

Zoning Permit Packages

Please read ALL the enclosed documents!

Please do NOT ASSUME that the forms do not apply to you. Every form MUST be filled out.

Items that you will need to submit along with these forms:

1. A full size copy of your property survey, and on that survey you must highlight where you are placing the shed, fence, deck, patio or generator.
2. If your project requires plans, please submit 2 copies.
3. Where it asks for a description of work, please make sure to include the type, size, style, height, etc.
4. You will need to put setbacks with arrows showing how far away in feet -from the edge of your (shed,deck,patio) to your property lines.
5. If you have a Homeowner's Association – you will need a letter from them stating they have approved your project.
6. The Homeowner must sign and date the Zoning Permit Application.
7. The Homeowner must sign the Regrading/Retaining Wall Certification and have it notarized.
8. If you need assistance with setbacks please check with the Zoning Department (609) 698-0080 x159
9. It is important to check with office staff to ensure you have everything that is needed to submit your application.

Solar Panels - \$50.00 Zoning Fee upon Submittal



Barnegat Township
900 West Bay Avenue
Barnegat, New Jersey 08005
Tel 609.698.0080 Fax 609.698.7446

ZONING PERMIT APPLICATION

BLOCK: _____ LOT: _____

Property Location/Work Site _____

Owner of Record _____

Mailing Address (if different) _____

Phone: () _____ () _____
Home work

PERMIT # _____
FEE \$ _____
CASH _____ CHECK _____
DATE _____
ZONE _____

Name of Applicant, Contractor or Person Responsible for work – If other than the homeowner _____

Address of Applicant – If other than the Homeowner _____ () _____ DAYTIME PHONE _____

AUTHORIZATION: (If anyone other than above owner is making this application, the following authorization must be executed)

TO THE APPROVING LAND USE/ZONING OFFICIAL OF THE TOWNSHIP OF BARNEGAT:

_____ IS HEREBY AUTHORIZED TO MAKE THE WITHIN APPLICATION.
NAME OF DESIGNEE

DATE: _____ SIGNATURE OF OWNER: _____

DESCRIPTION OF WORK AND/OR USE:

APPLICANT'S SIGNATURE (REQUIRED) _____ DATE _____

PERMIT APPROVED _____
DATE SIGNATURE

*PERMIT DENIED _____
DATE SIGNATURE

<u>TYPE OF APPLICATION</u>	
<u>RESIDENTIAL:</u>	ALTERATION: _____
ADDITION _____	NEW _____
SHED _____	DECK _____ POOL _____
FENCE _____	OTHER _____
<u>COMMERCIAL, ETC.</u>	NEW _____
ALTERATION _____	ADDITION _____
CONSTRUCTION TRAILER	NEW _____
OTHER _____	
<u>TEMPORARY EVENT:</u>	_____

**** LOCATION SURVEY REQUIRED
MUST MEET THE REQUIRED
MINIMUM SETBACKS AS SUBMITTED**

REASONS/CONDITIONS/REMARKS: _____

DENIED _____

REGRAIDING and/or RETAINING WALL CERTIFICATION

The following **NOTARIZED** certification by the **OWNER** of the property listed below must be submitted prior to any C.O. or C.A. being issued for any retaining wall installation or other changes to a previously approved lot grading.

STATE OF NEW JERSEY
COUNTY OF OCEAN

I, _____, of full age, hereby attest and certify:

PROPERTY OWNER

1. That I am the owner of the property known as Block _____ Lot _____ located at _____ Barnegat, New Jersey.
2. I understand that for Retaining Walls, the MINIMUM submission requirements are: a survey or plot plan showing the exact location of the proposed wall; and a straight-line “ruled” drawing (top view and side view) with footing and wall construction details, required anchoring and stabilization of the wall. I further understand that if the wall exceeds a height of thirty (30”) inches, the design plans must be certified by a licensed NJ Engineer.
3. That the existing grading, swales or other site conditions affecting drainage have not been altered and will not create any adverse water and drainage conditions; or,
4. That since the existing grading, swales or other site conditions affecting drainage are being altered, I shall submit a “Certified, As-Built” Survey or Plot Plan prepared by a licensed New Jersey Land Surveyor or Engineer showing the actual re-grading of the property and any structures constructed, with a certification that the grading and drainage comply with the Barnegat Township Ordinances, prior to the issuance of the Certificate of Occupancy or Certificate of Approval.

SIGNATURE

Sworn to and subscribed before me
This _____ day of

_____, _____



Barnegat Township
Construction Office
900 West Bay Avenue, Barnegat, New Jersey 08005
Tel 609.698.0080 Fax 609.698.7446
www.barnegat.net

TRASH/DEBRIS - ORDINANCE # 1986-28

BARNEGAT TOWNSHIP CODES REQUIRE CONTROL AND PROPER DISPOSITION OF DEBRIS. BARNEGAT TOWNSHIP ORDINANCE # 1986-28 ADDRESSES THE REQUIREMENT FOR A DUMPSTER ON SITE OR IMMEDIATE REMOVAL OF DEBRIS FROM ANY ACTIVITY INVOLVING A BUILDING PERMIT.

THE TOWNSHIP WILL NOT PICK UP DEBRIS RESULTING FROM ACTIVITY RELATED TO A BUILDING PERMIT.

THE OWNER OF A PROPERTY IS RESPONSIBLE FOR CONTROL AND ULTIMATE PROPER/LEGAL DISPOSITION AND REMOVAL OF DEBRIS, EQUIPMENT, APPLIANCES AND ANY TYPE OF CONSTRUCTION MATERIAL.

ALL MATERIALS BEING REMOVED OR TORN DOWN SHALL BE STORED IN A DUMPSTER OR IMMEDIATELY REMOVED FROM THE SITE.

ANY CONFIRMED CODE VIOLATION, AT ANY TIME FOLLOWING RECEIPT/ACKNOWLEDGEMENT OF THIS NOTICE IS SUBJECT TO SUMMONS.

RECEIPT ACKNOWLEDGEMENT

PROPERTY - BLOCK _____ LOT _____ DATE _____

PROPERTY ADDRESS _____

I DO HEREBY CERTIFY, I have read the above and that all Debris will be removed
And that the information on this form is correct.

Please check one: I am the Property Owner _____ I am the Agent _____

OWNER/AGENT NAME (PRINT) _____

OWNER/AGENT SIGNATURE _____

THIS DOCUMENT MUST BE COMPLETED WITH EVERY ZONING and/or PERMIT!



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: _____

2. Name of Owner in Fee: _____ e-mail _____
Tel: _____

Address _____ street _____ municipality _____ zip code _____

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: _____ Tel: _____ e-mail _____
Address _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. _____ FAX: _____

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel: _____ FAX: _____

6. Responsible Person in Charge once Work has Begun _____
Tel: _____ FAX: _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ (office use only)

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. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

Minor Work New Building Addition Demolition

Repair Alteration Renovation Reconstruction

Asbestos Abat. -Subch. 8 Lead Hazard Abatement Radon Remediation Annual Permit

III. SUBCODES
(Check all that apply)

<input type="checkbox"/> Building	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<input type="checkbox"/> Electrical								
<input type="checkbox"/> Plumbing								
<input type="checkbox"/> Fire Protection								
<input type="checkbox"/> Elevator								
TOTAL COST	\$0							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____ Select Group _____

3. Change in Use Group, Indicate Present: _____ Select Group _____

4. No. of dwelling units: Total Units Income-restricted

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____ Select Group _____

3. Change in Use Group, Indicate Present _____ Select Group _____

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. <input type="checkbox"/> Partial Releases	1. <input type="checkbox"/> Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. <input type="checkbox"/> Refrigeration Systems	8. <input type="checkbox"/> Smoke Control Systems in Open Wells	12. <input type="checkbox"/> Fire Alarm
2. <input type="checkbox"/> Prototype Processing	2. <input type="checkbox"/> High Pressure Boilers	5. <input type="checkbox"/> Cross-Connections/Backflow Preventers	9. <input type="checkbox"/> Underground Storage Tanks	
	3. <input type="checkbox"/> Hazardous Uses/Places of Assembly	6. <input type="checkbox"/> Hazardous Uses/Places of Assembly	10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs	

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 _____

Address _____

Telephone _____

Signature _____

III. () LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. () HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



CONSTRUCTION PERMIT

Date Issued
Permit #

IDENTIFICATION Block _____ Lot _____ Qualification Code _____
Work Site Location _____ Contractor _____ Address _____

Owner in Fee _____ Address _____ Tel. (_____) _____
Lic. No. or Bids. Reg. No. _____
Tax ID No. _____

Is hereby granted permission to perform the following work:

- BUILDING PLUMBING LEAD HAZARD ABATEMENT
- ELECTRICAL FIRE PROTECTION DEMOLITION
- ELEVATOR DEVICES ASBESTOS ABATEMENT OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

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 \$ _____

Construction Official _____ Date _____

PAYMENTS (Office Use Only)	
Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	_____
Cert. of Occupancy	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected by	_____

U.C.C. F176 (rev. 01/04)

- 1 WHITE-INSPECTOR
- 2 CANARY-OFFICE
- 3 PINK-TAX ASSESSOR
- 4 GOLD-APPLICANT

(see reverse side)



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee: _____ e-mail _____
Tel. (_____) _____

Address _____ e-mail _____
street municipality Tel. (_____) _____ zip code

Contractor _____ e-mail _____
Address _____ Exp. Date _____
Contractor License No. or Builder Registration No. _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required				Footing					
<input type="checkbox"/> All				Footing Bonding					
<input type="checkbox"/> Footing				Foundation					
<input type="checkbox"/> Foundation				Slab					
<input type="checkbox"/> Frame				Frame					
<input type="checkbox"/> Other				Truss Sys./Bracing					
Joint Plan Review Required:									
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator	Insulation					
SUBCODE APPROVAL									
<input type="checkbox"/> CO	<input type="checkbox"/> CCCO	<input type="checkbox"/> CA		Finishes -Base Layer					
				Finishes -Final					
				Energy					
				Mechanical					
				TCO					
				Other					
				Final					
				Barrier-Free					

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. Rehabilitation \$ _____

3. Total (1+2) \$ _____

U.C.C. FT110
(rev. 07/06)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

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

TYPE OF WORK:	Height (exceeds 6')	Sq. Ft.	FEE (Office Use Only)
<input type="checkbox"/> New Building			\$ _____
<input type="checkbox"/> Addition			\$ _____
<input type="checkbox"/> Rehabilitation			\$ _____
<input type="checkbox"/> Roofing			\$ _____
<input type="checkbox"/> Siding			\$ _____
<input type="checkbox"/> Fence			\$ _____
<input type="checkbox"/> Sign			\$ _____
<input type="checkbox"/> Pool			\$ _____
<input type="checkbox"/> Retaining Wall			\$ _____
<input type="checkbox"/> Asbestos Abatement Subchapter 8			\$ _____
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17			\$ _____
<input type="checkbox"/> Radon Remediation			\$ _____
<input type="checkbox"/> Other			\$ _____
<input type="checkbox"/> Demolition			\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. (_____) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

Pole/Pad # _____ Temporary Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
<input type="checkbox"/> No Plans Required	Type: _____	Failure	Approval
<input type="checkbox"/> Partial -Under-slab Utilities Approved	Rough	Failure	Approval
Date: _____ Approved by: _____	Barrier-Free	Failure	Approval
<input type="checkbox"/> Electric Plans Approved	Trench	Failure	Approval
Date: _____ Approved by: _____	Temp. Serv.	Failure	Approval
Joint Plan Review Required:	Constr. Serv.	Failure	Approval
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	TCO	Failure	Approval
SUBCODE APPROVAL for PERMIT	Other	Failure	Approval
Date: _____	Service	Failure	Approval
Approved by: _____	Final	Failure	Approval
	Barrier-Free	Failure	Approval
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-In-Card Date Issued	Failure	Approval
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Final Cut-In-Card Date Issued	Failure	Approval
Date: _____	Annual Pool Inspection	Failure	Approval
Approved by: _____	Date of Grounding and Bonding Certification	Failure	Approval

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 Elec. Contractor Certif'd Landscape Irrigation Contr Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	QTY.	SIZE	ITEMS	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 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 \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. (____) _____ e-mail _____

Address _____ Exp. Date _____

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

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

Federal Emp. ID No. _____ FAX: (____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing

Const. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System: _____

Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing

Location: [] Other _____ Location of Main Control Valve: _____

Fuel Storage Tank: _____ Capacity _____

Fuel Type: [] Flammable or [] Combustible _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____

[] No Plans Required _____

Joint Plan Review Required: _____

[] Building [] Plumbing _____

[] Electric [] Elevator _____

[] Fire Plans Approved _____

Date: _____

Approved by: _____

SMOKE CONTROL _____

Approved by: _____

SUBCODE APPROVAL _____

[] CO [] CCO [] CA _____

Date: _____

Approved by: _____

Date Received _____
Control # _____
Date Issued _____
Permit # _____
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:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____
Alarm Systems _____
[] System _____
[] 110v Interconnected _____
[] CO Detectors/110v _____
Alarm Devices (i.e., smoke, heat, pulls, waterflow) _____

Supervisory Devices (i.e., lamps, low/high air) _____
Signaling Devices (i.e., horns/strobes, bells) _____
Other Devices _____

TOTAL _____
Suppression Systems _____
Fire Pump _____ GPM Type _____
Dry Pipe/Alarm Valves _____
Pre-action Valves _____
Sprinkler Heads (Dry and Wet) _____
Standpipes _____

Pre-engineered Systems _____
Wet Chemical _____
Dry Chemical _____
CO₂ Suppression _____
Foam Suppression _____
FM200 Suppression _____
Other _____

Other Systems _____
Kitchen Hood Exhaust System _____
Smoke Control System _____
Fired Appliances [] Gas or [] Oil _____
Fireplace Venting/Metal Chimney _____
Other _____

DESCRIPTION OF WORK:	NUMBER	FEE (Office Use Only)
Administrative Surcharge \$		
Minimum Fee \$		
State Permit Surcharge Fee \$		
TOTAL FEE \$		