CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 5-17-11

Permit # 11-299

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location 31 S 1st Ave

Owner in Fee M. KARAKJORI

Address 20 WINDMERE PATH
ROBBINSVILLE NJ 08690

Tel. (732) 995-5852

Contractor F. BORBAS

Address 1214 STOCKTON DRIVE
NORTH BRUNSWICK NJ 08902

Tel. (732) 940-4265

Lic. No. or Bldrs. Reg. No. 9109

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: 200 AMP SERVICE
BASEBOARD HEATER ON 3RD FLOOR

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 $ 1800

Construction Official

Date 5/16/11

PAYMENTS (Office Use Only)

Building _____
Electrical 150
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 3
Cert. of Occupancy _____
Other _____
Total 153
Check No. 931
Cash _____
Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 5-17-11

Date Issued / Permit # 11-299

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 315 1ST AVE

Owner in Fee M. KARAGJOZI

Address 29 WINDMERE PATH
ROBBINSVILLE NJ 08690

Tel (732) 995-5852

Contractor E. BORBAS

Address 1214 STOCKTON DRIVE
NORTH BRUNSWICK NJ 08902

Tel (732) 940-4265 FAX ( ) _____

Contractor License No. 9109

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed _____

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

Building Occupied as 1 FAMILY Utility Co. _____

Est. Cost of Elec. Work $ 1800.—

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

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	
		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	
1	2	KW Baseboard Heat	50
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	100
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 5/5/11 PAV

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 6/14/11

Approved by: PAV

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			6/14/11	PV
Final			6/14/11	PV
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued 6/14/11

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____