BLOCK 9.28 LOT 31 QUALIFICATION CODE _____ ADDRESS (SITE) 112 NORTHUMBERLAND DR PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

AUG 01 2024

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

I. IDENTIFICATION

1. Proposed Work Site at: 112 NORTHUMBERLAND DR TOMS RIVER 08757
2. Name of Owner in Fee: TAMMY HUGHES
   Tel. 732-672-1818 e-mail tammybink1572@gmail
   Address 112 NORTHUMBERLAND DR. BERKELEY 08757
   street municipality TOMS RIVER zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: B SELF DIY, Tel. _____
   Address _____
   License No. OR, if new home, Builder Reg. No. N-A Exp. Date N-A
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. N-A FAX: _____
5. Architect or Engineer ROBERT BINKIEWICZ-BROTHER Contact 732-672-1818
   Address 112 NORTHUMBERLAND DR e-mail binkiewicz4370@gmail
   Tel. 732-672-1818 FAX: TOMS RIVER NO
6. Responsible Person in Charge once Work has Begun ROBERT BINKIEWICZ
   Tel. 732-672-1818 FAX: NO

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1880		
2. Electrical	265		
3. Plumbing	465	330	
4. Fire Protection	55		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	132		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	210		
13. TOTAL	$ 3005		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories 1
2. Height of Structure _____ ft.
3. Area — Largest Floor 1,121 sq. ft.
4. New Building Area SAME 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 ✓

00067_066189 5114 SF
PERMIT_NUMBER
NO_PERMIT

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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building					8/2/24	KP			
☑ Electrical					8/2/24	P			
☑ Plumbing					8/1/24	B			
☑ Fire Protection					8/1/24	BC			
☐ Elevator									
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)* R-5

1. State Specific Use: PRIMARY 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*
Gained, Sale		
Gained, Rental		
Lost, Sale		
Lost, Rental		

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

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

D. Construct. Classification: Present _____ Proposed SB

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. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

C24-00049-POR

AUG 01 2024

Emailed P.O. 08/01/24

U.C.C. F100-1 (rev. 8/08)

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 pemit issuance.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature Tammy Hughes Date aug. 1, 2024

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.

Sept. 6, 2023

TAMMY HUGHES

112 NORTHUMBERLAND DR.

TOMS RIVER NJ

08757

Cancel Application for interior work. Void out Permit no longer doing.

Tammy Hughes

Notarized 9/6/24.

GNapolitano

GABRIELLE M NAPOLITANO
Commission # 50211761
Notary Public. State of New Jersey
My Commission Expires
July 07. 2028

CONSTRUCTION PERMIT

Date Issued
Control # C-24-02049
Permit #

IDENTIFICATION Block: 9.28 Lot: 31 Qualifier

Work Site Location: 112 NORTHUMBERLAND DR Berkeley Township, NJ

Owner in Fee HUGHES, TAMMY
112 NORTHUMBERLAND DR TOMS RIVER NJ 08757

Telephone:

Contractor HUGHES, TAMMY
Address 112 NORTHUMBERLAND DR TOMS RIVER NJ 08757

Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

BATH RENOVATION, KITCHEN RENOVATION

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 $70,200

Construction Official

Date 8/5/24

U.C.C. F170
equiv (rev 1/04)

PAYMENTS (Office Use Only)

Building	$1,880
Electrical	$263
Plumbing	$465
Fire Protection	$75
Elevator Devices	$0
Other	$210.00
DCA Training Fee	$132
CO Fee	
Other	$0
Total	$3,025
Check No.	
Cash	$0
Credit	$0
Collected By	

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

AUG 07 2024
ENTERED

Date Received
Control # C-24-00049

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 9.28 Lot 31 Qualification Code

Work Site Location 112 NORTHUMBERLAND DR
TOMS RIVER 08757

Owner in Fee: TAMMY HUGHES

Tel. (732) 672-1818 e-mail tammybinky57@gmail

Address 112 NORTHUMBERLAND DR. BERKLEY 08757
street municipality zip code

Contractor: OWNER SELF Tel. (732) 672-1818

Address 112 NORTHUMBERLAND DR, e-mail tammybinky57@gmail
TOMS RIVER

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	8/2/24	KR
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 8/2/24
Approved by: KR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5

Constr. Class Present VB Proposed VB

No. of Stories 1

Height of Structure 15' ft.

Area — Largest Floor 1430 sq. ft.

New Bldg. Area/All Floors — sq. ft.

Volume of New Structure NO NEW. cu. ft.

Max. Live Load 40

Max. Occupancy Load 6

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 47,000
3. Total (1+ 2) $

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.

Sign here: Tammy Hughes

Print name here: TAMMY HUGHES

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CHANGE FRONT ELEVATION
NEW ROOF
INTERIOR RENOVATIONS
REPLACE GARAGE DOOR
FRONT DOOR & WINDOWS

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)

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 1060

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Hard = Applicant Copy

TYPE OF WORK

[ ] New Building
[ ] Addition
[ ] Demolition
[ ] Alteration
[ ] Sign
[ ] Pool
[ ] Roof mnd Work ____ Sq. Ft.
[ ] Accessory Apartment
[ ] Fence HBZ Apartment; NAC 2.17
[ ] Other

FEE (Office Use Only)

Amount Pd. $ _____
Receipt Number _____
Date Paid _____
Check No. _____
Cash _____

DESCRIPTION OF WORK

DETAILED DATA

Proposed Use _____

Existing Use _____

Describe proposed construction and use of building in detail to include the following where applicable:

Number of Stories _____ Height _____

Number of Dwelling Units _____

Number of Rooms _____

Number of Bedrooms _____

Number of Bathrooms _____

Number of Parking Spaces _____

Dimensions of Lot: Front _____ Rear _____ Depth _____

Square Footage of Lot _____

Square Footage of Building (Outside Dimensions) _____

Square Footage of Each Floor _____

Estimated Cost _____

Fee _____

Zoning _____

Setback: Front _____ Rear _____ Side _____ Side _____

Lot Coverage _____

Off-Street Parking _____

Heated Square Footage _____

Unheated Square Footage _____

Total Square Footage _____

Applicant _____

Address _____

Phone _____

Contact Person _____

Date Received _____

Date Issued _____

Fee Paid _____

Check No. _____

Amount Paid _____

Application Accepted By _____

Zoning Approval _____

Building Permit No. _____

Utility Approval _____

Type of Construction _____

Flood Zone _____ Base Flood Elevation _____

Minimum Floor Elevation _____

Lowest Adjacent Grade _____

Proposed Use _____

Sewer Type _____

Water Type _____

Disclosure of Ownership/Lessee Information

In the case of fee simple ownership, including interest held by husband and wife as tenants by the entirety, the names and addresses of the title holders and the percentage of ownership held by each shall be set forth. In the case of ownership under single entity, the names and addresses of the principal officers and the percentage of stock held by each shall be set forth. In the case of partnership, the names and addresses of all partners, both general and limited, and the percentage of interest held by each shall be set forth. In the case of trusts, the beneficiaries of the trust with their addresses and the extent of their interest shall be set forth.

OWNER'S AFFIDAVIT

I certify that all of the foregoing information is accurate, that all work will be done in accordance with all applicable laws of this jurisdiction, whether specified herein or not, and that I have read and examined this application and know the same to be true and correct. I understand that any false statements may subject me to penalties of perjury. I hereby authorize representatives of this jurisdiction to enter upon the above mentioned property for inspection purposes.

Signature of Owner or Agent _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public _____

My Commission Expires _____

CONTRACTOR'S AFFIDAVIT

I certify that all of the foregoing information is accurate, that all work will be done in accordance with all applicable laws of this jurisdiction, whether specified herein or not, and that I have read and examined this application and know the same to be true and correct. I understand that any false statements may subject me to penalties of perjury. I hereby authorize representatives of this jurisdiction to enter upon the above mentioned property for inspection purposes.

Signature of Contractor or Agent _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public _____

My Commission Expires _____

LESSEE'S AFFIDAVIT (To be Completed Where Applicable)

I certify that all of the foregoing information is accurate, that all work will be done in accordance with all applicable laws of this jurisdiction, whether specified herein or not, and that I have read and examined this application and know the same to be true and correct. I understand that any false statements may subject me to penalties of perjury. I hereby authorize representatives of this jurisdiction to enter upon the above mentioned property for inspection purposes.

Signature of Lessee or Agent _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public _____

My Commission Expires _____

SUBCODE AFFIDAVIT (TO BE SIGNED)

[ ] Electrical [ ] Plumbing [ ] Gas [ ] Mechanical

[ ] Roofing
[ ] Sign
[ ] Fence (exceeds 6')
[ ] Swimming Pool
[ ] Lawn Sprinkler System
[ ] Demolition

Specify Use (Residential, Commercial, etc.)

Estimated Cost of Construction

Indicate Square Footage of Construction

Number of Stories

Height

Number of Dwelling Units

Number of Rooms

Type of Sewer Service

Type of Water Service

Estimated Fee

Indicate Plan Review Fee

Indicate Total Fee

CONTRACTOR AFFIDAVIT

I HEREBY AFFIRM THAT I AM LICENSED UNDER CHAPTER 489, FLORIDA STATUTES, AND I HAVE FURNISHED PROOF OF WORKERS' COMPENSATION COVERAGE TO THE JURISDICTION. I AFFIRM THAT I HAVE READ THE FOREGOING APPLICATION FOR PERMIT AND THAT THE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL APPLICABLE LAWS AND ORDINANCES, RULES AND REGULATIONS FOR BUILDING CONSTRUCTION IN THIS JURISDICTION.

SIGNATURE OF CONTRACTOR OR AGENT _____ DATE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

OWNER-BUILDER AFFIDAVIT

[ ] I am exempt from licensure pursuant to Chapter 489, Florida Statutes, and I am building a one or two family residence for my own use and occupancy. I have not built more than two residences within the past year.

[ ] I am building a commercial building or a residence for speculation and I have been informed that I must use a licensed contractor.

[ ] I am exempt from licensure pursuant to Chapter 489, Florida Statutes, for the following reason:

I AFFIRM THAT I DO NOT INTEND TO CONTRACT WITH ANY CONTRACTOR FOR THE PERFORMANCE OF WORK UNDER THIS PERMIT. I AFFIRM THAT I HAVE READ THE FOREGOING APPLICATION FOR PERMIT AND THAT THE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL APPLICABLE LAWS AND ORDINANCES, RULES AND REGULATIONS FOR BUILDING CONSTRUCTION IN THIS JURISDICTION.

SIGNATURE OF OWNER OR AGENT _____ DATE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES OR FEDERAL AGENCIES.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDING INSTITUTION OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

BUILDING SITE PLAN

TECHNICAL SECTION

Date Received _____

Comments _____

Date Issued _____

Fee Paid _____

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

p12

Date Received
Control # 24-0049

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 9.28 Lot 31 Qualification Code

Work Site Location 112 NORTHUMBERLAND DR.
TOMS RIVER 08757

Owner in Fee: TAMMY HUGHES

Tel. (732) 672-1818 e-mail tammyhinky57@gmail

Address 112 NORTHUMBERLAND DR BERKLEY 08757
street municipality zip code

Contractor: OWNER SELF Tel. (732) 672-1818

Address 112 NORTHUMBERLAND DR e-mail tammyhinky57@gmail
TOMS RIVER

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

- [ ] No Plans Required
- [ ] All 4.1.24
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 4.1.24
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5

No. of Stories 1

Height of Structure 15 ft.

Area — Largest Floor 1430 sq. ft.

New Bldg. Area/All Floors — sq. ft.

Volume of New Structure NO NGIN. cu. ft.

Max. Live Load 40

Max. Occupancy Load 6

Constr. Class Present VB Proposed VB

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 47,000
3. Total (1+ 2) $

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.

Sign here: Tammy Hughes

Print name here: TAMMY HUGHES

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CHANGE FRONT ELEVATION
NEW ROOF
INTERIOR RENOVATIONS
REPLACE GARAGE DOOR
FRONT DOOR & WINDOWS

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)

$

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

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Hard = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # PZ-05049

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 9.28 Lot 31 Qualification Code ____

Work Site Location 112 NORTHUMBERLAND DR
TOMS RIVER 08757

Owner in Fee: TAMMY HUGHES

Tel. (732) 672-1818 e-mail tammyhinky570@gmail

Address 112 NORTHUMBERLAND DR BERKLEY 08757
street municipality zip code

Contractor: OWNER SELF Tel. (732) 672-1818

Address 112 NORTHUMBERLAND DR e-mail tammyhinky570@gmail
TOMS RIVER

Contractor License No. or Builder Registration No. ____ Exp. Date ____

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	11/1	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 11/4
Approved by: KD

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5
No. of Stories 1
Height of Structure 15 ft.
Area — Largest Floor 1430 sq. ft.
New Bldg. Area/All Floors — sq. ft.
Volume of New Structure NO NEW cu. ft.
Max. Live Load 40
Max. Occupancy Load 6

Constr. Class Present VB Proposed VB

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Rehabilitation $ 47,000
3. Total (1+ 2) $ ____

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.

Sign here: Tammy Hughes
Print name here: TAMMY HUGHES

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CHANGE FRONT ELEVATION
NEW ROOF
INTERIOR RENOVATIONS
REPLACE GARAGE DOOR
FRONT DOOR & WINDOWS

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)
$

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

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Hard = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received AUG 0 1 2024
Control # C-24-02049
ENTERED
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 9.28 Lot 31 Qualification Code

Work Site Location 112 Northumberland Dr. Berkeley Twp NJ 08757

Owner in Fee: Tammy Hughes

Tel. (732) 672 1818 e-mail tammybinky57@gmail.com

Address municipality zip code

Contractor Self Owner Tel. ( )

Address 112 Northumberland Dr. Berkeley Twp NJ 08757 e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer ✓ Private Septic

Water Service Size Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 9,000.

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: Tammy Hughes

Print name here: Tammy Hughes

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
move location of bathroom
move location of Kitchen

QTY.	FIXTURE/EQUIPMENT
2	Water Closet
	Urinal/Bidet
2	Bath Tub
2	Lavatory
2	Shower
	Floor Drain
1	Sink
1	Dishwasher
	Drinking Fountain
1	Washing Machine
1	Hose Bibb
1	Water Heater
	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
V	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
2	Stacks
	Other

FEE (Office Use Only)
$ 465

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 8/2/24 Approved by: KS
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9/19/24
Approved by: KS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # C-24-02049

PZ

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 9.28 Lot 31 Qualification Code

Work Site Location 112 Northumberland Dr.
Berkeley Twp NJ 08757

Owner in Fee: Tammy Hughes

Tel. (732) 672 1818 e-mail tammybinky57@gmail.com

Address
street zip code

Contractor Self Tel. ( )

Address 112 Northumberland Dr. e-mail
Berkeley Twp NJ 08757

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer ✓ Private Septic

Water Service Size Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 9,000.

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: Tammy Hughes

Print name here: Tammy Hughes

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
move location of bathroom
move location of Kitchen

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$
	Urinal/Bidet	
✓2	Bath Tub	
✓2	Lavatory	
2	Shower	
✓	Floor Drain	
✓1	Sink	
✓1	Dishwasher	
	Drinking Fountain	
✓	Washing Machine	
1	Hose Bibb	
✓	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
✓	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	46.5
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks	
	Other	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 10/2/24 Approved by: KS
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/2/24
Approved by: KS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # C-24-02491

PZ

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 928 Lot 31 Qualification Code

Work Site Location 112 Northumberland Dr.
Berkeley Twp NJ 08757

Owner in Fee: Tammy Hughes

Tel. (732) 672 1818 e-mail Tammybinky570@gmail.com

Address

Contractor Self 3.21 zip code Tel. ( )

Address 112 Northumberland Dr. e-mail
Berkeley Twp NJ 08757

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer ✓ Private Septic

Water Service Size Public Water ✓ Private Well

Est: Cost of Plumbing Work $ 9,000.

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: Tammy Hughes

Print name here: Tammy Hughes

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
move location of bathroom
move location of kitchen

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$
	Urinal/Bidet	
✓2	Bath Tub	
✓2	Lavatory	
✓2	Shower	
✓	Floor Drain	
✓1	Sink	
✓1	Dishwasher	
	Drinking Fountain	
✓	Washing Machine	
1	Hose Bibb	
✓	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
✓	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	465
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks	
	Other	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 8/12/24 Approved by: KS
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/13/24
Approved by: KS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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 91.4 Lot 31 Qualification Code

Work Site Location 112 N Humberland Dr
Berkley Twp NT 08757

Owner in Fee: Tammy Hughes

Tel. (732) 473 1811 e-mail Tammy.Hughes52@gmail.com

Address 112 N Humberland Dr Berkley Twp NJ 08757
street municipality zip code

Contractor: Self Sheet Rock Tex Tel. ( )

Address 112 Northumberland Dr. e-mail
Berkley Twp NT 08757

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer ✓ Private Septic

Water Service Size Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 8,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 3-14-24 Approved by: KS
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/19/24
Approved by: KS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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:

Print name here: Tammy Hughes

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Move location of bathroom

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	
	Urinal/Bidet	
2	Bath Tub	
2	Lavatory	
2	Shower	
	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
1	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	145
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks	
	Other	

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

MECHANICAL INSPECTION
TECHNICAL SECTION

AUG 2 2024
ENTERED

Date Received
Control # C-24-08049

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 9.28 Lot 31 Qualification Code

Work Site Location 112 NORTHUMBERLAND DR, TOMS RIVER 08757

Owner in Fee: TAMMY HUGHES

Tel. 732 672-1818 e-mail tammybinky570gmail

Address 112 NORTHUMBERLAND DR. BERKELEY 08757
street municipality zip code

Contractor: Lee Jay Tel. 732 672-1818

Address 112 NORTHUMBERLAND DR e-mail rbinkiewic2437@gmail
TOMS RIVER 08757

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [✓] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 6,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Mechanical Plans Approved
Date: 8/2/24 Approved by: JS
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8/2/24
Approved by: JS
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

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 sign/Contractor sign and seal here: Tammy Hughes

Print name here: TAMMY HUGHES

[ ] Licensed Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace appliances

Replace furnace

NO.	FIXTURE/EQUIPMENT
	Water Heater
✓	Fuel Oil Piping Connections
✓	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
1	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
	Generator
1	Other A/C

FEE (Office Use Only)

$ 210

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.

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control # C-24-08049

PSE

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 9.28 Lot 31 Qualification Code

Work Site Location 112 NORTHUMBERLAND DR.
TOMS RIVER 08757

Owner in Fee: TAMMY HUGHES

Tel. 732 672-1818 e-mail tammyhinkle57@gmail

Address 112 NORTHUMBERLAND DR. / BERKELEY 08757
street TOMS RIVER zip code

Contractor Self 7-21 Tel. 732 672-1818

Address 112 NORTHUMBERLAND DR e-mail rhinkiewicz437@gmail
TOMS RIVER 08757

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [✓] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 6,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[✓] Mechanical Plans Approved
Date: 8/21/24 Approved by: AS
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/21/24
Approved by: AS

SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

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 sign/Contractor sign and seal here: Tammy Hughes

Print name here: TAMMY HUGHES

[ ] Licensed Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

replace appliances

replace furnace

NO.	FIXTURE/EQUIPMENT
	Water Heater
✓	Fuel Oil Piping Connections
✓	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
1	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
	Generator
1	Other H/C

FEE (Office Use Only)

$ 210

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.

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control # 24-05049

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 9.28 Lot 31 Qualification Code

Work Site Location 112 NORTHUMBERLAND DR
TOMS RIVER 08757

Owner in Fee: TAMMY HUGHES

Tel. 732 672-1818 e-mail tammyhinks57@gmail

Address 112 NORTHUMBERLAND DR / BERKELEY OR 757
street municipality TOMS RIVER / zip code

Contractor: Ralph J. Tel. 732 672-1818

Address 112 NORTHUMBERLAND DR e-mail rhinkel@ic247.com
TOMS RIVER 08757

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [✓] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 6,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[✓] Mechanical Plans Approved
Date: 5/10/24 Approved by: JS
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 05-17-24
Approved by: JS
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

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 sign/Contractor sign and seal here:

Print name here: Tammy Hughes

[ ] Licensed Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

replace appliances

replace furnace

NO.	FIXTURE/EQUIPMENT
	Water Heater
✓	Fuel Oil Piping Connections
✓	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
1	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
	Generator
1	Other A/C

FEE (Office Use Only)

	$
	200
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.

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control # 1-241-030419

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 9.28 Lot 21 Qualification Code

Work Site Location 112 NORTHUMBERLAND DR
TOMS RIVER 08757

Owner in Fee: TAMMY HUGHES

Tel. 732 672 1818 e-mail tammybinky57@aol.com

Address 112 NORTHUMBERLAND DR. BERKELEY 08757
street municipality TOMS RIVER zip code

Contractor: Bobby Hamrick - Brother Tel. 732 672-1818

Address 112 NORTHUMBERLAND DR e-mail nbinky-w1c247@yahoo.com
TOMS RIVER 08757

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [✓] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 6 000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[✓] Mechanical Plans Approved
Date: 5/20/19 Approved by: MS
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 05/29/19
Approved by: MS
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

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 sign/Contractor sign and seal here:

Print name here: Tammy Hughes

[ ] Licensed Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

replace appliances.

replace furnace

NO.	FIXTURE/EQUIPMENT
	Water Heater
✓	Fuel Oil Piping Connections
✓	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
1	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
	Generator
1	Other A/C

FEE (Office Use Only)

$

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 24-0249

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 112 NORTHUMBERLAND DR
TOMS RIVER 08757

Owner in Fee: TAMMY HUGHES

Tel. (732) 672-1815 e-mail tammybinky57@gmail

Address 112 NORTHUMBERLAND DR. BERKELEY 08757
street TOMS RIVER zip code

Contractor: self Bus. Tel. (732) 672-1316

Address 112 NORTHUMBERLAND DR e-mail [illegible]
TOMS RIVER 08757

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 (if applicable): _____

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R5 Proposed R5

Constr. Class: Present VB Proposed VB

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 $ #1200.00

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: TAMMY HUGHES

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER
Flammable/Combustible Tanks	
Alarm Systems	
[ ] System	
[3] 110v Interconnected	
[ ] CO Detectors/110v	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	3
Supervisory Devices (i.e., tampers, low/high air)	
Signaling Devices (i.e., horn/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	
CO_2 Suppression	
Foam Suppression	
FM200 Suppression	
Other _____	
Other Systems	
Kitchen Hood Exhaust System	
Smoke Control System	
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	
Fireplace Venting/Metal Chimney	
Other _____	

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ 25

TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 8/1/24

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust. Tanks				
Fireplace Venting				
Final				
Other _____				

ELECTRICAL SUBCODE
TECHNICAL SECTION

AUG 07 2024

ENTERED PR

Date Received
Control # 24-02049

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 9.28 Lot 31 Qualification Code

Work Site Location 112 Northumberland Dr. Berkeley Twp NJ 08757

Owner in Fee: Tammy Hughes

Tel. (732) 672 1818 e-mail tammybinky57@gmail.com

Address Same as above
street municipality zip code

Contractor: Jeff J.Y Tel. ( )

Address 112 Northumberland Dr. Berkeley Twp NJ 08757 e-mail rbinkiewicz1437@gmail.com

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 2F Utility Co. JCP and L

Est. Cost of Elec. Work $ cost of material $250 on 7,000, our JY

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: Tammy Hughes

Print name here: Tammy Hughes

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Kitchen and bathroom renovation

QTY.	SIZE	ITEMS	FEE (Office Use Only)
40		Lighting Fixtures	
38		Receptacles	
37		Switches	
3		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
25			
		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	
1		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 $ 263

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 8.2.24

Approved by: S

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # (24-02049
Date Issued
Permit # PR

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

Block 8.28 Lot 31 Qualification Code

Work Site Location 112 Northumberland Dr. Berkeley Twp NJ 08757

Owner in Fee: Tammy Hughes

Tel. (732) 672 1818 e-mail tammybinky57@gmail.com

Address Same as above
municipality zip code

Contractor: Self

Tel. ( )

Address 112 Northumberland Dr Berkeley Twp NJ 08757 e-mail rbinkiewicz437@gmail.com

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. JCP and L

Est. Cost of Elec. Work $ Cost of material $7,000, on 19/

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8 2 24
Approved by: B

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
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: Tammy Hughes

Print name here: Tammy Hughes

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Kitchen and bathroom renovation

QTY.	SIZE	ITEMS
40		Lighting Fixtures
38		Receptacles
37		Switches
3		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
45		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
1		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

FEE (Office Use Only)

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	$ 263
State Permit Surcharge Fee	$
TOTAL FEE	$

NOC

ELECTRICAL SUBCODE
TECHNICAL SECTION

PR

Date Received
Control # (24-02049
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 9.28 Lot 31 Qualification Code

Work Site Location 112 Northumberland Dr.
Berkeley Twp NJ 08757

Owner in Fee: Tammy Hughes

Tel. (732) 672 1818 e-mail tammybinky57@gmail.com

Address Same as above
street municipality zip code

Contractor: [illegible] Tel. ( )

Address 112 Northumberland Dr. e-mail rbinkiewicz437@gmail.com
Berkeley Twp NJ 08757

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. JCP and L

Est. Cost of Elec. Work $ Cost of material $250 7,000.00 N

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: Tammy Hughes

Print name here: Tammy Hughes

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Kitchen and bathroom renovation

QTY.	SIZE	ITEMS	FEE (Office Use Only)
40		Lighting Fixtures	
38		Receptacles	
37		Switches	
3		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
46			
		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	
1		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 $ 26.7
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/27
Approved by: CJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received PR
Control # 21-02049
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 228 Lot 31 Qualification Code

Work Site Location 112 Northumberland Dr.
Berkeley Twp NJ 08757

Owner in Fee: Tommy Hughes

Tel. (732) 672 1918 e-mail tommybuky57@gmail.com

Address Same as above
street municipality zip code

Contractor: Brian Lee Tel. ( )

Address 112 N. Northumberland Dr e-mail brinkleman427@gmail.com
Berkeley Twp NJ 08757

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. JCP&L

Est. Cost of Elec. Work $ Cost of material & labor 7000.00

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:

Print name here: Tommy Hughes

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Kitchen and bathroom renovation

QTY.	SIZE	ITEMS
40		Lighting Fixtures
38		Receptacles
37		Switches
3		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
46		
		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
1		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

FEE (Office Use Only)

TOTAL NUMBERS $

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 26
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

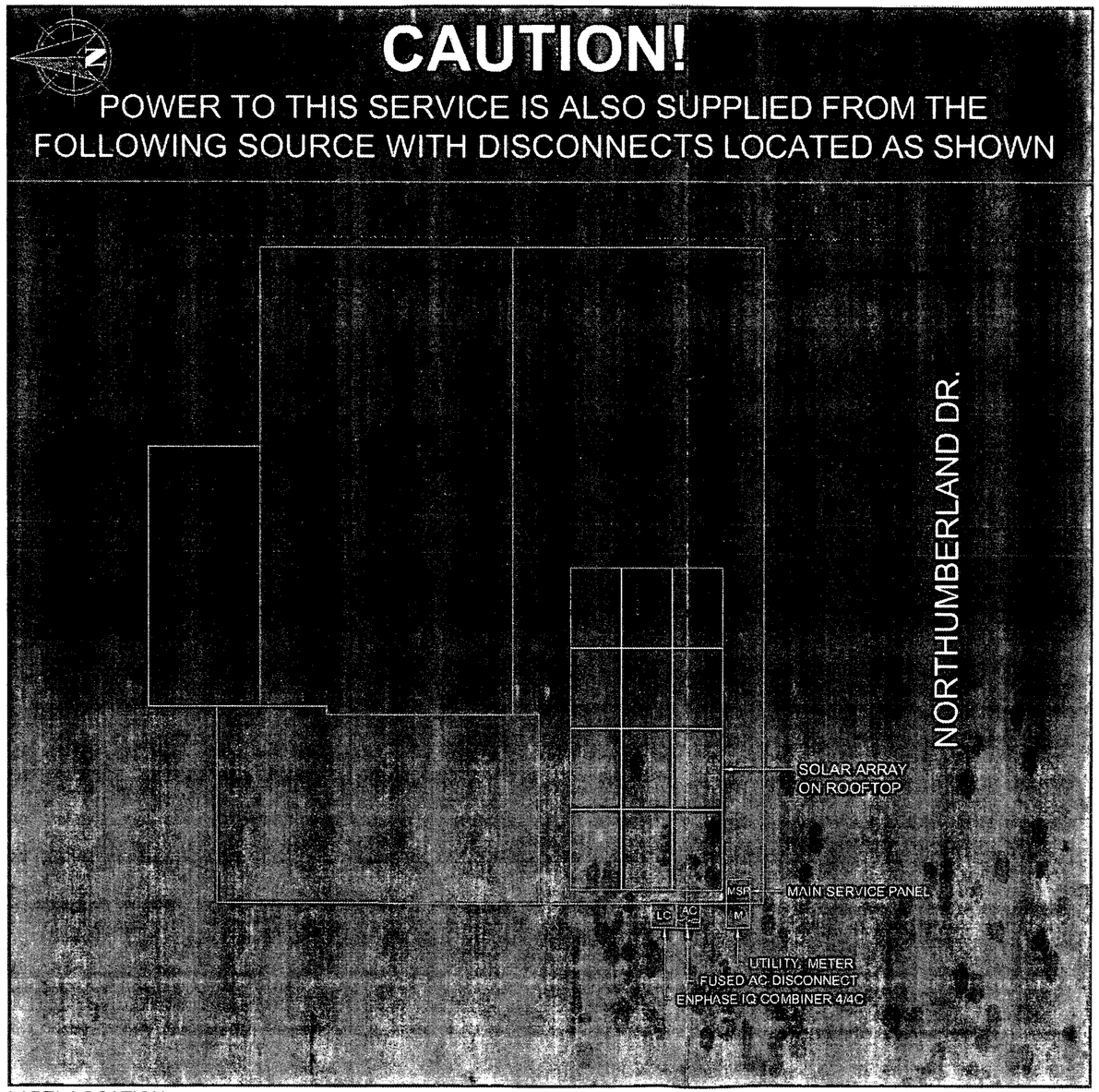
Name of Code & Edition		Name of Code & Edition		
Building		Energy	Other	
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☑ Temporary Certificate of Occupancy	No.				
☑ Temporary Certificate of Compliance	No.				
☑ Continued Certificate of Occupancy	No.				
☑ Certificate of Compliance	No.				
☑ Certificate of Occupancy	No.				
☑ Certificate of Approval	No.				
☑ Lead Abatement Clearance Certificate	No.				

CAUTION!

POWER TO THIS SERVICE IS ALSO SUPPLIED FROM THE FOLLOWING SOURCE WITH DISCONNECTS LOCATED AS SHOWN



LABEL LOCATION:
EACH SERVICE EQUIPMENT LOCATION AND AT THE LOCATION(S) OF THE SYSTEM DISCONNECT(S) FOR ALL ELECTRIC POWER PRODUCTION SOURCES CAPABLE OF BEING INTERCONNECTED
(PER CODE: NEC 705.10)

SKYLINE SOLAR

SKYLINE SOLAR LLC
4 CROSSROADS DRIVE STE
116 HAMILTON, NJ 08691
HIC : 13VH0613060
ELEC : 34EB00932200

SYSTEM INFO
(12) Q CELLS Q.TRON BLK M-G2+ 425 (425WATT)
(12) ENPHASE IQ8PLUS -72-2-US (240V)
DC SYSTEM SIZE: 5.100 kWDC
AC SYSTEM SIZE: 3.480 kWAC
METER: 5003408327

JOB NO. : 210767

UTILITY ACC NO. : -

REVISIONS

DESCRIPTION	DATE	REV

PROJECT NAME & ADDRESS

JOSEPH MCKEE
RESIDENCE
86 NORTHUMBERLAND DR, TOMS RIVER, NJ
08757, USA
EMAIL ID: JOEMCK1@VERIZON.NET
PHONE NO. (732) 690-3850

DATE: 7/10/2024

SHEET NAME
SIGNAGE

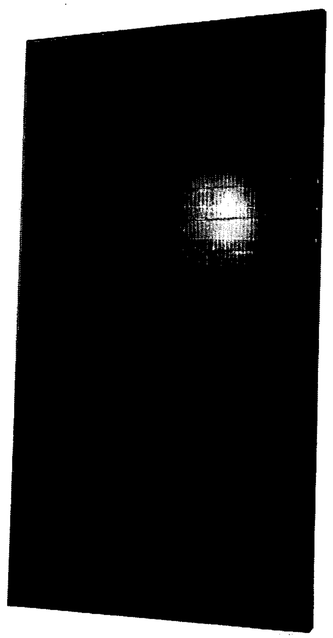
SHEET SIZE
ANSI B
11" X 17"

SHEET NUMBER
PV-8

Q.TRON BLK M-G2+ SERIES

405 - 430 Wp | 108 Cells
22.0 % Maximum Module Efficiency

MODEL Q.TRON BLK M-G2+



High performance Qcells N-type solar cells

Q.ANTUM NEO Technology with optimized module layout boosts module efficiency up to 22.0 %

A reliable investment

Inclusive 25-year product warranty and 25-year linear performance warranty[1].

Enduring high performance

Long-term yield security with Anti LeTID Technology, Anti PID Technology[2], Hot-Spot Protect.

Extreme weather rating

High-tech aluminium alloy frame, certified for high snow (8100 Pa) and wind loads (3600 Pa).

Innovative all-weather technology

Optimal yields, whatever the weather with excellent low-light and temperature behaviour.

The most thorough testing programme in the industry

Qcells is the first solar module manufacturer to pass the most comprehensive quality programme in the industry: The new "Quality Controlled PV" of the independent certification institute TÜV Rheinland.

[1] See data sheet on rear for further information.
[2] APT test conditions according to IEC / TS 62804-1:2015, method A (-1500 V, 96 h)

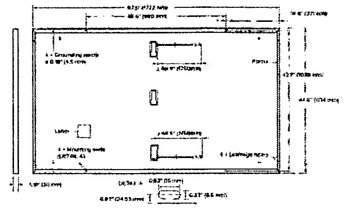
The ideal solution for:

Rooftop arrays on residential buildings

Q.TRON BLK M-G2+ SERIES

■ Mechanical Specification

Format	67.8 in × 44.6 in × 1.18 in (including frame) (1722 mm × 1134 mm × 30 mm)
Weight	46.7 lbs (21.2 kg)
Front Cover	0.13 in (3.2 mm) thermally pre-stressed glass with anti-reflection technology
Back Cover	Composite film
Frame	Black anodised aluminium
Cell	6 × 18 monocrystalline Q.ANTUM NEO solar half cells
Junction box	2.09-3.98 in × 1.26-2.36 in × 0.59-0.71 in (53-101 mm × 32-60 mm × 15-18 mm), Protection class IP67, with bypass diodes
Cable	4 mm² Solar cable; (+) ≥ 68.9 in (1750 mm), (-) ≥ 68.9 in (1750 mm)
Connector	Stäubli MC4; IP68

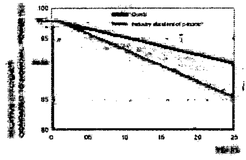


■ Electrical Characteristics

POWER CLASS			405	410	415	420	425	430
MINIMUM PERFORMANCE AT STANDARD TEST CONDITIONS, STC[1] (POWER TOLERANCE +5 W / -0 W)								
Minimum	Power at MPP[3]	P_{MPP} [W]	405	410	415	420	425	430
	Short Circuit Current[3]	I_{SC} [A]	13.33	13.41	13.49	13.58	13.66	13.74
	Open Circuit Voltage[3]	V_{OC} [V]	37.91	38.19	38.47	38.75	39.03	39.32
	Current at MPP	I_{MPP} [A]	12.69	12.76	12.83	12.91	12.98	13.05
	Voltage at MPP	V_{MPP} [V]	31.93	32.13	32.34	32.54	32.74	32.94
	Efficiency[3]	η [%]	≥20.7	≥21.0	≥21.3	≥21.5	≥21.8	≥22.0
MINIMUM PERFORMANCE AT NORMAL OPERATING CONDITIONS, NMOT[2]								
Minimum	Power at MPP	P_{MPP} [W]	306.1	309.9	313.7	317.5	321.2	325.0
	Short Circuit Current	I_{SC} [A]	10.74	10.81	10.87	10.94	11.00	11.07
	Open Circuit Voltage	V_{OC} [V]	35.96	36.23	36.50	36.77	37.04	37.31
	Current at MPP	I_{MPP} [A]	9.98	10.04	10.10	10.15	10.21	10.27
	Voltage at MPP	V_{MPP} [V]	30.66	30.87	31.07	31.26	31.46	31.65

[1] Measurement tolerances P_{STC} ±3 %; I_{SC}; V_{OC} ±5 % at STC: 1000 W/m², 25 ± 2 °C, AM 1.5 according to IEC 60904-3 • [2] 800 W/m², NMOT, spectrum AM 1.5

Qcells PERFORMANCE WARRANTY

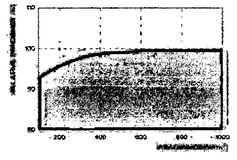


At least 98.5 % of nominal power during first year. Thereafter max. 0.33 % degradation per year. At least 95.53 % of nominal power up to 10 years. At least 90.58 % of nominal power up to 25 years.

All data within measurement tolerances. Full warranties in accordance with the warranty terms of the Qcells sales organisation of your respective country.

[3] Standard terms of guarantee for the 5 PV companies with the highest production capacity in 2021 (February 2022)

PERFORMANCE AT LOW IRRADIANCE



Typical module performance under low irradiance conditions in comparison to STC conditions (25 °C, 1000 W/m²).

TEMPERATURE COEFFICIENTS

Temperature Coefficient of I_{SC}	α	[%/K]	+0.04	Temperature Coefficient of V_{OC}	β	[%/K]	-0.24
Temperature Coefficient of P_{MPP}	γ	[%/K]	-0.30	Nominal Module Operating Temperature	NMOT	[°F]	109 ± 5.4 (43 ± 3 °C)

■ Properties for System Design

Maximum System Voltage	V_{SYS}	[V]	1000 (IEC) / 1000 (UL)	PV module classification	Class II
Maximum Series Fuse Rating		[A DC]	25	Fire Rating based on ANSI / UL 61730	C / TYPE 2
Max. Design Load, Push / Pull[4]		[lbs / ft²]	113 (5400 Pa) / 50 (2400 Pa)	Permitted Module Temperature on Continuous Duty	-40 °F up to +185 °F (-40 °C up to +85 °C)
Max. Test Load, Push / Pull[3]		[lbs / ft²]	169 (8100 Pa) / 75 (3600 Pa)		

[4] See Installation Manual

■ Qualifications and Certificates

UL 61730-1 & UL 61730-2, CE-compliant, Quality Controlled PV - TÜV Rheinland, IEC 61215:2016, IEC 61730:2016, U.S. Patent No. 9,893,215 (solar cells)

*Contact your Qcells Sales Representative for details regarding the module's eligibility to be Buy American Act (BAA) compliant.

Qcells pursues minimizing paper output in consideration of the global environment.

*Note: Installation instructions must be followed. Contact our technical services for further information on approved installation of this product.

Hanwha Q CELLS America Inc., 400 Spectrum Center Drive, Suite 1400, Irvine, CA 92618, USA | TEL +1 949 748 59 96 | EMAIL hqc-inquiry@qcells.com | WEB www.qcells.com

qcells

Specifications subject to technical changes © Qcells Q.TRON_BLK M-G2+_series_495-430_DA_2023-12_Rev02_NA

SKYLINE SOLAR LLC
4 CROSSROADS DRIVE STE
116 HAMILTON, NJ 08691
HIC : 13VH0613060
ELEC : 34EB00932200

SYSTEM INFO
(12) Q CELLS Q.TRON BLK M-G2+ 425 (425WATT)
(12) ENPHASE IQ8PLUS -72-2-US (240V)
DC SYSTEM SIZE: 5.100 kWDC
AC SYSTEM SIZE: 3.480 kWAC
METER: 5003408327

JOB NO. : 210767

UTILITY ACC NO. : -

REVISIONS

DESCRIPTION	DATE	REV

PROJECT NAME & ADDRESS

JOSEPH MCKEE
RESIDENCE
86 NORTHUMBERLAND DR, TOMS RIVER, NJ
08757, USA
EMAIL ID: JOEMCK1@VERIZON.NET
PHONE NO. (732) 690-3850

DATE: 7/10/2024

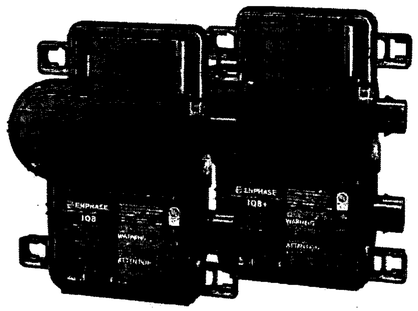
SHEET NAME
EQUIPMENT SPECIFICATIONS

SHEET SIZE
ANSI B
11" X 17"

SHEET NUMBER
PV-9

ENPHASE

DATA SHEET



IQ8 and IQ8+ Microinverters

Our newest IQ8 Microinverters are the industry's first microgrid-forming, software defined microinverters with split-phase power conversion capability to convert DC power to AC power efficiently. The brain of the semiconductor-based microinverter is our proprietary application specific integrated circuit (ASIC) which enables the microinverter to operate in grid-tied or off-grid modes. This chip is built in advanced 55nm technology with high speed digital logic and has superfast response times to changing loads and grid events, alleviating constraints on battery sizing for home energy systems.

Part of the Enphase Energy System, IQ8 Series Microinverters integrate with the IQ Battery, IQ Gateway, and the Enphase App monitoring and analysis software.

IQ8 Series Microinverters redefine reliability standards with more than one million cumulative hours of power-on testing, enabling an industry-leading limited warranty of up to 25 years.

Connect PV modules quickly and easily to IQ8 Series Microinverters using the included Q-DCC-2 adapter cable with plug-n-play MC4 connectors.

IQ8 Series Microinverters are UL listed as PV Rapid Shutdown Equipment and conform with various regulations, when installed according to manufacturer's instructions.

*Only when installed with IQ System Controller 2, meets UL 1741.
**IQ8 and IQ8Plus support split-phase, 240V installations only.

© 2022 Enphase Energy. All rights reserved. Enphase, the Enphase logo, IQ8 Microinverters, and other names are trademarks of Enphase Energy, Inc. Data subject to change.

Easy to install

- Lightweight and compact with plug-n-play connectors
- Power Line Communication (PLC) between components
- Faster installation with simple two-wire cabling

High productivity and reliability

- Produce power even when the grid is down*
- More than one million cumulative hours of testing
- Class II double-insulated enclosure
- Optimized for the latest high-powered PV modules

Microgrid-forming

- Complies with the latest advanced grid support**
- Remote automatic updates for the latest grid requirements
- Configurable to support a wide range of grid profiles
- Meets CA Rule 21 (UL 1741-SA) and IEEE 1547:2018 (UL 1741-SB 3rd Ed.)

Note:

IQ8 Microinverters cannot be mixed together with previous generations of Enphase microinverters (IQ7 Series, IQ6 Series, etc) in the same system.

IQ8 and IQ8+ Microinverters

INPUT DATA (DC)		IQ8-60-2-US	IQ8PLUS-72-2-US
Commonly used module pairings[1]	W	235 - 350	235 - 440
Module compatibility		60-cell / 120 half-cell	54-cell / 108 half-cell, 60-cell / 120 half-cell, 66-cell / 132 half-cell and 72-cell / 144 half-cell
MPPT voltage range	V	27 - 37	27 - 45
Operating range	V	16 - 48	16 - 58
Min. / Max. start voltage	V	22 / 48	22 / 58
Max. input DC voltage	V	50	60
Max. continuous input DC current	A	10	12
Max. input DC short-circuit current	A	25	
Max. module I_{sc}	A	20	
Overvoltage class DC port		II	
DC port backfeed current	mA	0	
PV array configuration		1 x 1 Ungrounded array; No additional DC side protection required; AC side protection requires max 20A per branch circuit	
OUTPUT DATA (AC)		**IQ8-60-2-US**	**IQ8PLUS-72-2-US**
Peak output power	VA	245	300
Max. continuous output power	VA	240	290
Nominal (L-L) voltage / range[2]	V	240 / 211 - 264	
Max. continuous output current	A	1.0	1.21
Nominal frequency	Hz	60	
Extended frequency range	Hz	47 - 68	
AC short circuit fault current over 3 cycles	Arms	2	
Max. units per 20 A (L-L) branch circuit[3]		16	13
Total harmonic distortion		<5%	
Overvoltage class AC port		III	
AC port backfeed current	mA	30	
Power factor setting		1.0	
Grid-tied power factor (adjustable)		0.85 leading - 0.85 lagging	
Peak efficiency	%	97.7	
CEC weighted efficiency	%	97	
Night-time power consumption	mW	60	
MECHANICAL DATA			
Ambient temperature range		-40°C to +60°C (-40°F to +140°F)	
Relative humidity range		4% to 100% (condensing)	
DC Connector type		MC4	
Dimensions (H x W x D)		212 mm (8.3") x 175 mm (6.9") x 30.2 mm (1.2")	
Weight		1.08 kg (2.38 lbs)	
Cooling		Natural convection - no fans	
Approved for wet locations		Yes	
Pollution degree		PD3	
Enclosure		Class II double-insulated, corrosion resistant polymeric enclosure	
Environ. category / UV exposure rating		NEMA Type 6 / outdoor	
COMPLIANCE			
Certifications		CA Rule 21 (UL 1741-SA), UL 62109-1, IEEE 1547:2018 (UL 1741-SB 3rd Ed.), FCC Part 15 Class B, ICES-0003 Class B, CAN / CSA-C22.2 NO. 107.1-01 This product is UL Listed as PV Rapid Shutdown Equipment and conforms with NEC 2014, NEC 2017, and NEC 2020 section 690.12 and C22.1-2018 Rule 64-218 Rapid Shutdown of PV Systems, for AC and DC conductors, when installed according to manufacturer's instructions.	

(1) Pairing PV modules with wattage above the limit may result in additional clipping losses. See the compatibility calculator at https://link.enphase.com/module-compatibility.
(2) Nominal voltage range can be extended beyond nominal if required by the utility. (3) Limits may vary. Refer to local requirements to define the number of microinverters per branch in your area.

SKYLINE SOLAR LLC
4 CROSSROADS DRIVE STE
116 HAMILTON, NJ 08691
HIC : 13VH0613060
ELEC : 34EB00932200

SYSTEM INFO

(12) Q CELLS
Q.TRON BLK M-G2+ 425
(425WATT)

(12) ENPHASE
IQ8PLUS -72-2-US (240V)

DC SYSTEM SIZE: 5.100 kWDC

AC SYSTEM SIZE: 3.480 kWAC

METER: 5003408327

JOB NO. : 210767

UTILITY ACC NO. : -

REVISIONS

DESCRIPTION	DATE	REV

PROJECT NAME & ADDRESS

JOSEPH MCKEE
RESIDENCE
86 NORTHUMBERLAND DR, TOMS RIVER, NJ
08757, USA
EMAIL ID: JOEMCK1@VERIZON.NET
PHONE NO. (732) 690-3850

DATE: 7/10/2024

SHEET NAME
EQUIPMENT SPECIFICATIONS

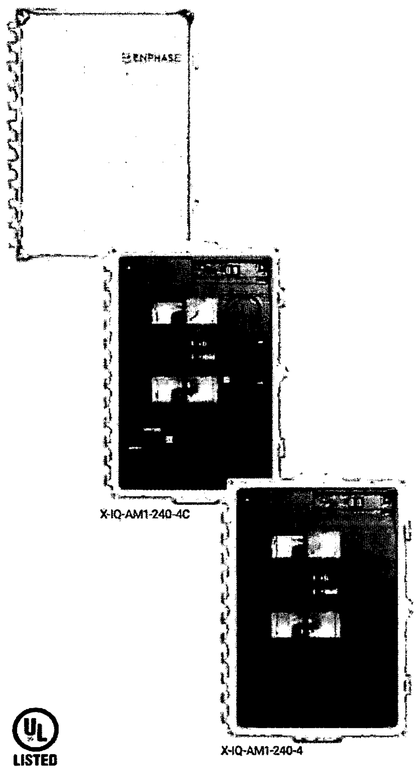
SHEET SIZE
ANSI B
11" X 17"

SHEET NUMBER
PV-10

Data Sheet
Enphase Networking

Enphase IQ Combiner 4/4C

X-IQ-AM1-240-4
X-IQ-AM1-240-4C



The **Enphase IQ Combiner 4/4C** with Enphase IQ Gateway and integrated LTE-M1 cell modem (included only with IQ Combiner 4C) consolidates interconnection equipment into a single enclosure and streamlines IQ microinverters and storage installations by providing a consistent, pre-wired solution for residential applications. It offers up to four 2-pole input circuits and Eaton BR series busbar assembly.

Smart

- Includes IQ Gateway for communication and control
- Includes Enphase Mobile Connect cellular modem (CELLMODEM-M1-06-SP-05), included only with IQ Combiner 4C
- Includes solar shield to match Enphase IQ Battery aesthetics and deflect heat
- Flexible networking supports Wi-Fi, Ethernet, or cellular
- Optional AC receptacle available for PLC bridge
- Provides production metering and consumption monitoring

Simple

- Centered mounting brackets support single stud mounting
- Supports bottom, back and side conduit entry
- Up to four 2-pole branch circuits for 240 VAC plug-in breakers (not included)
- 80A total PV or storage branch circuits

Reliable

- Durable NRTL-certified NEMA type 3R enclosure
- Five-year limited warranty
- Two years labor reimbursement program coverage included for both the IQ Combiner SKU's
- UL listed

UL LISTED

To learn more about Enphase offerings, visit **enphase.com**

ENPHASE.

Enphase IQ Combiner 4/4C

MODEL NUMBER	
IQ Combiner 4 (X-IQ-AM1-240-4)	IQ Combiner 4 with Enphase IQ Gateway printed circuit board for integrated revenue grade PV production metering (ANSI C12.20 +/- 0.5%) and consumption monitoring (+/- 2.5%). Includes a silver solar shield to match the IQ Battery system and IQ System Controller 2 and to deflect heat
IQ Combiner 4C (X-IQ-AM1-240-4C)	IQ Combiner 4C with Enphase IQ Gateway printed circuit board for integrated revenue grade PV production metering (ANSI C12.20 +/- 0.5%) and consumption monitoring (+/- 2.5%). Includes Enphase Mobile Connect cellular modem (CELLMODEM-M1-06-SP-05), a plug-and-play industrial-grade cell modem for systems up to 60 microinverters (Available in the US, Canada, Mexico, Puerto Rico, and the US Virgin Islands, where there is adequate cellular service in the installation area.) Includes a silver solar shield to match the IQ Battery and IQ System Controller and to deflect heat.
ACCESSORIES AND REPLACEMENT PARTS	(not included, order separately)
Ensemble Communications Kit COMMS-CELLMODEM-M1-06 CELLMODEM-M1-06-SP-05 CELLMODEM-M1-06-AT-05	- Includes COMMS-KIT-01 and CELLMODEM-M1-06-SP-05 with 5-year Sprint data plan for Ensemble sites - 4G based LTE-M1 cellular modem with 5-year Sprint data plan - 4G based LTE-M1 cellular modem with 5-year AT&T data plan
Circuit Breakers BRK-10A-2-240V BRK-15A-2-240V BRK 20A-2P-240V BRK-15A-2P-240V-B BRK-20A-2P-240V-B	Supports Eaton BR210, BR21S, BR220, BR230, BR240, BR250, and BR260 circuit breakers Circuit breaker, 2 pole, 10A, Eaton BR210 Circuit breaker, 2 pole, 15A, Eaton BR215 Circuit breaker, 2 pole, 20A, Eaton BR220 Circuit breaker, 2 pole, 15A, Eaton BR215B with hold down kit support Circuit breaker, 2 pole, 20A, Eaton BR220B with hold down kit support
EPLC-01	Power line carrier (communication bridge pair), quantity - one pair
XA-SOLARSHIELD-ES	Replacement solar shield for IQ Combiner 4/4C
XA-PLUG-120-3	Accessory receptacle for Power Line Carrier in IQ Combiner 4/4C (required for EPLC-01)
XA-ENV-PCBA-3	Replacement IQ Gateway printed circuit board (PCB) for Combiner 4/4C
X-IQ-NA-HD-125A	Hold down kit for Eaton circuit breaker with screws.
ELECTRICAL SPECIFICATIONS	
Rating	Continuous duty
System voltage	120/240 VAC, 60 Hz
Eaton BR series busbar rating	125 A
Max. continuous current rating	65 A
Max. continuous current rating (input from PV/storage)	64 A
Max. fuse/circuit rating (output)	90 A
Branch circuits (solar and/or storage)	Up to four 2-pole Eaton BR series Distributed Generation (DG) breakers only (not included)
Max. total branch circuit breaker rating (input)	80A of distributed generation / 95A with IQ Gateway breaker included
Envoy breaker	10A or 15A rating GE/Siemens/Eaton included
Production metering CT	200 A solid core pre-installed and wired to IQ Gateway
Consumption monitoring CT (CT-200-SPLIT)	A pair of 200 A split core current transformers
MECHANICAL DATA	
Dimensions (WxHxD)	37.5 x 49.5 x 16.8 cm (14.75" x 19.5" x 6.63"). Height is 21.06" (53.5 cm) with mounting brackets.
Weight	7.5 kg (16.5 lbs)
Ambient temperature range	-40° C to +46° C (-40° to 115° F)
Cooling	Natural convection, plus heat shield
Enclosure environmental rating	Outdoor, NRTL-certified, NEMA type 3R, polycarbonate construction
Wire sizes	- 20 A to 50 A breaker inputs: 14 to 4 AWG copper conductors - 60 A breaker branch input: 4 to 1/0 AWG copper conductors - Main lug combined output: 10 to 2/0 AWG copper conductors - Neutral and ground: 14 to 1/0 copper conductors Always follow local code requirements for conductor sizing.
Altitude	To 2000 meters (6,560 feet)
INTERNET CONNECTION OPTIONS	
Integrated Wi-Fi	802.11b/g/n
Cellular	CELLMODEM-M1-06-SP-05, CELLMODEM-M1-06-AT-05 (4G based LTE-M1 cellular modem). Note that an Enphase Mobile Connect cellular modem is required for all Ensemble installations.
Ethernet	Optional, 802.3, Cat5E (or Cat 6) UTP Ethernet cable (not included)
COMPLIANCE	
Compliance, IQ Combiner	UL 1741, CAN/CSA C22.2 No. 107.1, 47 CFR, Part 15, Class B, ICES 003 Production metering: ANSI C12.20 accuracy class 0.5 (PV production) Consumption metering: accuracy class 2.5
Compliance, IQ Gateway	UL 60601-1/CANCSA 22.2 No. 61010-1

To learn more about Enphase offerings, visit **enphase.com**

ENPHASE.

© 2022 Enphase Energy. All rights reserved. Enphase, the Enphase logo, IQ Combiner 4/4C, and other names are trademarks of Enphase Energy, Inc. Data subject to change. 02-14-2022

SKYLINE SOLAR LLC
4 CROSSROADS DRIVE STE
116 HAMILTON, NJ 08691
HIC : 13VH0613060
ELEC : 34EB00932200

SYSTEM INFO
(12) Q CELLS Q.TRON BLK M-G2+ 425 (425WATT)
(12) ENPHASE IQ8PLUS -72-2-US (240V)
DC SYSTEM SIZE: 5.100 kWDC
AC SYSTEM SIZE: 3.480 kWAC
METER: 5003408327

JOB NO. : 210767

UTILITY ACC NO. : -

REVISIONS

DESCRIPTION	DATE	REV

PROJECT NAME & ADDRESS

JOSEPH MCKEE
RESIDENCE
86 NORTHUMBERLAND DR, TOMS RIVER, NJ
08757, USA
EMAIL ID: JOEMCK1@VERIZON.NET
PHONE NO. (732) 690-3850

DATE: 7/10/2024

SHEET NAME
EQUIPMENT SPECIFICATIONS

SHEET SIZE
ANSI B
11" X 17"

SHEET NUMBER
PV-11

REVISION DATE: 12/2/22 | VERSION: v3.1

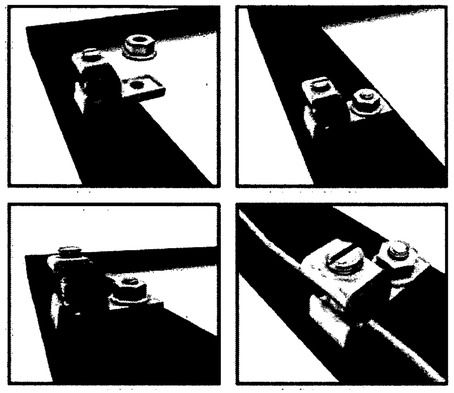
ROCKIT

INSTALLATION GUIDE

EcoFasten

Better Installers. By Installers.

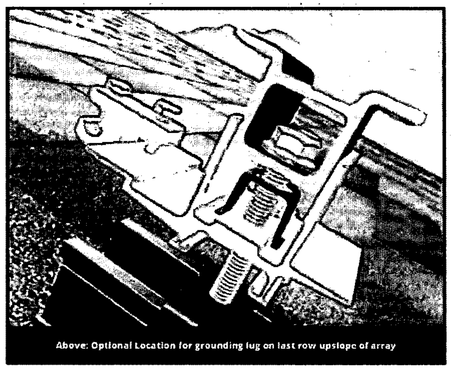
BONDING AND GROUNDING



NECESSARY COMPONENTS

One of the following grounding lugs (or any UL 2703 Compliant ground Lug):

- Burndy CL50-1TN Ground Lug (UL2703 - E3514343 / UL 467 - E9999)
- ILSCO SGB-4 Ground Lug (UL2703 - E354420/ UL 467 - E34440)
- ILSCO GBL-4DBT (UL2703 - E354420 / UL 467 - E34440)
- ILSCO GBL-4DBTH (UL2703 - E354420 / UL 467 - E34440)
- ILSCO GBL-4SS (UL2703 - E354420 / UL 467 - E34440)



Above: Optional Location for grounding lug on last row upslope of array

INSTALLATION

- Insert the flange bolt into the module ground hole. Place Star Washer over bolt. Place ground lug over the bolt and Star Washer, and turn to desired orientation.
- Install Flange Nut.
- Tighten Flange Nut/Bolt.
- Place wire in Ground Lug channel and tighten set screw to complete assembly.

*Equipment grounding wire should be sized in accordance with the National Electrical Code, NFPA70 and a minimum of 1/4" clearance is required between bare copper wires and aluminum components.

GROUNDING

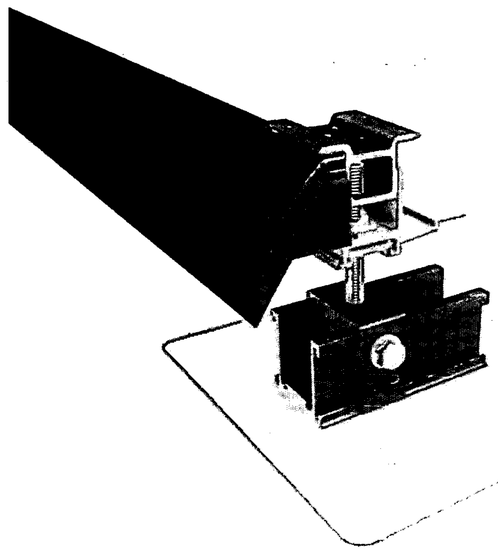
REVISION DATE: 12/8/21 | VERSION: v2.7

ROCKIT

INSTALLATION GUIDE

EcoFasten

Better Installers. By Installers.



ROCKIT SYSTEM SPECIFICATIONS			
Leveling Range	3"- 4" off the roof	**Coupling Box Qty**	24 units
Slide Comp/Steel N-S Range **Slide Tile N-S Range**	3" 7"	**Materials**	300 series stainless steel, 6000 series aluminum
Skirt Box Qty	8 units	**Coating**	Black anodization/Mill finish
Mount Box Qty **Rockit Slide Box Qty**	24 units 50 units	**Slide Fastening Hole**	5/16" diameter
Warranty	25 year material and workmanship		

PLEASE NOTE: Review module and any third-party manufacturer's documentation for compatibility and compliance with warranty terms and conditions.

SYSTEM SPECS

SKYLINE SOLAR LLC
4 CROSSROADS DRIVE STE
116 HAMILTON, NJ 08691
HIC : 13VH0613060
ELEC : 34EB00932200

SYSTEM INFO
(12) Q CELLS Q.TRON BLK M-G2+ 425 (425WATT)
(12) ENPHASE IQ8PLUS -72-2-US (240V)
DC SYSTEM SIZE: 5.100 kWDC
AC SYSTEM SIZE: 3.480 kWAC
METER: 5003408327

JOB NO. : 210767

UTILITY ACC NO. : -

REVISIONS		
DESCRIPTION	DATE	REV

PROJECT NAME & ADDRESS

JOSEPH MCKEE
RESIDENCE
86 NORTHUMBERLAND DR, TOMS RIVER, NJ
08757, USA
EMAIL ID: JOEMCK1@VERIZON.NET
PHONE NO. (732) 690-3850

DATE: 7/10/2024

SHEET NAME
EQUIPMENT SPECIFICATIONS

SHEET SIZE
ANSI B
11" X 17"

SHEET NUMBER
PV-12

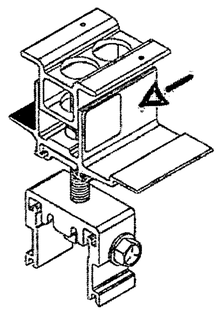
RATINGS

Fire Ratings*	Class A System Fire Rating
Max System Voltage	1500V
Max Fuse Rating	40A
Certification	Conforms to UL STD 2703
Markings	Product listing label is located on RockIt Mount
Roof Pitch	2:12 - 12:12
UL 2703 Allowable Design Load Rating	30 psf downward, 30 psf upward and 20 psf lateral
Max Module Size	24 sq. ft.
Maximum Cantilever	1/3 of span
Maximum Span	6 ft Landscape, 4 ft Portrait
Multiple use Rated Components (Position Independent)	RockIt Mount, RockIt Coupling & MLPE Module Mount

*Class A System fire rating with Type 1 & 2 PV modules. Any module-to-roof gap is permitted, with no skirt required.

UL 2703 MARKING EXAMPLE:

EcoFasten™
An ESDEC Company
ROCKIT SYSTEM
MFG ID CODE: SSS-QQ-YYYY
ETL LISTED US XXXXXXX
Intertek
Conforms to UL STD 2703



TORQUE SPECIFICATIONS

Component	Torque (in-lb)	Notes
Lag Screws	N/A	Fully Seat. Use visual indicator of the black EPDM ring around the bonded washer for torquing.
Mount	200	
Coupling	200	
Steel Slide Screw	N/A	Fully Seat. Use visual indicator of the black EPDM ring around the bonded washer for torquing.
MLPE Module Mount	144	
Ground Lug	N/A	Refer to specific ground lug manufacturer's installation manual
Rockit Pedestal Screw	150	

System components should be periodically re-inspected for loose components, loose fasteners, and corrosion such that if found, the affected components are to be immediately replaced.

RATINGS

SKYLINE SOLAR
SKYLINE SOLAR LLC
4 CROSSROADS DRIVE STE
116 HAMILTON, NJ 08691
HIC : 13VH0613060
ELEC : 34EB00932200

SYSTEM INFO
(12) Q CELLS
Q.TRON BLK M-G2+ 425
(425WATT)
(12) ENPHASE
IQ8PLUS -72-2-US (240V)
DC SYSTEM SIZE: 5.100 kWDC
AC SYSTEM SIZE: 3.480 kWAC
METER: 5003408327

JOB NO. : 210767
UTILITY ACC NO. : -

REVISIONS

DESCRIPTION	DATE	REV

PROJECT NAME & ADDRESS

JOSEPH MCKEE
RESIDENCE
86 NORTHUMBERLAND DR, TOMS RIVER, NJ
08757, USA
EMAIL ID: JOEMCK1@VERIZON.NET
PHONE NO. (732) 690-3850

DATE: 7/10/2024
SHEET NAME
EQUIPMENT SPECIFICATIONS
SHEET SIZE
ANSI B
11" X 17"
SHEET NUMBER
PV-13