

Indicate Number of Proposed Fixtures on All Floors																					DESCRIBE FIXTURES			
	Cellar	Basement	First Floor	Second	Third	Fourth	Fifth	Sixth	Seventh	Eighth	Ninth	Tenth	Eleventh	Twelfth	Thirteenth	Fourteenth	Fifteenth	Sixteenth	Seventeenth	Eighteenth		Nineteenth	Twentieth	
Water-Closets																								
Urinals																								
Wash-basins																								
Bath-tubs																								
Wash-tubs																								
Sinks																								
Drinking Fountains																								
Showers																								
Sprinkler Heads—Halls																								
" —Soffits																								
" —Closets																								

Minimum Water Pressure \_\_\_\_\_ Approximate depth is \_\_\_\_\_ feet to inner top of  
 At Curb Elevation is \_\_\_\_\_ lbs. Sq. In. Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Combined Sewer \_\_\_\_\_  
 NOTE: Obtain from Department Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Sanitary Sewer \_\_\_\_\_  
 of Water Supply, Gas and Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Storm Sewer \_\_\_\_\_  
 Electricity a certificate stating from legal grade of street.  
 the water pressure at the curb.

Bureau of Sewers

**STANDPIPE AND SPRINKLER SPECIFICATIONS**

State proposed work \_\_\_\_\_  
 Is building equipped with any other fire-extinguishing system than that proposed? If so, give description: \_\_\_\_\_  
 Supply:—  
 a: Gravity Tank:  
 Total capacity \_\_\_\_\_ gallons. Fire reserve \_\_\_\_\_ gallons.  
 Height above main room \_\_\_\_\_ feet, above penthouse roof \_\_\_\_\_ feet.  
 b: Intermediate Tank:  
 Capacity \_\_\_\_\_ gallons. Location \_\_\_\_\_ (story).  
 c: Pressure Tank:  
 Capacity \_\_\_\_\_ number of gallons. Air Compressor \_\_\_\_\_  
 d: Street Main Connections: Size of Tap \_\_\_\_\_ Size of Main \_\_\_\_\_  
 Number \_\_\_\_\_ minimum water pressure at curb \_\_\_\_\_ pounds.  
 e: Fire Pump \_\_\_\_\_ G.P.M. Capacity. Suction Tank \_\_\_\_\_ gallons.  
 If an alteration or extension to an existing approved system, give date of approval, plan number and plan showing connections to the source of supply.

**FUEL OIL SPECIFICATIONS**

1. Baume \_\_\_\_\_ **28-32** FLASH POINT \_\_\_\_\_ **125** No. of Tanks \_\_\_\_\_ **1**  
 2. Capacity of each tank \_\_\_\_\_ **1080** LOCATION \_\_\_\_\_ **cellar r fl** Foundation \_\_\_\_\_  
 3. Name of burner \_\_\_\_\_ **Sun Ray** \_\_\_\_\_ **room door** B. S. & A. Approval No. \_\_\_\_\_ **106-33SA**  
 4. Location of remote control \_\_\_\_\_ **outside boiler** Number of approved fire extinguishers \_\_\_\_\_ **1 2qt**  
 5. Fire retarding \_\_\_\_\_ **as per B.S.A. rules**

Sketch Showing Plot Diagram and Location of Tank for One- and Two-Family Dwellings May Be Drawn Here:—

**FUEL OIL OR GASOLINE TANK INSTALLATIONS**

Initial fee payment—Amount \$ \_\_\_\_\_ 1st Receipt No. \_\_\_\_\_  
 Date \_\_\_\_\_ Cashier \_\_\_\_\_  
 2nd payment of fee to be collected before a permit is issued—Amount \$ \_\_\_\_\_ **4.50**  
 Verified by \_\_\_\_\_ **H. M. ...** Date \_\_\_\_\_ **May 24 '47**  
 2nd Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ **3/24/47** Cashier \_\_\_\_\_  
 ADDITIONAL FEES REQUIRED \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
 VERIFIED BY \_\_\_\_\_ (Yes or No) \_\_\_\_\_ DATE \_\_\_\_\_