Long Branch (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Al Carino Tel. (908) 229-5429
   Address 420 West Park Oakhurst
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work Al Carino Tel. (908) 2295429

Partition wall

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	30		
2. Electrical				
3. Plumbing				
4. Fire Protection		~~15~~	46.5	
5. Elevator Devices				
6. Subtotal	$	30		
7. Less 20% for State Plan Review		3		
8. Subtotal	$			
9. DCA Training Fee		2		
10. Subtotal	$			
11. Cert. of Occupancy		20		
12. Other				
13. TOTAL	$	55		

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 _____ sq. ft.
    no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost
1. ☑ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	2000.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
JL			1/30/96		1/29/96		JL
			1-30-96	JL	2/1/96		JL
					1/26/96		ok

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: B
3. Change in Use Group, Indicate Former:

LDS BR 10505257

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 New Jersey 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 AL CARRINO

Address 420 WEST PARK AVE
OAKHURST N.J. 07755

Telephone (908 229-5429

Signature _____ Date 12/1/95

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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. 3070	2/2/96			
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

CERTIFICATE

Date Issued 2-2-96
Control #
Permit # 3070-95

IDENTIFICATION

Block 671 Lot 8
Work Site Location Rt. 70 & Chambersbridge Rd. (Unit 25B)

Owner in Fee John Kearns
Address Norwood Ave.
Long Branch, NJ
Tele. ( )
Contractor Al Carrino
Address 420 West Park
Oakhurst, NJ
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group B **2 hrs.**
Maximum Live Load
Description of Work/Use:

Tenant fit-up, Unit 25B

"Beauty Supply Store"

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXXX☑ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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 OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Cerrigo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

25 B

CONSTRUCTION PERMIT

Date Issued 12/22/95
Control #
Permit # 3070-95

IDENTIFICATION Block 671 Lot 8

Work Site Location Chamberbridge x 70

Owner in Fee John Kenyon

Address 17 Inglewood Court
Long Branch, NJ

Tele. ( )

Contractor Al Cortino

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Partition wall

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 $ 2000.-

A J Cuozzo
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

PAYMENTS (Office Use Only)		
Building	30.- LOT	0.00
Plumbing		
Electrical	BUILDING	30.00
Fire Protection	PLAN RVW	3.00
Other Plan 3.	C.C.A.	2.00
Other		20.00
DCA Training Fee 2.	TOTAL	55.00
Cert. of Occ. 20.	CASH	55.00
Other	CHANGE	0.00
Total 12/22/95 50.-	BALANCE	0.00
Check No.		
Cash		
Collected By:		

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

PERMIT UPDATE

Date Update Issued 1/30/96
Control #
Permit # 3070 95
Date Permit Issued

IDENTIFICATION Block 671 Lot 8
Work Site Location
Owner In Fee John Keaton
Address 115 Norwood
Long Branch, NJ
Tele. ( )

Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] Other
[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

add. fire sprs

Estimated Cost of Work $

D. Cirigo
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)-
Building CASH
Plumbing CHECK
Electrical 01/30/96 CK 5 0019335
Fire Protection 46.-
Other
Other
DCA Training Fee
Cert. of Occ.
Other
Total 46.-
Check No.
Cash
Collected By:

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

Date Update Issued 960125
Control #
Permit # 911361
Date Permit Issued 951222

Brick

IDENTIFICATION Block 671 Lot 8

Work Site Location BRICK PLAZA
258 Chambersbridge Rd

Owner in Fee Beauty Supply/Kearns

Address SAM

Tele. (____)

Contractor BERNARD SHELLING ELECTRIC

Address 517 New Jersey Ave
BRICK NJ

Tele. (____) 458-9170

Lic. No. or Bldrs. Reg. No. 9213

Federal Emp. No. ____

or Social Security No [redacted]

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER ____

[X] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: ADD 12 LIGHTS
2 - PADDLE FAN

Estimated Cost of Work $ 360.00

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building ____
Electrical ____
Plumbing ____
Fire Protection ____
Elevator Devices ____
Other ____
DCA Training Fee ____
Cert. of Occ. ____
Other ____
Total ____
Check No. 1118
Cash ____
Collected By: ____

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

25B

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # 12/22/95
Permit # 3070-95

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

Block 621 Lot 8
Work Site Location 38 BRICK PLAZA Pl. 70 + Chambersbridge Rd BRICKTOWN
Owner in Fee JOHN KEARNS
Address 15 NORWOOD AVE LONG BRANCH N.J. 07755
Tele. (908) 229-5429
Contractor AL CARRINO
Address 420 WEST PARK AVE OAKHURST N.J. 07755
Tele. (___) ___
Lic. No. or Bldrs. Reg. No. ___
Federal Emp. No. ___ or Social Security No. [redacted]

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
PARTITION WALL + PLATFORM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	12/19/95	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-29-95
Approved By: J. Chrosler

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

B. BUILDING CHARACTERISTICS

Use Group Present ___ Proposed ___
Constr. Class 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.
Total Land Area Disturbed ___ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ___
2. Alteration $ 2000.00
3. Total (1+2) $ ___

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence ___ Height (6' or over)
- [ ] Sign ___ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other ___
- [ ] Other ___

[ ] Demolition

(Office Use Only)
FEE
$ ___

Administrative Surcharge $ ___
Paid [ ] Check # ___ Minimum Fee $ ___
Collected by: ___ DCA TRAINING FEE $ ___
TOTAL FEE $ ___

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # DEC 22 95 0 1 1 3 6 1

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

Block 627 Lot 5
Work Site Location BRICK PLAZA STORE 2528 2513
CHAMBERS BRIDGE & RT 70 BRICK TOWN N.J. 08723
Owner in Fee JOHN KEARNS
Address 115 NORWOOD AVE
LONG BRANCH N.J.
Tele. (____) _____
Contractor BERNARD SHEVLIN ELEC CONT
Address 517 NEW JERSEY AVE
BRICK N.J.
Tele. (908) 458-9170
Lic. No. 9713
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed Building Sales
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1/26/96
Approved By: 5429

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other	1/3/96 5433		1/5/96	[illegible]
Service				
Final	1/23/96 5429		1/26/96	5429

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.

Bernard Shevlin
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
		Fixtures (1)
6		Receptacles (2)
		Switches (3)
		Total 1 + 2 + 3
	___ Kw	Range
	___ Kw	Oven(s)
	___ Kw	Surface Unit
	___ hp	Dishwasher
	___ hp	Garbage Disposal
	___ Kw	Dryer
	___ Kw	A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
	___ hp	Whirlpool/spa
		Pool Bonding
	___ hp	Pool Filter Motor
		Pool Lights
	___ Kw	Water Heater(s)
	___ Kw	Central heat: oil, gas or elec.
	___ Kw	Baseboard Heat Units
		Thermostats
	___ hp	Heat Pump
	___ hp	Pump(s)
	___ Amp	Motor Control Center/Sub Panels
1		Signs
		Light Standards
	___ hp	Motors—Fractional H.P.
	___ hp	Motors—All Others
	___ Kw	Transformers
	___ Kw	Generators
	___ Amp	Service Entrance
1	EXIT SIGN BATTERY	Other

FEE (Office Use Only)

Administrative Surcharge	$ _____
Minimum Fee	$ _____
DCA Training Fee	$ _____
TOTAL FEE	$ 40.—

Paid [ ] Check # Cash
Collected by: JA

U.C.C. Form F-120B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

1/3/96 CALL LOCATE 250 —
TWO SIGNS AND NO ONE KNOWS OF ANY
E WORK DONE CERTAINTY CHECK ON
CONTRACTORS RECORDER

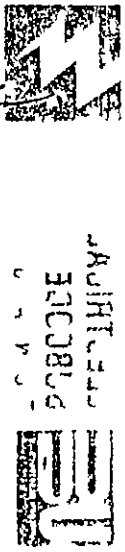
1/24/96 (1) FILE PERMIT FOR 12 HANGING
HAND CUT SHEET FOR 4 2 FANS

(2) LOOSE 2 GANG IN REAR
" " " FRONT
4" SQ FLOATING FOR
DOUBLE DUPLEX

(3) ACCESS ALL OUTLETS
COVERED BY REC BOARD

(4) WRONG OC PROTECTION

(5) NEED DOUBLE FEEDER AT PANEL



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/30/96
Date Issued
Control #
Permit # 3070-95

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 25B BEAUTY SUPPLY
BLACK PLAZA RTE 70 + CHAMBERS BRIDGE
Owner in Fee JOHN KERRNS
Address 115 NORWOOD
LONG BRANCH, NJ 07740
Tele. (908) 571-6306
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed BEAUTY SUPPLY STORE
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 1-30-96
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 2-1-96
Approved by:

INSPECTIONS:

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Temporary CO			2-1-96	
Other				
Other				

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

update

Description of Work

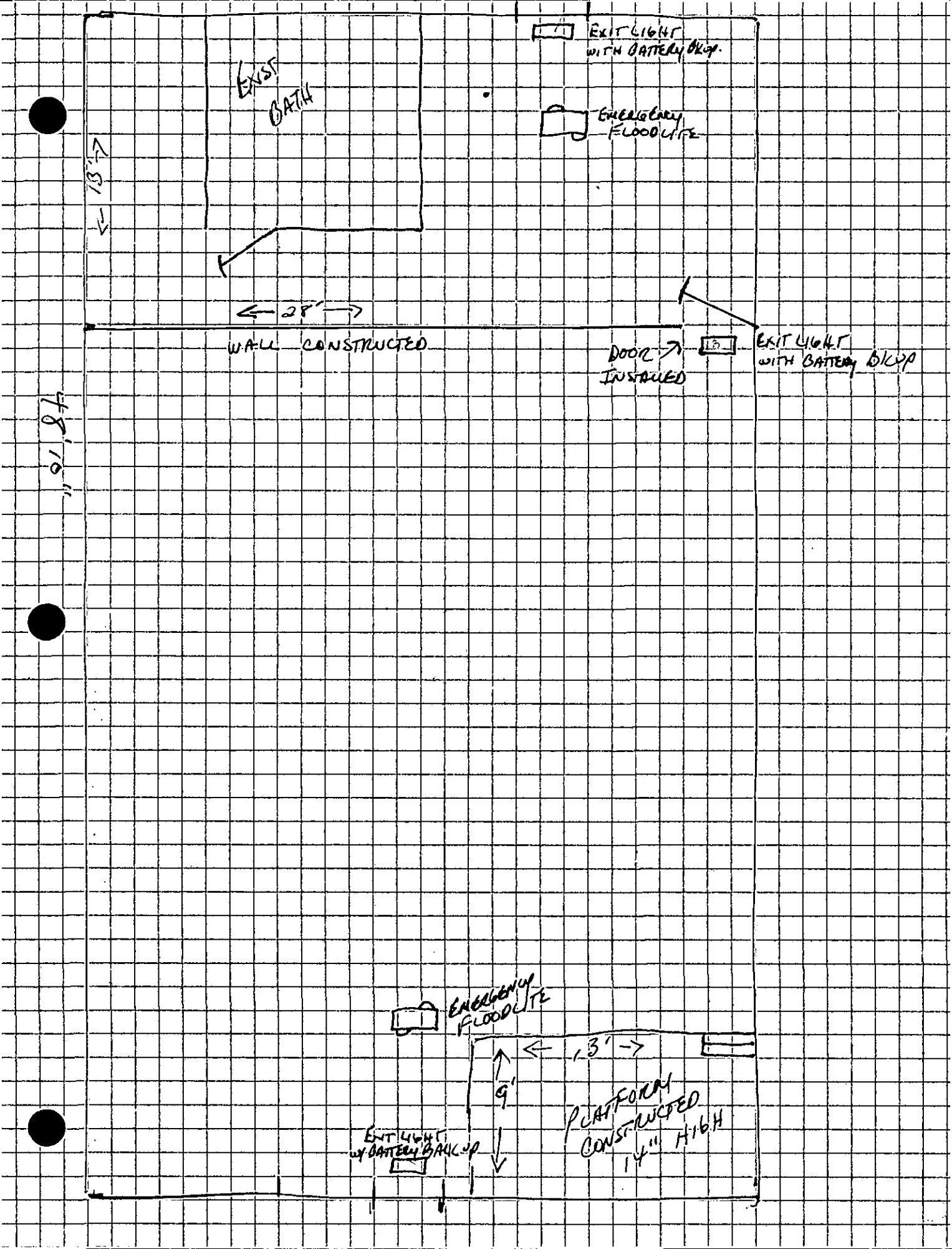
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

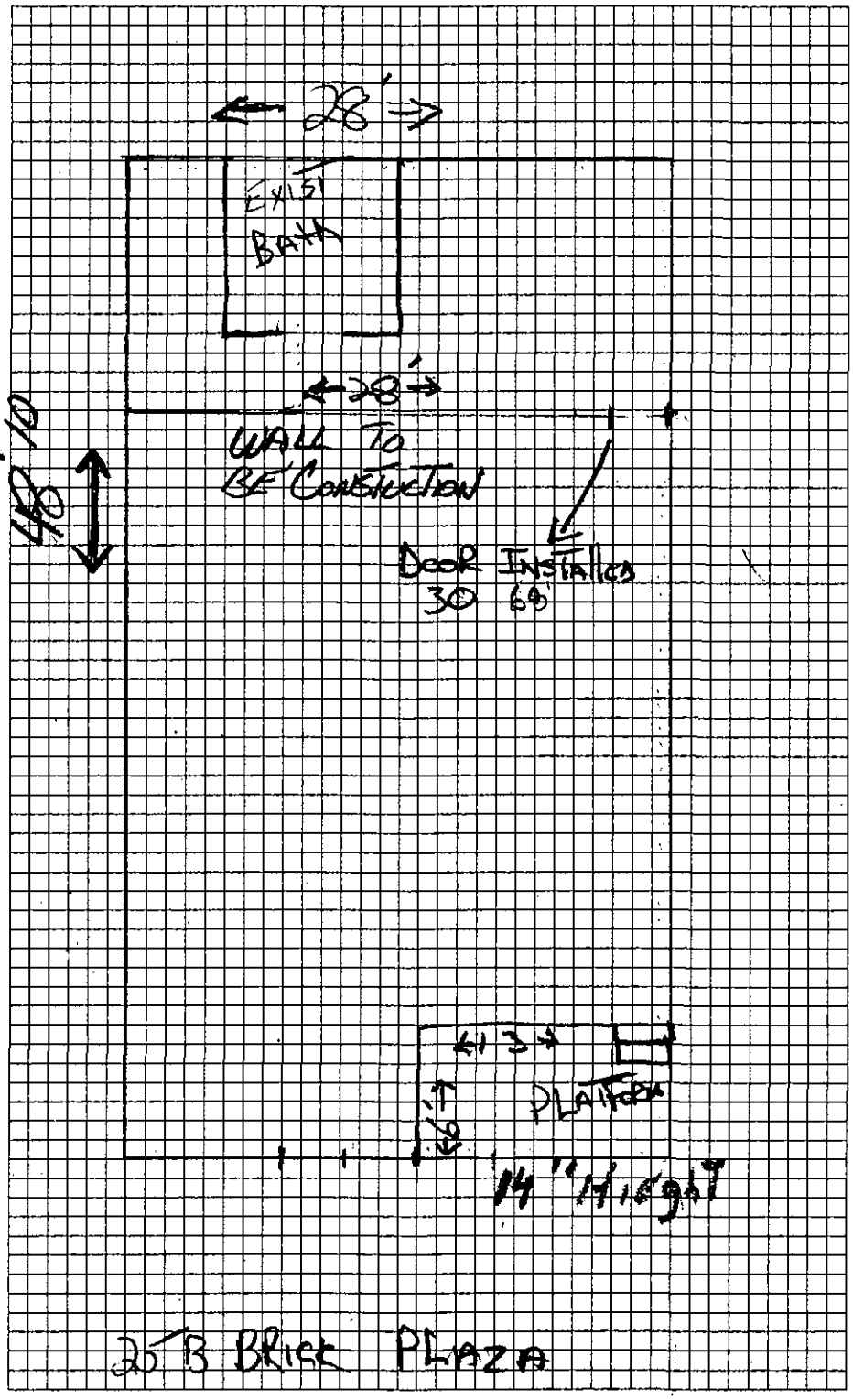
Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Exit Signs Emergency Lites Battery Backup		46 -
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical Fire Extinguishers		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 46
Paid [ ] Check # *Minimum Fee* $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy


EXIT LIGHT WITH BATTERY BKUP.
EMERGENCY FLOODLITE
EXIST BATH
13'
28'
WALL CONSTRUCTED
DOOR INSTALLED
EXIT LIGHT WITH BATTERY BKUP
78' 10"
EMERGENCY FLOODLITE
13'
9'
EXIT LIGHT W/ BATTERY BACK UP
PLATFORM CONSTRUCTED 14" HIGH


28'
EXIST
BATH
28'
WALL TO
BE CONSTRUCTED
DOOR INSTALLED
30 68
41 3"
PLATFORM
16'
14' 11' 16'
25' B BRICK PLAZA