



AO1: Administrative Objections  
Form

|                 |           |            |
|-----------------|-----------|------------|
| DEPT. OF BLDGS. | 310174851 | Job Number |
| SC080127007     |           | Scan Code  |

|                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                |                                                |                                                |                                              |                                          |                                    |                                          |                                                |                                            |                                |                                           |                                          |                                           |                                          |                                         |                                |  |  |  |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|----------------------------------------------|------------------------------------------|------------------------------------|------------------------------------------|------------------------------------------------|--------------------------------------------|--------------------------------|-------------------------------------------|------------------------------------------|-------------------------------------------|------------------------------------------|-----------------------------------------|--------------------------------|--|--|--|
| <b>Applicant Information Only</b> <i>Application cannot be processed for the following reasons</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                |                                                |                                                |                                              |                                          |                                    |                                          |                                                |                                            |                                |                                           |                                          |                                           |                                          |                                         |                                |  |  |  |
| <b>1</b>                                                                                           | <b>PW1</b> missing or inaccurate information (check all that apply)<br><table border="0"><tr><td><input type="checkbox"/> Ownership Information</td><td><input type="checkbox"/> Premises Information</td><td><input type="checkbox"/> Applicant Information</td><td><input type="checkbox"/> Filing Representative</td></tr><tr><td><input type="checkbox"/> Add. Considerations</td><td><input type="checkbox"/> Job Description</td><td><input type="checkbox"/> Work Type</td><td><input type="checkbox"/> Plans Submitted</td></tr><tr><td><input type="checkbox"/> Bldg. Characteristics</td><td><input type="checkbox"/> Place of Assembly</td><td><input type="checkbox"/> Signs</td><td><input type="checkbox"/> Const. Equipment</td></tr><tr><td><input type="checkbox"/> Fire Protection</td><td><input type="checkbox"/> Metes and Bounds</td><td><input type="checkbox"/> Fire Protection</td><td><input type="checkbox"/> Seal/Signature</td></tr><tr><td><input type="checkbox"/> Other</td><td colspan="3"></td></tr></table> | <input type="checkbox"/> Ownership Information | <input type="checkbox"/> Premises Information  | <input type="checkbox"/> Applicant Information | <input type="checkbox"/> Filing Representative | <input type="checkbox"/> Add. Considerations | <input type="checkbox"/> Job Description | <input type="checkbox"/> Work Type | <input type="checkbox"/> Plans Submitted | <input type="checkbox"/> Bldg. Characteristics | <input type="checkbox"/> Place of Assembly | <input type="checkbox"/> Signs | <input type="checkbox"/> Const. Equipment | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Metes and Bounds | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Seal/Signature | <input type="checkbox"/> Other |  |  |  |
| <input type="checkbox"/> Ownership Information                                                     | <input type="checkbox"/> Premises Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Applicant Information | <input type="checkbox"/> Filing Representative |                                                |                                                |                                              |                                          |                                    |                                          |                                                |                                            |                                |                                           |                                          |                                           |                                          |                                         |                                |  |  |  |
| <input type="checkbox"/> Add. Considerations                                                       | <input type="checkbox"/> Job Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Work Type             | <input type="checkbox"/> Plans Submitted       |                                                |                                                |                                              |                                          |                                    |                                          |                                                |                                            |                                |                                           |                                          |                                           |                                          |                                         |                                |  |  |  |
| <input type="checkbox"/> Bldg. Characteristics                                                     | <input type="checkbox"/> Place of Assembly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Signs                 | <input type="checkbox"/> Const. Equipment      |                                                |                                                |                                              |                                          |                                    |                                          |                                                |                                            |                                |                                           |                                          |                                           |                                          |                                         |                                |  |  |  |
| <input type="checkbox"/> Fire Protection                                                           | <input type="checkbox"/> Metes and Bounds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Fire Protection       | <input type="checkbox"/> Seal/Signature        |                                                |                                                |                                              |                                          |                                    |                                          |                                                |                                            |                                |                                           |                                          |                                           |                                          |                                         |                                |  |  |  |
| <input type="checkbox"/> Other                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                |                                                |                                                |                                              |                                          |                                    |                                          |                                                |                                            |                                |                                           |                                          |                                           |                                          |                                         |                                |  |  |  |
| <b>2</b>                                                                                           | <b>Schedule A</b> <input type="checkbox"/> document missing <input type="checkbox"/> incorrect/missing information (see below) <input type="checkbox"/> job type already signed-off                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                                |                                                |                                                |                                              |                                          |                                    |                                          |                                                |                                            |                                |                                           |                                          |                                           |                                          |                                         |                                |  |  |  |
| <b>3</b>                                                                                           | <b>Schedule B</b> <input type="checkbox"/> document missing <input type="checkbox"/> incorrect/missing information (see below) <input type="checkbox"/> job type already signed-off                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                                |                                                |                                                |                                              |                                          |                                    |                                          |                                                |                                            |                                |                                           |                                          |                                           |                                          |                                         |                                |  |  |  |
| <b>4</b>                                                                                           | <b>TR1</b> <input type="checkbox"/> document missing <input type="checkbox"/> incorrect/missing information (see below)<br><input type="checkbox"/> Boring/Test Pits <input type="checkbox"/> Soil Percolation Tests <input type="checkbox"/> Boring for Drywell <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                |                                                |                                                |                                              |                                          |                                    |                                          |                                                |                                            |                                |                                           |                                          |                                           |                                          |                                         |                                |  |  |  |
| <b>5</b>                                                                                           | <b>Pre-Approval DEP forms</b> - Forms missing or inaccurate/missing information (check all that apply)<br><input type="checkbox"/> DEP Asbestos ASB-4 <input type="checkbox"/> DEP Asbestos ACP-5 <input type="checkbox"/> DEP ACP-7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                                |                                                |                                                |                                              |                                          |                                    |                                          |                                                |                                            |                                |                                           |                                          |                                           |                                          |                                         |                                |  |  |  |
| <b>6</b>                                                                                           | <b>Building Pavement Plan (BPP)</b> <input type="checkbox"/> document missing <input type="checkbox"/> incorrect/missing information (see below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                                |                                                |                                                |                                              |                                          |                                    |                                          |                                                |                                            |                                |                                           |                                          |                                           |                                          |                                         |                                |  |  |  |
| <b>7</b>                                                                                           | <b>Required Items (Pro-Cert Only)</b> <input type="checkbox"/> checklist missing/incomplete <input type="checkbox"/> Stamp missing <input type="checkbox"/> POC-1 Missing/Incomplete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                                |                                                |                                                |                                              |                                          |                                    |                                          |                                                |                                            |                                |                                           |                                          |                                           |                                          |                                         |                                |  |  |  |
| <b>8</b>                                                                                           | <b>Cashiering</b> <input type="checkbox"/> check missing <input type="checkbox"/> incorrect/missing information (see below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                |                                                |                                                |                                              |                                          |                                    |                                          |                                                |                                            |                                |                                           |                                          |                                           |                                          |                                         |                                |  |  |  |
| <b>9</b>                                                                                           | <b>Other</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                                |                                                |                                                |                                              |                                          |                                    |                                          |                                                |                                            |                                |                                           |                                          |                                           |                                          |                                         |                                |  |  |  |