BLOCK 262.02 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 1171 STOCKTON PLACE PERMIT NO. 11-1035

NO CK 30808

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1171 STOCKTON PLACE
2. Name of Owner in Fee: J. BUGOWSKI
   Tel. (732) 821-8578 e-mail _____
   Address SAME (street) NORTH BRUNSWICK (municipality) 08902 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: 1 800 Heaters Inc Tel. (732) 970-8074
   Address 2 Gourmet Lane, Unit G & H e-mail _____
   Edison, NJ 08837
   License No. OR, if new home, Builder Reg. No. 12352 Exp. Date 6/30/2013
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH05509300
   Federal Emp. ID No. 20-4463685 FAX: (732) 417-0695
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Leonard Gerardo
   Tel. (732) 970-8074 FAX: (732) 417-0695

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	33.92		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	Admin 5.		
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	139		
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☐ Electrical					8-29-11	AM			
☑ Plumbing					8-18-11	MG			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ 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

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 have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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.

(X) Check if contractor.

Agent Name **1 800 Heaters Inc**

Address **2 Gourmet Lane, Unit G & H**

Edison, NJ 08837

Telephone (**732**) **970-8074**

Signature L Gerardo

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

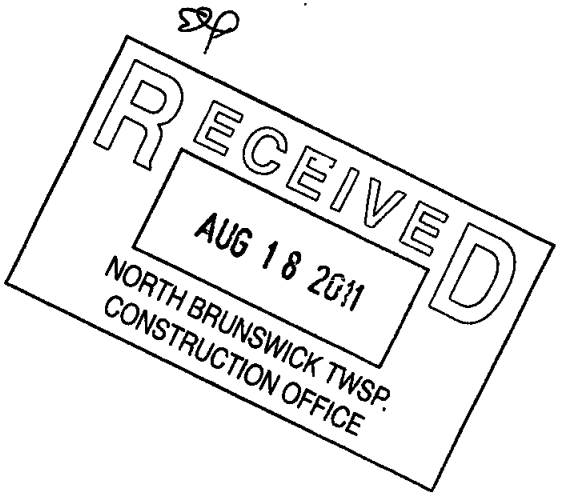
VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning 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.				


RECEIVED
AUG 18 2011
NORTH BRUNSWICK TWSP.
CONSTRUCTION OFFICE

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732-247-0922

CERTIFICATE
IDENTIFICATION

Date Issued: 11/16/2011
Control #: 30808
Permit #: 20111035

Block: 262.02 Lot: 12 Qual:
Work Site Location: 1171 STOCKTON PLACE
NORTH BRUNSWICK
Owner in Fee: BUGOWSKI JOHN R & KAREN E
Address: 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902
Telephone: 732 821-8578
Agent/Contractor: 1 800 HEATERS INC
Address: 2 GOURMET LANE UNIT G
EDISON NJ 08837
Telephone: 732 417-0099
Lic. No./ Bldrs. Reg.No.: 13VH05509300 Federal Emp. No.: 20-4463685
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
TANKLESS WATER HEATER

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Thomas Paun
THOMAS PAUN Construction Official

Fees: $0.00
Paid[X]Check No.: 7737
Collected by: mw

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Permit Number: 20111035
Update Number:
Control Number: 30808
Application Date: 08/18/2011
Permit Date: 09/07/2011

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 262.02 Lot: 12 Qualification Code:
Work Site Location: 1171 STOCKTON PLACE NORTH BRUNSWICK

Owner In Fee: BUGOWSKI JOHN R & KAREN E
Address: 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902
Telephone: (732) 821-8578
Use Group(s): R-5

Contractor: 1 800 HEATERS INC
Address: 2 GOURMET LANE UNIT G
EDISON NJ 08837
Telephone: (732) 417-0099
Lic. No. / Bldrs. Reg. No.: 13VH05509300
Federal Emp. No.: 20-4463685

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
TANKLESS WATER HEATER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	5,200.00
Cost of Demolition:	0.00
Total Cost:	$5,200.00

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.

THOMAS PAUN
Construction Official

Date 9/7/11

PAYMENTS (Office Use Only)	
Building	
Electrical	$38.00
Plumbing	$92.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$9.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$139.00**
All Fees Waived:	No

Amount to be Paid:	**$139.00**
Check Number:	7737
Check amount:	$139.00

Collected by:	mw
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$139.00
Total CC Amount:	
Grand Total:	$139.00

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 30808
Application Date: 08/18/2011

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 262.02 Lot: 12 Qualification Code:
Work Site Location: 1171 STOCKTON PLACE NORTH BRUNSWICK

Owner In Fee: BUGOWSKI JOHN R & KAREN E
Address: 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902

Telephone: (732) 821-8578

Use Group(s): R-5

Contractor: 1 800 HEATERS INC
Address: 2 GOURMET LANE UNIT G
EDISON NJ 08837

Telephone: (732) 417-0099
Lic. No. / Bldrs. Reg. No.: 13VH05509300
Federal Emp. No.: 20-4463685

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
TANKLESS WATER HEATER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	5,200.00
Cost of Demolition:	0.00
Total Cost:	$5,200.00

PAYMENTS (Office Use Only)	
Building	
Electrical	$38.00
Plumbing	$92.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$9.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$139.00**
All Fees Waived:	No

Amount to be Paid: **$139.00**

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.

Thomas Paun
THOMAS PAUN
Construction Official

8/21/11
Date

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 30808
Application Date: 08/18/2011

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 262.02 Lot: 12 Qualification Code:
Work Site Location: 1171 STOCKTON PLACE NORTH BRUNSWICK

Owner In Fee: BUGOWSKI JOHN R & KAREN E
Address: 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902

Telephone: (732) 821-8578

Use Group(s): R-5

Contractor: 1 800 HEATERS INC
Address: 2 GOURMET LANE UNIT G
EDISON NJ 08837

Telephone: (732) 417-0099
Lic. No. / Bldrs. Reg. No.: 13VH05509300
Federal Emp. No.: 20-4463685

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
WATER HEATER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	5,000.00
Cost of Demolition:	0.00
Total Cost:	$5,000.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$58.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$9.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$67.00**
All Fees Waived:	No

Amount to be Paid: **$67.00**

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.

THOMAS PAUN
Construction Official

Date

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 30808
Application Date: 08/18/2011

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 262.02 Lot: 12 Qualification Code:
Work Site Location: 1171 STOCKTON PLACE NORTH BRUNSWICK

Owner In Fee: BUGOWSKI JOHN R & KAREN E
Address: 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902

Telephone: (732) 821-8578

Use Group(s): R-5

Contractor: 1 800 HEATERS INC
Address: 2 GOURMET LANE UNIT G
EDISON NJ 08837

Telephone: (732) 417-0099
Lic. No. / Bldrs. Reg. No.: 13VH05509300
Federal Emp. No.: 20-4463685

is hereby granted permission to perform the following work :

[ ]BUILDING [X]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:
WATER HEATER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$0.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	
All Fees Waived:	No

Amount to be Paid:

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.

THOMAS PAUN
Construction Official

Date

Note:

ELECTRICAL SUBCODE TECHNICAL SECTION

TOWNSHIP OF NORTH BRUNSWICK

Date Received: 08/18/2011 Date Issued: 09/07/2011
Control #: 30808 Permit #: 20111035

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 262.02 Lot: 12 Qualification Code:
Work Site Location: 1171 STOCKTON PLACE
Owner in Fee: BUGOWSKI JOHN R & KAREN E
Address: 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902
E-mail:
Telephone: (732) 821-8578
Contractor: VECTOR ELECTRIC
ATTN:
Address: 17 WOLFE DR.
HILLSBOROUGH NJ 08844
Telephone: (908) 255-4200
Fax:
E-mail:
Home Improvement Registration No. or Exemption Reason:
Contractor License No.: 9047 Exp Date:
Federal Emp. No.: 153346600

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed
[ ]Pole/Pad # [ ]Temporary [ ] Other
Building Occupied as Utility Co.
1. New Building $0.00 2. Rehabilitation $200.00
3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $200.00

Job Summary(Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec.Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 11/14/11
Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final			11/14/11	
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
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.

[ ] Licensed Electrical Contractor
[ ] Certified Landscape Irrigation Contractor
[ ] Exempt Applicant

Applicant's Signature/Contractor's seal and Signature

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
1		Receptacles
		Switches
		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&Exit Lights
		Communication Points
		Alarm Devices/F.A.C. Panel
		Other 1:
		Other 2:
1		TOTAL NUMBER
		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 Htr./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
		KW Photovoltaic Systems
		Other 3:
		Other 4:
		Other 5:
		Other 6:
		Other 7:
		Other 8:
		Other 9:

FEE (Office Use Only)

$45.00

Administrative Surcharge	$5.00
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$38.00

U.C.C.F120(rev. 7/03)

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original and three photocopies

ELECTRICAL SUBCODE TECHNICAL SECTION

TOWNSHIP OF NORTH BRUNSWICK

Date Received: 08/18/2011 Date Issued: 09/07/2011
Control #: 30808 Permit #: 20111035

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 262.02 Lot: 12 Qualification Code:
Work Site Location: 1171 STOCKTON PLACE
Owner in Fee: BUGOWSKI JOHN R & KAREN E
Address: 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902

E-mail:

Telephone: (732) 821-8578
Contractor: VECTOR ELECTRIC
ATTN:
Address: 17 WOLFE DR.
HILLSBOROUGH NJ 08844

Telephone: (908) 255-4200
Fax:

E-mail:
Home Improvement Registration No. or Exemption Reason:
Contractor License No.: 9047 Exp Date: Federal Emp. No.: 153346600

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed
[ ]Pole/Pad # [ ]Temporary [ ] Other
Building Occupied as Utility Co.
1. New Building $0.00 2. Rehabilitation $200.00
3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $200.00

Job Summary(Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec.Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] 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 Issue				
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.

[ ] Licensed Electrical Contractor
[ ] Certified Landscape Irrigation Contractor
[ ] Exempt Applicant

Applicant's Signature/Contractor's seal and Signature

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
1		Receptacles
		Switches
		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&Exit Lights
		Communication Points
		Alarm Devices/F.A.C. Panel
		Other 1:
		Other 2:
1		TOTAL NUMBER
		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 Htr./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
		KW Photovoltaic Systems
		Other 3:
		Other 4:
		Other 5:
		Other 6:
		Other 7:
		Other 8:
		Other 9:

FEE (Office Use Only)

$45.00

Administrative Surcharge	$5.00
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$38.00

U.C.C.F120(rev. 7/03)

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original and three photocopies

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 262.02 Lot 12 Qualification Code

Work Site Location 1171 STOCKTON PLACE
NORTH BRUNSWICK 08902

Owner in Fee: J. BUGOWSKI

Tel. (732) 821-8578 e-mail

Address SAME (street) (municipality) (zip code)

Contractor: Vector Electric Tel. (908) 255-4200

Address 17 Wolfe Drive e-mail

Hillsborough, NJ 08844

Contractor License No. 9047 Exp. Date

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

Federal Emp. ID No. 153-34-6600 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200 —

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: 8-29-11
Approved by: AM

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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

8471

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
RECEPTACLE FOR TANKLESS WATER HEATER INSTALLATION

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

50

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

PLUMBING SUBCODE TECHNICAL SECTION Date Received: 08/18/2011 Date Issued: 09/07/2011

TOWNSHIP OF NORTH BRUNSWICK Control #: 30808 Permit #: 20111035

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 262.02 Lot: 12 Qualification Code:

Work Site Location: 1171 STOCKTON PLACE

Owner in Fee : BUGOWSKI JOHN R & KAREN E

Address : 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902

Telephone : (732) 821-8578

E-mail:

Contractor: 1 800 HEATERS INC
ATTN:

Address: 2 GOURMET LANE UNIT G
EDISON NJ 08837

Telephone: (732) 417-0099

Fax:

E-mail:

Federal Emp. No.: 20-4463685

Contractor License No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $5,000.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [CCA

Date: 11-15-11

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			11-15-11	
Chimney Cert.				
Other				

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's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$10.00
	Fuel Oil Piping	
1	Gas Piping	$82.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$9.00
TOTAL FEE	$101.00

U.C.C.F130(rev. 1/04)

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

TOWNSHIP OF NORTH BRUNSWICK

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 08/18/2011 Date Issued: 09/07/2011

Control #: 30808 Permit #: 20111035

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 262.02 Lot: 12 Qualification Code:

Work Site Location: 1171 STOCKTON PLACE

Owner in Fee : BUGOWSKI JOHN R & KAREN E

Address : 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902

Telephone : (732) 821-8578

E-mail:

Contractor: 1 800 HEATERS INC

ATTN:

Address: 2 GOURMET LANE UNIT G
EDISON NJ 08837

Telephone: (732) 417-0099

Fax:

E-mail:

Federal Emp. No.: 20-4463685

Contractor License No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $5,000.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

D. TECHNICAL SITE DATA (List of all fixtures)

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$10.00
	Fuel Oil Piping	
1	Gas Piping	$82.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$9.00
TOTAL FEE	$101.00

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's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C.F130(rev. 1/04)

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

TOWNSHIP OF NORTH BRUNSWICK

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 08/18/2011 Date Issued: 09/07/2011

Control #: 30808 Permit #: 20111035

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 262.02 Lot: 12 Qualification Code:

Work Site Location: 1171 STOCKTON PLACE

Owner in Fee : BUGOWSKI JOHN R & KAREN E

Address : 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902

Telephone : (732) 821-8578

E-mail:

Contractor: 1 800 HEATERS INC
ATTN:

Address: 2 GOURMET LANE UNIT G
EDISON NJ 08837

Telephone: (732) 417-0099

Fax:

E-mail:

Federal Emp. No.: 20-4463685

Contractor License No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $5,000.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

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's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$10.00
	Fuel Oil Piping	
1	Gas Piping	$82.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$9.00
TOTAL FEE	$101.00

U.C.C.F130(rev. 1/04)

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

CONSTRUCTION PERMIT APPLICATION - COUNTER FORM

Township of North Brunswick, Construction Office, 710 Hermann Road, North Brunswick, NJ 08902 / (732) 247-0922, ext. 450

FILL OUT COMPLETELY and TYPE OR PRINT IN INK

CHECK IF: ___ UPDATE, ___ PROTOTYPE, or ___ CHANGE OF CONTRACTOR and enter ORIGINAL PERMIT # _____

SITE / OWNER DATA:

BLOCK 262.02 LOT 12 WORKSITE ADDRESS 1171 STOCKTON PLACE

Owner in Fee J. BUGOWSKI

Address 1171 STOCKTON PLACE City NO. BRUNSWICK State NJ Zip Code 08902

Phone (732) 821-8578

N.B.: Signature(s) below and/or on reverse certify the accuracy of all data and the authority to submit this application.

OFFICE USE ONLY:

Received _____
Control # _____
Issued _____
Permit # _____

BUILDING SUBCODE

Contractor _____
Address _____
City _____ State ____ Zip Code ____
Phone _____
License # _____ Expires _____
Federal Employment # _____

BUILDING CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
CONST. CLASS: Present ____ Proposed ____
New Bldg.: # of Stories _____ Height _____ Ft.
Area: Largest Floor _____ Sq. Ft. / All Floors _____ Sq. Ft.
Volume _____ Cu. Ft. / Total Land Disturbed _____ Sq. Ft.

TECHNICAL SITE DATA:

Description:

TYPE OF WORK:

[ ] New Building [ ] Addition
[ ] Alteration:
[ ] Roofing [ ] Pool
[ ] Siding [ ] Asbestos Abatement
[ ] Fence, Height _____ [ ] Lead Hazard Abatement
[ ] Sign, Sq. Ft. _____ [ ] Other _____
[ ] Demolition

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____ [ ] Agent [ ] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW : [ ] No Plans Required

[ ] All [ ] Footing [ ] Foundation [ ] Frame [ ] Other _____

SIGNATURE _____ DATE _____

PLUMBING SUBCODE

Contractor 1 800 HEATERS INC
Address 2 Gourmet Lane
City Edison, NJ 08837 State ____ Zip Code ____
Phone Tel: (732) 417-0099 – Fax (732) 417-0695
License # MPL #12352 – HIC #13VH05509300 Expires _____
Federal Employment # Fed. ID #20-4463685

PLUMBING CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
Building Sewer Size _____ [ ] Public Sewer [ ] Private Septic
Water Service Size _____ [ ] Public Water [ ] Private Well

TECHNICAL SITE DATA:

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

82
58

140.00

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ 5,000 —

SIGNATURE L Guardo

[X] Licensed Plumber (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :

[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE 8-18-1

FIRE SUBCODE

Contractor _____
Address _____
City _____ State ____ Zip Code _____
Phone _____
License # _____ Expires _____
Federal Employment # _____

FIRE PROTECTION CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
CONST. CLASS: Present ____ Proposed ____
Heating System: [ ] New [ ] Existing [ ] HVAC: Location _____
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____
Fire Alarm System: [ ] New [ ] Existing: Panel Location _____
Fire Supression/Standpipe System: [ ] New [ ] Existing
Main Control Valve Location _____
Method of Supervision _____
Water Supply Source _____

TECHNICAL SITE DATA:

DESCRIPTION OF WORK:

STORAGE TANKS	CAPACITY	FUEL
[ ] Flammable Liquid	_____	_____
[ ] Combustible Liquid	_____	_____
[ ] LPG _____	_____	
[ ] LNG _____	_____	

QTY.
ALARM SYSTEMS: [ ] 110 v Interconnected [ ] System
____ Alarm Devices (i.e. smoke, heat, pulls, water/flow)
____ Supervisory Devices (i.e. tampers, low/high air)
____ Signaling Devices (i.e. horns/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
____ CO2 Suppression
____ Foam Suppression
____ Halon Suppression
____ Other _____
____ Kitchen Hood Exhaust System
____ Smoke Control System
____ [ ] Gas or [ ] Oil Fired Appliances
____ Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____ [ ] Agent [ ] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

ELECTRICAL SUBCODE

Contractor _____
Address _____
City _____ State ____ Zip Code _____
Phone _____
License # _____ Expires _____
Federal Employment # _____

ELECTRICAL CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
[ ] Pole Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____

TECHNICAL SITE DATA:

QTY.	SIZE	ITEMS
____		Lighting Fixtures
____		Receptacles
____		Switches
____		Detectors
____		Light Poles
____		Motors - Fractional HP
____		Emergency & Exit Lights
____		Communications Points
____		Alarm Devices/F.A.C. Panel
____		TOTAL QUANTITY
____		
		Pool / with UW Lights
____		Storable Pool/Spa/Hot Tub
____	____	KW Elec. Range/Receptacle
____	____	KW Oven/Surface Unit
____	____	KW Electric Water heater
____	____	KW Electric Dryer/Receptacle
____	____	KW Dishwasher
____	____	HP Garbage Disposal
____	____	KW Central Air Conditioning 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 Electric Sign/Outline Light
____	____	Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____

[ ] Licensed Electrician (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 262.02 LOT 12 QUALIFICATION CODE _____ PERMIT #_____

WORK SITE ADDRESS 1171 STOCKTON PLACE

Applicant J. BUGOWSKI

Certifying Individual Leonard Gerardo Company 1 800 Heaters Inc

Address 2 Gourmet Lane-UNIT G&H (Street) Edison (City) NJ (State) 08837 (Zip Code)

Tel. (732) 417-0099

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[X] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[ ] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney – Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

Direct Vent Appliance:
No certification required:

L Gerardo
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.