



# 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: \_\_\_\_\_  
 Tel. \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
street municipality zip code
3. Ownership in Fee: Public \_\_\_\_\_ Private ☒ \_\_\_\_\_
4. Principal Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_  
 Address \_\_\_\_\_ e-mail NJPERMITS@VISONSolar.COM
- 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)

		Update	Update
1. Building	\$		
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

	(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. 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

## IIb. SUBCODES

(Check all that apply)

- ☐ Building  
☐ Electrical  
☐ Plumbing  
☐ Fire Protection  
☐ Elevator

### FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Approval	Rejection	Re-viewer

TOTAL COST

## VII. DESCRIPTION OF BUILDING USE

### A. RESIDENTIAL (primary use)

1. State Specific Use: \_\_\_\_\_
2. Use Group, Proposed: \_\_\_\_\_
3. Change in Use Group, Indicate Present: \_\_\_\_\_
4. No. of dwelling units: Total Units Income-restricted
- |                |  |
|----------------|--|
| Gained, Sale   |  |
| Gained, Rental |  |
| Lost, Sale     |  |
| Lost, Rental   |  |

### B. NON-RESIDENTIAL (primary use)

1. State Specific Use: \_\_\_\_\_
2. Use Group, Proposed: \_\_\_\_\_
3. Change in Use Group, Indicate Present: \_\_\_\_\_
- C. MIXED USE -List secondary use(s): \_\_\_\_\_
- D. Construct. Classification: Present \_\_\_\_\_ Proposed \_\_\_\_\_

## III. PLAN REVIEW (optional)

### DO YOU WANT:

1. ☐ Partial Releases  
 2. ☐ Prototype Processing

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

- |   |   |   |   |
|---|---|---|---|
| 1. <input type="checkbox"/> Elevators/Escalators/Lifts/<br>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"/> High Pressure Boilers                                   | 5. <input type="checkbox"/> Cross-Connections/Backflow Preventers | 9. <input type="checkbox"/> Underground Storage Tanks           |   |
| 3. <input type="checkbox"/> Pressure Vessels  | 6. <input type="checkbox"/> Hazardous Uses/Places of Assembly     | 10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs  |   |
|   | 7. <input type="checkbox"/> Sprinklers/Standpipes                 | 11. <input type="checkbox"/> LPGas Tanks                        |   |

## 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.

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	
<input type="checkbox"/> Zoning Officer									
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Department of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Department of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

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
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____



Date Issued  
Permit #

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_  
 street municipality zip code

Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_ e-mail NJPERMITS@VISONSOLAR.COM

Contractor License No. or Builder Registration No. 13VH10165900 Exp. Date 03/31/2022

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

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

## B. BUILDING CHARACTERISTICS

**Use Group** Present \_\_\_\_\_ Proposed \_\_\_\_\_      **Constr. Class** Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories \_\_\_\_\_ If Industrialized Building: \_\_\_\_\_

Height of Structure \_\_\_\_\_ ft. State Approved \_\_\_\_\_ HUD \_\_\_\_\_

Area — Largest Floor \_\_\_\_\_ sq. ft.      **Est. Cost of Bldg. Work:** \_\_\_\_\_

New Bldg. Area/All Floors \_\_\_\_\_ sq. ft.

Volume of New Structure \_\_\_\_\_ cu. ft.

Max. Live Load \_\_\_\_\_

2. Rehabilitation \$ \_\_\_\_\_

3. Total (1+ 2) \$ \_\_\_\_\_

Max. Occupancy Load U.S.G. 5110 (rev. 11/00)

**Constr. Class** Present \_\_\_\_\_ Proposed \_\_\_\_\_

If Industrialized Building:

State Approved \_\_\_\_\_ HUD \_\_\_\_\_

**Est. Cost of Bldg. Work:**

1. New Bldg. \$ \_\_\_\_\_

2. Rehabilitation \$\_\_\_\_\_

3. Total (1+ 2)      \$ \_\_\_\_\_

U.C.C. F110 (rev. 11/09)  
Internet version

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: 

Print name here: JONATHAN SEIBERT

#### D. TECHNICAL SITE DATA

## DESCRIPTION OF WORK

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence \_\_\_\_\_ Height (exceeds 6')
- [ ] Sign \_\_\_\_\_ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall \_\_\_\_\_ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other \_\_\_\_\_
- [ ] Demolition

## FEE (Office Use Only)

[illegible]

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

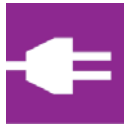
State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



# 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 [NJPERMITS@VISONSolar.COM](mailto:NJPERMITS@VISONSolar.COM)

Contractor License No. 34EB01126300 Exp. Date 03/31/2024

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

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)
[ ] No Plans Required	Type: Failure Failure Approval Initial
[ ] Partial -Underslab Utilities Approved	Rough _____
Date: _____ Approved by: _____	Barrier-Free _____
[ ] Electric Plans Approved	Trench _____
Date: _____ Approved by: _____	Temp. Serv. _____
Joint Plan Review Required:	Constr. Serv. _____
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.	TCO _____
SUBCODE APPROVAL for PERMIT	Other _____
Date: _____	Service _____
Approved by: _____	Final _____
	Barrier-Free _____
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued _____
[ ] CO [ ] CCO [ ] CA	Final Cut-in-Card Date Issued _____
Date: _____	Annual Pool Inspection _____
Approved by: _____	Date of Grounding and Bonding Certification _____

## 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 sign/Contractor sign and seal here:

*Robert L Greenstreet Jr*

Print name here: **ROBERT L GREENSTREET JR**

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr'r [ ] Exempt Applicant

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	<del>Receptacles</del> Inverters	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	Solar Panels	_____
_____	_____	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	_____
1	60	AMP <del>Subpanels</del> Disconnect	_____
1	15	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____
1	_____	kW Solar Array	_____

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_



# FIRE PROTECTION 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 NJPERMITS@VISONSolar.COM

Fire Protection Equipment, NJ Div of Fire Safety Permit No. \_\_\_\_\_

Fire Protection Equipment, NJ Div of Fire Safety Installer No. \_\_\_\_\_

Fire Alarm Contractor No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason 13VH10165900

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

## B. FIRE PROTECTION CHARACTERISTICS

**Use Group:** Present \_\_\_\_\_ Proposed \_\_\_\_\_

**Constr. Class:** Present \_\_\_\_\_ Proposed \_\_\_\_\_

**Heating System:** ☐ New OR ☐ Modification to Existing  
OR ☐ Conversion OR ☐ Replacement

**Fuel Type:** ☐ Gas ☐ Oil ☐ Electric ☐ Solar  
☐ Other \_\_\_\_\_

**Location:** \_\_\_\_\_

**Total Cost of Fire Protection Work \$** \_\_\_\_\_

### Fuel Storage Tank:

**Fuel Type:** ☐ Flammable OR ☐ Combustible  
**Capacity** \_\_\_\_\_

**Fire Alarm System:** ☐ New OR ☐ Existing

**Location of Panel:** \_\_\_\_\_

### Fire Suppression/Standpipe System:

☐ New OR ☐ Existing

**Location of Main Control Valve:** \_\_\_\_\_

## 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/Contractor sign here: \_\_\_\_\_

Print name here: **ROBERT L GREENSTREET JR**

☐ Certified Contractor ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

**DESCRIPTION OF WORK:** INSTALLATION OF ROOF MOUNTED SOLAR SYSTEM

### Water Supply Source

**Method of Alarm/Suppression System Supervision** \_\_\_\_\_

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
<b>Alarm Systems</b>		
<input type="checkbox"/> System	_____	_____
<input type="checkbox"/> 110v Interconnected	_____	_____
<input type="checkbox"/> CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
<b>TOTAL</b>	_____	_____
<b>Suppression Systems</b>		
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
<b>Pre-engineered Systems</b>		
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO <sub>2</sub> Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other _____	_____	_____
<b>Other Systems</b>		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid _____	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other _____	_____	_____

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)
PLAN REVIEW	Type:	Failure Failure Approval Initial
<input type="checkbox"/> No Plans Required	Alarm System	_____
<input type="checkbox"/> Partial -Underslab Utilities Approved	Suppression Sys.	_____
Date: _____ Approved by: _____	Standpipe	_____
<input type="checkbox"/> Fire Protection Plans Approved	Fire Pump	_____
Date: _____ Approved by: _____	Pre-Eng. System	_____
Joint Plan Review Required:	Mechanical	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Elev.	Smoke Control	_____
SUBCODE APPROVAL for PERMIT	TCO	_____
Date: _____	Flam/Combust Tanks	_____
Approved by: _____	Fireplace Venting	_____
SUBCODE APPROVAL for CERTIFICATE	Final	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Other _____	_____
Date: _____		
Approved by: _____		

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
**TOTAL FEE \$** \_\_\_\_\_