



CONSTRUCTION PERMIT APPLICATION

C11-603757

Steve Ewing

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

I. IDENTIFICATION

1. Proposed Work Site at: 18 Parkway Dr, Brick, NJ 08723

2. Name of Owner in Fee: HSBC Bank USA
 Tel. (732) 682-9978 e-mail _____
 Address: 121 Woodcrest Rd, Cherry Hill, NJ 08003
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: ADT SECURITY SERVICES Tel. (856) 910-4686 4625
 Address 7895 BROWNING ROAD, PENNSAUKEN, N J 08109 e-mail _____
 License No. OR, if new home, Builder Reg. No. 34AL000017000 Exp. Date 1/31/14
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. 581814102 Fax (856) 661-4449

5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. (____) _____ FAX (____) _____

6. Responsible Person in Charge once Work has Begun Steve Stevenson
 Tel. (856) 910-4686 4641 FAX (856) 661-4449

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$	<u>40</u>	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other		<u>1</u>	
13. TOTAL	\$	<u>41</u>	

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 _____

Ila. 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)

- ☐ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>ECB</u>	<u>09/11</u>	<u>2011</u>					
<u>539.00</u>				<u>10-13-11</u>	<u>JS</u>			

TOTAL COSTS 539.00

III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

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

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(e)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.

☐ Check if contractor.

Agent Name ADT SECURITY SERVICES

Address 7895 BROWNING ROAD

PENNSAUKEN, NEW JERSEY 08109

Telephone (856) 910-4686

Signature Lawrence J. Little

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

UCC/F-100
Professional Printing
(856) 468-7933

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 _____
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. _____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/21/2011
Control Number C-11-003757
Permit Number 11-3178
Permit Issue Date 10/20/2011
Certificate Number 11-3178

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 18 PARKWAY DR. Brick Township, NJ Block: 701.34 Lot: 4 Qual: _____
Owner in Fee: HSBC BANK USA
Owner Address: 121 WOODCREST ROAD CHERRY HILL NJ 08003
Telephone: (732) 682-9978
Contractor: ADT SECURITY
Address: 7895 BROWNING ROAD PENNSAUKEN NJ 08109
Telephone: (856) 910-4625 Fax: (856) 661-4449
License Number or Builders Registration Number: 34AL000017000 Federal Emp. Number: 581814102

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALARM SYSTEM (BURGLAR OR FIRE)

Certificate Comments:

☐ **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.

☒ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate: This certificate has an expiration date of:

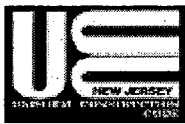
Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



CONSTRUCTION PERMIT

Date Issued _____
Control # C-11-003757
Permit # _____

IDENTIFICATION Block: 701.34 Lot: 4 Qualifier _____
Work Site Location: 18 PARKWAY DR. Brick Township, NJ Contractor ADT SECURITY
Address: 7895 BROWNING ROAD PENNSAUKEN NJ 08109
Owner in Fee: HSBC BANK USA
121 WOODCREST ROAD CHERRY HILL NJ Telephone: (856) 910-4625
08003 Lic. No. or Bldrs. Reg. No. 34AL000017000
Telephone: (732) 682-9978 Federal Employee No. 581814102

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

ALARM SYSTEM (BURGLAR OR FIRE)

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 \$539

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$41
Check No.	
Cash	\$0
Credit	\$0
Collected By	

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.

☐ 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:

☒ 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".

☐ A complete copy of released plans must be kept on the job site.

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

CCOPY



ELECTRICAL
SUBCODE
TECHNICAL SECTION

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

Block 701.34 Lot 4 Qualification Code _____

Work Site Location 18 Parkway Dr.

Owner in Fee: HSBC Bank USA

Tel. (732) 682-9978 e-mail _____

Address 121 Woodcrest Rd. Cherry Hill, NJ 08003

Contractor: ADI SECURITY SERVICES street municipality zip code
7895 BROWNING ROAD Tel. (856) 910-4685 4625

Address PENNSAUKEN, NEW JERSEY 08109

Contractor License No. 34AL000017000 e-mail _____ Exp. Date 1/31/14

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

Federal Emp. ID No. 581814102 FAX: (856) 661-4449

B. ELECTRICAL CHARACTERISTICS

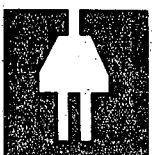
Use Group: Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$ 539.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type	Failure	Failure	Approval Initial
[] No Plans Required		Rough			
[] Partial-Under-slab Utilities Approved		Barrier-Free			
Date: _____	Approved by: _____	Trench			
[] Electric Plans Approved		Temp. Serv.			
Date: _____	Approved by: _____	Constr. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg. [] Plumb. [] Fire [] Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>10-13-11</u>		Final			
Approved by: <u>JS</u>		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-In-Card Date Issued			
[] CO [] CCO [] CA		Final Cut-In-Card Date Issued			
Date: <u>11/17/11</u>		Annual Pool Inspection			
Approved by: <u>JS</u>		Date of Grounding and Bonding Certification			



Date Received 10/20/11
Date Issued _____
Control # _____
Permit # 11-3178

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) owner of record and I am authorized to make this application, and perform the work listed on this application. Applicant sign/Contractor _____

Print name here: LAWRENCE J. LITTLE, JR.

[X] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr [X] Exempt Applicant

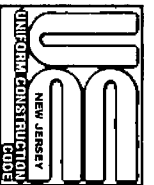
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
<u>Security system</u>

QTY./SIZE	ITEMS	FEE (Office Use Only)
	Lighting Fixture	
	Receptacles	
	Switches	
	Detectors	
	Light Poles	
	Motors--Fract. HP	
	Emergency & Exit Lights	
	Communications Points	
	Alarm Devices/A.C. Panel	
	<u>Panel & keypad</u>	
	TOTAL NUMBERS	
	Pool Permit/with UW Lights	
	Storable Pool/Spa/Hot Tub	
	KW Elec. Rang/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	

UCC/F-120
(rev. 11/09)
Professional Printing
(856) 468-7933

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



ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 701.34 Lot 4 Qualification Code _____

Work Site Location 18 Parkway Dr.

Owner in Fee: HSBC Bank USA

Tel: 732.682.9978 e-mail _____

Address 121 Woodcrest Rd, Cherry Hill, NJ 08003

Contractor: ADI SECURITY SERVICES street municipality zip code Tel: (856) 910-4635

Address 7895 BROWNING ROAD PENNSAUREN, NEW JERSEY 08109

Contractor License No. 34ALC00017000 e-mail _____ Exp. Date 1/31/14

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

Federal Emp. ID No. 501814102 FAX: (856) 681-4449

B. ELECTRICAL CHARACTERISTICS

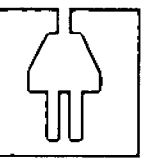
Use Group: Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$ 539.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLANS REVIEW	Type:	Failure	Failure	Approval	Initial
☒ No Plans Required	Rough				
☐ Partial-Under-slab Utilities Approved	Barrier-Free				
Date: _____ Approved by: _____	Trench				
☐ Electric Plans Approved	Temp. Serv.				
Date: _____ Approved by: _____	Constr. Serv.				
Joint Plan Review Required:	TCO				
☐ Bldg. [] Plumb. [] Fire [] Elev.	Other				
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>10-13-11</u>	Final				
Approved by: <u>JS</u>	Barrier-Free				
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
☐ CO ☐ CCO ☐ CA	Final Cut-in-Card Date Issued				
Date: _____	Annual Pool Inspection				
Approved by: _____	Date of Grounding and Bonding Certification				



Date Received 10/20/11
Date Issued 11-21/18
Control # _____
Permit # _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application. Applicant sign/Contractor sign and seal here: Lawrence J. Little, Jr.

Print name here: _____

☒ Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr' ☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Security system

QTY./SIZE

ITEMS

Lighting Fixture

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices: A.C. Panel

Panel & keypad

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Rang/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

FEE (Office Use Only)

\$ _____

1. White-Inspector Copy
2. Canary-Applicant Copy
3. Pink-Office Copy
4. White Tag-Office Copy

UCC/F-120
(rev. 11/09)
Professional Printing
(856) 468-7933

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



ELECTRICAL SUBCODE

TECHNICAL SECTION

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

Block 701.34 Lot 4 Qualification Code _____

Work Site Location 18 Parkway Dr.

Owner In Fee: HSBC BANK USA

Tel: (732) 682-9978 e-mail _____

Address 181 Woodcrest Rd, Cherry Hill, NJ 08003

Contractor: ADT SECURITY SERVICES street municipality zip code
7895 BROWNING ROAD Tel: (856) 010-4688 4685

Address PENNSAUREN, NEW JERSEY 08109 e-mail _____

Contractor License No. 34AL000017000 Exp. Date 1/31/14

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

Federal Emp. ID No. 581814102 FAX: (856) 661-4469

B. ELECTRICAL CHARACTERISTICS

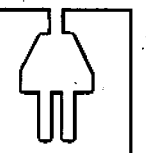
Use Group: Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$ 539.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
☒ No Plans Required	Rough				
☐ Partial-Underslab Utilities Approved	Barrier-Free				
Date: _____ Approved by: _____	Trench				
☐ Electric Plans Approved	Temp. Serv.				
Date: _____ Approved by: _____	Constr. Serv.				
Joint Plan Review Required: _____	TCO				
☐ Bldg. [] Plumb. [] Fire [] Elev.	Other				
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>10-13-11</u>	Final				
Approved by: <u>JJ</u>	Barrier-Free				
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
☐ CO ☐ CCO ☐ CA	Final Cut-in-Card Date Issued				
Date: _____	Annual Pool Inspection				
Approved by: _____	Date of Grounding and Bonding Certification				



Date Received 10/30/11
Date Issued 11-3/18
Control # _____
Permit # _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application. Applicant sign/Contractor sign and seal here: Lawrence J. Little, Jr.

Print name here: LAWRENCE J. LITTLE, JR.

☒ Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr' ☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Security System

QTY SIZE

ITEMS

Lighting Fixture

Receptacles

Switches

Detectors

Light Poles

Motors—Frac. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/A.C. Panel

Door & keypad

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Rang/Receptacle

KW Over/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

FEE (Office Use Only)

\$ _____

UCC/F-120
(rev. 11/09)
Professional Printing
(856) 468-7933

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

**ADT SECURITY SERVICES
PERMIT FEE REQUEST FORM
TO: STEVE STEVENSON OR ROSANNE WIERZBICKI**

(All information is required to process check)

TODAY'S DATE: 10-18-11

CUSTOMER NAME: _____

CUSTOMER NUMBER: _____ JOB NUMBER: _____

CUSTOMER ADDRESS: 18 Parkway Dr.
Brick

WORK BEING PERFORMED: _____

PERMIT AMOUNT REQUESTED: \$ _____

CHECK PAYABLE TO: _____

CHECK PAYABLE ADDRESS: _____

REQUESTED BY: _____



THE STATE OF NEW JERSEY

DEPARTMENT OF LAW & PUBLIC SAFETY

DIVISION OF CONSUMER AFFAIRS

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[OAG Home](#)

[OAG Services from A - Z](#)

[OAG Home](#)

DIVISION OF CONSUMER AFFAIRS

MyLicense Online Licensing

[Renew License](#)

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Name: ADT Security Services Inc
Address: ATTN: Licensing Dept
PO Box 3042
Boca Raton, FL 33431

Below is the list of your licenses with the NJ DCA.
[Click Here to begin the License Renewal Process](#)

License Number: 34AL00001700

Profession: Electrical
Contractors

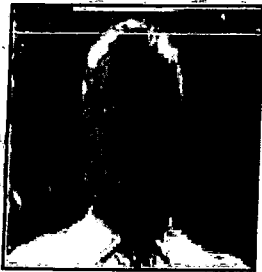
License Type: FBL
Business

Issue Date: 12/17/2008

Expiration Date: 1/31/2014

License Status: Active

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State of New Jersey

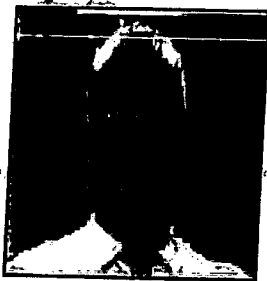
**BURGLAR ALARM
LICENSE**

34BA00176500

EXPIRES: 8/31/2013

DOB: 5/22/1963

LAWRENCE J. LITTLE JR



State of New Jersey

**FIRE ALARM
LICENSE**

34FA00138500

EXPIRES: 8/31/2013

DOB: 5/22/1963

LAWRENCE J. LITTLE JR