



AO-1: Administrative Objections  
Form



|                            |                                                              |                                                           |
|----------------------------|--------------------------------------------------------------|-----------------------------------------------------------|
| Applicant Information Only |                                                              | Application cannot be processed for the following reasons |
| 1                          | PW1 missing or inaccurate information (check all that apply) |                                                           |

- |                                                |                                               |                                                |                                                |
|------------------------------------------------|-----------------------------------------------|------------------------------------------------|------------------------------------------------|
| <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                 |                                               |                                                |                                                |

|   |            |                                           |                                                                    |                                                      |
|---|------------|-------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------|
| 2 | Schedule A | <input type="checkbox"/> document missing | <input type="checkbox"/> incorrect/missing information (see below) | <input type="checkbox"/> job type already signed-off |
|---|------------|-------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------|

|   |            |                                           |                                                                    |                                                      |
|---|------------|-------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------|
| 3 | Schedule B | <input type="checkbox"/> document missing | <input type="checkbox"/> incorrect/missing information (see below) | <input type="checkbox"/> job type already signed-off |
|---|------------|-------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------|

|                                                                                                                                                                      |     |                                           |                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------|--------------------------------------------------------------------|
| 4                                                                                                                                                                    | TR1 | <input type="checkbox"/> document missing | <input type="checkbox"/> incorrect/missing information (see below) |
| <input type="checkbox"/> Boring/Test Pits <input type="checkbox"/> Soil Percolation Tests <input type="checkbox"/> Boring for Drywell <input type="checkbox"/> Other |     |                                           |                                                                    |

|                                                                                                                            |                                                                                                 |  |  |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|--|
| 5                                                                                                                          | Pre-Approval DEP forms - Forms missing or inaccurate/missing information (check all that apply) |  |  |
| <input type="checkbox"/> DEP Asbestos ASB-4 <input type="checkbox"/> DEP Asbestos ACP-5 <input type="checkbox"/> DEP ACP-7 |                                                                                                 |  |  |

|   |                              |                                           |                                                                    |
|---|------------------------------|-------------------------------------------|--------------------------------------------------------------------|
| 6 | Building Pavement Plan (BPP) | <input type="checkbox"/> document missing | <input type="checkbox"/> incorrect/missing information (see below) |
|---|------------------------------|-------------------------------------------|--------------------------------------------------------------------|

|   |                                |                                                       |                                        |                                                   |
|---|--------------------------------|-------------------------------------------------------|----------------------------------------|---------------------------------------------------|
| 7 | Required Items (Pro-Cert Only) | <input type="checkbox"/> checklist missing/incomplete | <input type="checkbox"/> Stamp missing | <input type="checkbox"/> POC-1 Missing/incomplete |
|---|--------------------------------|-------------------------------------------------------|----------------------------------------|---------------------------------------------------|

|   |            |                                        |                                                                    |
|---|------------|----------------------------------------|--------------------------------------------------------------------|
| 8 | Cashiering | <input type="checkbox"/> check missing | <input type="checkbox"/> incorrect/missing information (see below) |
|---|------------|----------------------------------------|--------------------------------------------------------------------|

|   |       |
|---|-------|
| 9 | Other |
|---|-------|