



# LITTLE EGG HARBOR TOWNSHIP

665 Radio Road, Little Egg Harbor, NJ 08087

(609) 296-7241 ext. 230

Fax (609) 296-5352

www.leht.com

May 10, 2019

Jessica Martin

**RE: OPRA Request 12 Pikes Peak Road**

**ID#: 2019-143**

To whom it may concern:

This letter serves as my written response to your OPRA request received by Little Egg Harbor Township on May 10, 2019.

  X   The attached information has been provided to fulfill your request.

       There are no other records relevant to your request.

       There are no records relevant to your request.

I hope this information satisfies your request.

Sincerely,

*Diana K. McCracken, RMC - 4302*

Diana K. McCracken, RMC  
Township Clerk

RECEIVED JUL 23 2018



# ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 128106 Qualification Code LPAR

Work Site Location Little Egg Harbor NJ 08087

Owner in Fee US Bank / Jackson e-mail blunk@ameritechresidents.com

Tel. 609 414-2504 Address 3525 Piedmont Rd Bldg 7 Suite 700 Atlanta GA 30305

Contractor KS Electric Tel. 609 5121351

Address 430 W Oakcrest Ave Northfield NJ 08825 e-mail ks@ks-electric.com

Contractor License No. 12593 Exp. Date 3/21

Home Improvement Contractor Registration No. or Exemption Reason 12593 FAX: 609 5121351

Federal Emp. ID No. 12593 Proposed 1 Temporary 1 Other 1

B. ELECTRICAL CHARACTERISTICS Use Group Present Building Occupied as Utility Co. Est. Cost of Elec. Work \$ 2500

| JOB SUMMARY (Office Use Only)                                                                                                |                                             | INSPECTIONS |         | Dates (Month/Day) |         |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------|---------|-------------------|---------|
| PLAN REVIEW                                                                                                                  | TYPE                                        | Failure     | Failure | Approval          | Initial |
| <input checked="" type="checkbox"/> No Plans Required                                                                        | Rough                                       |             |         |                   |         |
| <input type="checkbox"/> Partial Under-slab Utilities Approved                                                               | Barrier-Free                                |             |         |                   |         |
| Date: <u>          </u> Approved by: <u>          </u>                                                                       | Trench                                      |             |         |                   |         |
| <input type="checkbox"/> Electric Plans Approved                                                                             | Temp. Serv.                                 |             |         |                   |         |
| Date: <u>          </u> Approved by: <u>          </u>                                                                       | Constr. Serv.                               |             |         |                   |         |
| Joint Plan Review Required:                                                                                                  | TCO                                         |             |         |                   |         |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. | Other                                       |             |         |                   |         |
| SUBCODE APPROVAL for PERMIT                                                                                                  | Service                                     |             |         |                   |         |
| Date: <u>7/28/18</u>                                                                                                         | Final                                       |             |         |                   |         |
| Approved by: <u>          </u>                                                                                               | Barrier-Free                                |             |         |                   |         |
| SUBCODE APPROVAL for CERTIFICATE                                                                                             | Temp. Cut-in-Card Date Issued               |             |         |                   |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                         | Final Cut-in-Card Date Issued               |             |         |                   |         |
| Date: <u>          </u>                                                                                                      | Annual Pool Inspection                      |             |         |                   |         |
| Approved by: <u>          </u>                                                                                               | 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:  
Joe Burcknell  
Date Received 10/5/18  
Control # 18-0810  
Date Issued  
Permit #

Print name here: Joe Burcknell  
Elec. Contractor ( ) Certified Landscaping Irrigation Contr ( ) Exempt Applicant

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

DESCRIPTION OF WORK: Water Heater

| TOTAL NUMBERS                  | FEE (Office Use Only) |
|--------------------------------|-----------------------|
| Pool Permits/with UV 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 1/2 HP               |                       |
| KW Transformer/Generator       |                       |
| AMP Service                    |                       |
| AMP Subpanels                  |                       |
| AMP Motor Control Center       |                       |
| KW Elec. Sign/Outline Light    |                       |

U.C.C. F 120 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one internet version. Original plus three photocopies.

Administrative Surcharge \$ 60-  
Minimum Fee \$             
State Permit Surcharge Fee \$             
TOTAL FEE \$



Administrative Surcharge \$ 60  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_