



ELECTRICAL SUBCODE
TECHNICAL SECTION



Date Received 7/7/2014
Date Issued 7/7/2014
Control # 40539
Permit # 140775

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

Block 94.07 Lot 15 Qualification Code _____
Work Site Location 3 LINDEN ROAD , NJ

Owner in Fee: RAZIK, STEVE
Tel. 336/6691478 e-mail _____
Address 3 LINDEN ROAD BURLINGTON NJ 08016-
Street Municipality zip code
Contractor: RODMAN ELECTRIC, LLC Tel. 732/2214530
Address 4 WINFIELD DRIVE MANALAPAN NJ 07726-
e-mail _____

Contractor License No. 15497 Exp. Date _____
Home Improvment Contractor Registration No. or Exemption Reason(if applicable): _____
Federal Emp. ID No. 27-0123110 FAX / -

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-3
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ \$6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
☐ No Plan Required	Type:	Failure	Failure	Approval	Initial
☐ Partial-Underslab Approved	Rough	_____	_____	_____	_____
Date: _____ Approved by: _____	Barrier-Free	_____	_____	_____	_____
☐ Electrical Plans Approved	Trench	_____	_____	_____	_____
Date: _____ Approved by: _____	Temp. Serv.	_____	_____	_____	_____
Joint Plan Review Required:	Constr. Serv.	_____	_____	_____	_____
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	TCO	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Other	_____	_____	_____	_____
Date: _____	Service	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA	Temp. Cut-in-Card Date Issued	_____			
Date: _____	Final Cut-in-Card Date Issued	_____			
Approved by: _____	Annual Pool Inspection	_____	_____	_____	_____
	Date of Grounding and Bonding Certification	_____			

U.C.C F120 (rev. 01/21) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's sign/Contractor sign _____
and seal here: Print name here: _____

☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK WATER DAMAGE REPAIR			FEE (Office Use Only)
QTY.	SIZE	ITEMS	
<u>26</u>		Lighting Fixtures	
<u>30</u>		Receptacles	
<u>9</u>		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
<u>65</u>		TOTAL NUMBERS	\$ <u>\$80</u>
		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/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Hand	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
<u>1</u>	<u>150</u>	AMP Service	<u>\$55</u>
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
Administrative Surcharge\$			
Minimum Fee\$			
State Permit Surcharge Fee\$			<u>\$17</u>
TOTAL FEES\$			<u>\$152</u>