BLOCK _____ LOT _____ ADDRESS (SITE) 37 Nicklaus Lane Farmingdale PERMIT NO. _____

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work-site at: 37 Nicklaus Lane Farmingdale NJ 07727
2. Name of Owner in Fee: Robert Conklay Tel. [redacted]
   Address 37 Nicklaus Lane (street) Farmingdale (municipality) 07727 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: owner Robert Conklay Tel. [redacted]
   Address 37 Nicklaus Lane Farmingdale NJ 07727
   License No OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer owner Robert Conklay Tel. [redacted]
   Address 37 Nicklaus Lane
6. Responsible Person In Charge of Work Robert Conklay Tel. [redacted]

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Other | | | |
| 6. Subtotal | $ | | |
| 7. Less 20% for State Plan Review | | | |
| 8. Subtotal | $ | | |
| 9. DCA Training Fee | | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 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. Building Area—All Floors ____ sq. ft. | |
| 5. Volume of Structure ____ cu. ft. | |
| 6. Construction Classification | |
| 7. Total Land Area Disturbed ____ sq. ft. | |
| 8. Flood Hazard Zone | |
| 9. Base Flood Elevation ____ ft. | |
| 10. Wetlands yes ____ sq. ft. | |
| no | |
| 11. Fire Grading | |
| 12. Max. Live Load | |
| 13. Max. Occupancy Load | |

## II. PROPOSED WORK

| | Est. Cost |
|---|---|
| 1. ☐ Minor Work (single trade) | |
| 2. ☐ Small Job ($5,000 and no prior approvals) | |
| 3. ☐ New Building | |
| 4. ☐ Addition | |
| 5. ☐ Alteration | |
| 6. ☐ Fire Protection | |
| 7. ☐ Plumbing | |
| 8. ☐ Electrical | |
| 9. ☐ Asbestos Abatement | |
| 10. ☐ Demolition | |
| TOTAL COSTS | |

**OPTIONAL (for office use only)**

| Plans Rec'd By | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**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

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. Form F-100A

LDS HW-B 10602996

## 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.vii:

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 3-14-97

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 Divisior 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 _____ Date _____

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 | |
| ☐ Planning Board | | | | | | | X | X | |
| ☐ Zoning Board | | | X | X | X | X | X | X | |
| ☐ Sewer Authority | | | | | | | X | X | |
| ☐ Water Authority | | | | | | | X | X | |
| ☐ Fire Department | | | | | X | X | X | X | |
| ☐ Police Department | | | X | X | X | X | X | X | |
| ☐ Health Department | | | | | X | X | | | |
| ☐ Soil Conservation | | | | | | | X | X | |
| ☐ N.J. Dept. of Community Affairs | X | X | X | X | X | X | | | |
| ☐ N.J. Department of Transportation | X | X | X | X | X | X | | | |
| ☐ N.J. Dept. of Environmental Protect. | X | X | X | X | X | X | | | |
| ☐ Utility Dig No. | | | X | X | X | X | X | X | |
| ☐ Other | | | | | | | | | |
| ☐ | | | | | | | | | |
| ☐ | | | | | | | | | |

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 EXPIRED |
|---|---|---|---|
| ☐ Temporary Certificate of Occupancy | No. _____ | _____ | _____ |
| ☐ Temporary Certificate of Occupancy | No. _____ | _____ | _____ |
| ☐ Continued Certificate of Occupancy | No. _____ | _____ | |
| ☐ Certificate of Occupancy | No. _____ | _____ | |
| ☐ Certificate of Approval | No. | | |

# CERTIFICATE

Date Issued 5-15-97
Control #
Permit # 97-335

IDENTIFICATION

Block 185 Lot 40.25
Work Site Location Same as below

Owner in Fee Robert Coakley
Address 37 Nicklaus Ln
Farmingdale, NJ 07727
Tele. (___) [redacted]
Contractor
Address Same

Tele. (___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Completion and approval of basement renovations

☐ 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.

XX 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.

☐ 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/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

Est Cost 5000.00

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. Form F-260B

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

# CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE

Date Issued 3-19-97
Control #
Permit # 97-335

IDENTIFICATION Block 185 Lot 40.25

Work Site Location 37 NICKLAUS LANE
FARMINGDALE NJ 07727

Owner in Fee ROBERT CONKLIN
Address 37 NICKLAUS LANE
FARMINGDALE NJ 07727
Tele. [redacted]

Contractor OWNER ROBERT CONKLIN
Address 37 NICKLAUS LANE
FARMINGDALE NJ 07727
Tele. [redacted]
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. [redacted]

**is hereby granted permission to perform the following work:**

[X] BUILDING [ ] PLUMBING [ ] OTHER _____
[X] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: FINISH BASEMENT

**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 $** 5000.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 60.00 |
| Electrical | 40.00 |
| Plumbing | |
| Fire Protection | 25.00 |
| Elevator Devices | |
| Other CC | 4.00 |
| DCA Training Fee | |
| Cert. of Occ. | |
| Other | 129.00 |
| Total | |
| Check No. | 1691 |
| Cash | |
| Collected By: | EJB 3/20/97 |

(see reverse side)

U.C.C. Form F-170C

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE

# 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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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

U.C.C. Form F-170D

**BUILDING SUBCODE TECHNICAL SECTION**

Date Received 3-19-97
Date Issued
Control #
Permit # 97-335

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

Block 185 Lot 40.25
Work Site Location 37 NICKLAUS LANE
FARMING DALE NJ 07727
Owner in Fee ROBERT COAKLEY
Address 37 NICKLAUS LANE
FARMINGDALE NJ 07727
Tele. [redacted]
Contractor OWNER ROBERT COAKLEY
Address 37 NICKLAUS LANE
FARMINGDALE NJ 07727
Tele. [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

**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.

Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

FINISH BASEMENT

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial | INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|---|---|---|
| [ ] No Plans Req. | | | | | | | |
| [ ] All | | | Footing | | | | |
| [ ] Footing | | | Foundation | | | | |
| [ ] Foundation | | | Slab | | | | |
| [ ] Frame | | | Frame | | | | |
| [ ] Other | | | Insulation | | | | |
| Joint Plan Review Required: | | | Finishes: | | | | |
| [ ] Elec. [ ] Plumb. [ ] Fire | | | Energy | | | | |
| SUBCODE APPROVAL | | | Mechanical | | | | |
| [ ] CO [ ] CCO [ ] CA | | | TCO | | | | |
| Date: 4/14/97 | | | Other | | | | |
| Approved By: | | | Final | | | | |

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[X] Other FINISH BASEMENT
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE

| | |
|---|---|
| | $ |
| | 40 00 |
| | 40 |
| Administrative Surcharge | $ 20 00 |
| Minimum Fee | $ |
| DCA TRAINING FEE | $ |
| TOTAL FEE | $ |

Paid [ ] Check # _____
Collected by: _____

**B. BUILDING CHARACTERISTICS**

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

**Est. Cost of Bldg. Work:**
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ _____

# ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3-19-97
Date Issued
Control #
Permit # 97-335

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

Block 185 Lot 40.25
Work Site Location 37 Nicklaus Lane
Franklin Lakes NJ 07727
Owner In Fee Robert Conkling
Address 37 Nicklaus Lane
Franklin Lakes NJ 07727
Tele. [redacted]
Contractor Spartan Electric
Address P.O. Box 3
Atl. Highlands, NJ
Tele. (908) 291-0580
Lic. No. 23112
Federal Emp. No. [redacted] or Social Security No.

**B. ELECTRICAL CHARACTERISTICS**

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as R-3 Utility Co. GPU
Est. Cost of Elec. Work $ 500

(*) See letter of Responsibility on Rough w/ the AW Back & Comments of Tech section

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[✓] Elec. Plans Approved
Date: 3/17/97
Approved by: C. Sullivan

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 4-14-97
Approved by: Alan M. Mink

| INSPECTIONS: Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | 3/21 | AW |
| Temporary | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | 4/14 | AW |
| Final | | | | |

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Line Dept.

**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.

Daniel Neary
Signature-Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| NO. | SIZE | ITEM | FEE (Office Use Only) |
|---|---|---|---|
| 12 | | Fixtures (1) | $ 40- |
| 18 | | Receptacles (2) | |
| 8 | | Switches (3) | |
| 38 | | Total 1 + 2 + 3 | |
| | | Range | |
| | | Oven(s) | |
| | | Surface Unit | |
| | | Dishwasher | |
| | | Garbage Disposal | |
| | | Dryer | |
| | | A/C Unit | |
| | | Burglar Alarms | |
| | | Intercoms Panels | |
| | | Smoke Detectors | |
| | | Whirlpool/spa | |
| | | Pool Bonding | |
| | | Pool Filter Motor | |
| | | Pool Lights | |
| | | Water Heater(s) | |
| | | Central heat: oil, gas or elec. | |
| | | Baseboard Heat Units | |
| | | Thermostats | |
| | | Heat Pump | |
| | | Pump(s) | |
| | | Motor Control Center/Sub Panels | |
| | | Signs | |
| | | Light Standards | |
| | | Motors—Fractional H.P. | |
| | | Motors—All Others | |
| | | Transformers | |
| | | Generators | |
| | | Service Entrance | |
| | | Other | |

Administrative Surcharge $ 40-
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-120A

1 White - Applicant Copy
3 Pink - File Copy
2 Canary - Office Copy

# ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3-19-97
Date Issued
Control #
Permit # 97-335

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

Block 185 Lot 4025
Work Site Location 37 NICKLAUS LANE
Farmingdale NJ 07727
Owner in Fee ROBERT CONKLIN
Address 37 NICKLAUS LANE
Farmingdale NJ 07727
Tele. [redacted]
Contractor SPANKIE ELECTRIC
Address PO Box 3
Atl. Highlands, NJ
Tele. (908) 291-0580
Lic. No. 13312
Federal Emp. No. [redacted] or Social Security No.

**B. ELECTRICAL CHARACTERISTICS**

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as RESID Utility Co. GPU
Est. Cost of Elec. Work $ 655

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 4/4/97
Approved by:

INSPECTIONS:

| Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | 3/21 | AW |
| Temporary | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 4/4 | AW |

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Line Dept.

(*) See letter on Rough with AW-Back of Comments of Tech Section

**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.

[X] Licensed Electrical Contractor [ ] Exempt Applicant

Signature-Contractor Seal

**D. TECHNICAL SITE DATA**

| NO. | SIZE | ITEM |
|---|---|---|
| 12 | | Fixtures (1) |
| 18 | | Receptacles (2) |
| 8 | | Switches (3) |
| 38 | | Total 1 + 2 + 3 |
| | | Range |
| | | Oven(s) |
| | | Surface Unit |
| | | Dishwasher |
| | | Garbage Disposal |
| | | Dryer |
| | | A/C Unit |
| | | Burglar Alarms |
| | | Intercoms Panels |
| | | Smoke Detectors |
| | | Whirlpool/spa |
| | | Pool Bonding |
| | | Pool Filter Motor |
| | | Pool Lights |
| | | Water Heater(s) |
| | | Central heat: oil, gas or elec. |
| | | Baseboard Heat Units |
| | | Thermostats |
| | | Heat Pump |
| | | Pump(s) |
| | | Motor Control Center/Sub Panels |
| | | Signs |
| | | Light Standards |
| | | Motors—Fractional H.P. |
| | | Motors—All Others |
| | | Transformers |
| | | Generators |
| | | Service Entrance |
| | | Other |

**FEE (Office Use Only)**

$ 40-

Administrative Surcharge $ 40
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-120A

1 White - Applicant Copy
3 Pink - File Copy

2 Canary - Office Copy

3-24-99

Basement Reno was started without permits. we made Feild inspection on & above Date and found wall were sheet Rocked. All Electrical wiring appeared to Code on what could be seen. owner submitted a letter of responsibility for Rough wiring and Contractor (Electrical) took over job & certified All Rough wiring.

AW

# FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3-19-97
Date Issued
Control #
Permit # 97-335

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

Block 185 Lot 40.25
Work Site Location 37 NICKLAUS LANE
FARMINGDALE NJ 07727
Owner in Fee ROBERT COAKLEY
Address 37 NICKLAUS LANE
FARMINGDALE NJ 07727
Tele. [redacted]
Contractor OWNER ROBERT COAKLEY
Address 37 NICKLAUS LANE
FARMINGDALE NJ 07727
Tele. [redacted]
Lic. No.
Federal Emp. No. _____ or Social Security No. [redacted]

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ _____ [ ] Other _____

**JOB SUMMARY (Office Use Only)** BASEMENT RENO

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 3-19-97
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] TCO [ ] CA
Date: 3/25/97
Approved by:

| INSPECTIONS: Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Suppression Test | | | | |
| Fire Alarm Test | | | | |
| Smoke Test | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other FRAME | | | 3/25/97 | |
| Other | | | | |
| 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.

SIGNATURE

**D. TECHNICAL SITE DATA**

**Description of Work**

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____

| | Number | FEE (Office Use Only) |
|---|---|---|
| Wet Sprinkler Heads | | |
| Dry Sprinkler Heads | | |
| TOTAL | | |
| Smoke Detectors | | |
| Heat Detectors | | |
| TOTAL | | |
| Stand Pipes | | |
| Kitchen Hood Exhaust Systems | | |
| Pre-Engineered Systems | | |
| $CO_2$ Suppression | | |
| Halon Suppression | | |
| Foam Suppression | | |
| Dry Chemical | | |
| Wet Chemical | | |
| Gas or Oil Fired Appliance | | |
| OTHER BASEMENT RENO | | 25.00 |

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by _____ TOTAL FEE $ _____

U.C.C. Form F-140A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy

PLAN REVIEW RECORD
HOWELL TOWNSHIP FIRE BUREAU

DATE: 3/19/97 TYPE: RESIDENTIAL DIST#: 1

BLOCK: 185 LOT: 40.25 PERMIT#:

ADDRESS: 37 NICKLAUS LANE

NAME: CONKLEY

COMMENTS BASEMENT RENO

REVIEWERS CODE: 0

FRAME INSPECTION REPORT

SCHEDULE DATE: 3/25/97 REMARKS FRAME-APPROVED

REINSPECTION DATE: REMARKS

REINSPECTION DATE: COMMENTS

****DATE FRAME PASSED: 3/25/97 INSPECTORS CODE: 4

FINAL INSPECTION REPORT

SCHEDULE DATE: 5/13/97 COMMENTS FINAL-OK APPROVED

REINSPECTION DATE: COMMENTS

REINSPECTION DATE: COMMENTS

****DATE FINAL WAS APPORVED: 5/13/97 INSPECTORS CODE: 5

OTHER INSPECTION REPORT

TOPIC:

SCHEDULE DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

****DATE OTHER WAS COMPLETED: INSPECTORS CODE:

HISTORY

**Robert Coakley**
**37 Nicklaus Lane**
**Farmingdale, NJ 07727**

Dear Alan (Electrical Inspector):

As per our conversation on Friday March 14, 1997, I am writting this letter to you to explain what work was done by myself and Dan Neary of Sparkie's Electric in the basement at 37 Nicklaus Lane.

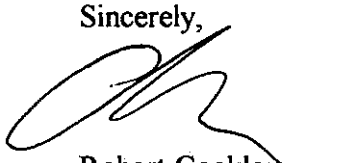
I (Robert Coakley) did the following work: all the rough wiring from all electrical outlets, lights, and switchs leading back to the electrical fuse panel.

My friend Dan of Sparkie's Electric is going to be doing the final connections to the lights, switchs, outlets and to the main fuse panel of the house.

At this point in time, all outlets and 4 of the lights have been connected, but none of these are connected to the main fuse panel. All electrical work was done according to the National Electric Code 1993. I also hold Howell Township harmless of the rough electrical inspections, since all the walls were inclosed at the time of inspection.

I aplogize for the misunderstanding about getting the proper permits for the basement. Now that I understand more about this matter, I assure you that this will never happen again.

Sincerely,



Robert Coakley

ELECTRICAL PANEL
14
14½
2' 8.25'
Bottom of Stairs
Top of Stairs
HW
12½
12½
OFFICE COPY

# TOWNSHIP OF HOWELL - PLAN REVIEW CHECKLIST

354

NAME Coakley

ADDRESS 37 Nicklaus

PHONE # _____

BLOCK 18.5 LOT 40.25

DATE SUBMITTED 3-17-97

PRIOR APP. DATE _____

REQUEST FOR FOOTING & FOUNDATION YES NO

REQUEST FOR PROTO-TYPE PROCESSING YES NO

Bsmt Reno

| | FIRST REVIEW | SECOND REVIEW | APPROVED | DENIED | COMMENTS |
|---|---|---|---|---|---|
| BUILDING ✓ | 3/18/97 | | OK JC. | | AS PER B.O.C.A / CABO |
| PLUMBING | | | | | |
| ELECTRIC ✓ | 3/17/97 | | OK CP | | ALL WORK BY NEC "1993" |
| FIRE ✓ | 3/19/97 | | OK | | |
| MECH. | | | | | |
| OTHER | | | | | |

DATE NOTIFIED _____ LEFT ON ANSWERING MACHING YES NO