

BLOCK 22 LOT 23 QUALIFICATION CODE CA ADDRESS (SITE) 47 Quinby Place PERMIT NO. 2005-1253



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 47 Quinby Place
2. Name of Owner in Fee: [Redacted] Tel. [Redacted]
Address 47 Quinby Place West Orange N.J. 07052
street municipality zip code
3. Ownership in Fee: Public ☐ Private ☒
4. Principal Contractor: Manning Electric Inc. Tel. (973) 748-5129
Address 47 Rowe Street Blomfield N.J. 07003
License No. OR, if new home, Builder Reg. No. 14295A Exp. Date 3/31/06
Federal Employee No. 33-1047023 FAX: (973) 748-8618
5. Architect or Engineer [Redacted] Tel. ([Redacted]) [Redacted]
Address [Redacted] Contact [Redacted]
6. Responsible Person in Charge once Work has Begun William Manning
Tel. (973) 748-5129 FAX: ([Redacted]) [Redacted]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical		<u>256</u>	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Surcharge Fee		<u>14</u>	
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	<u>270</u>	

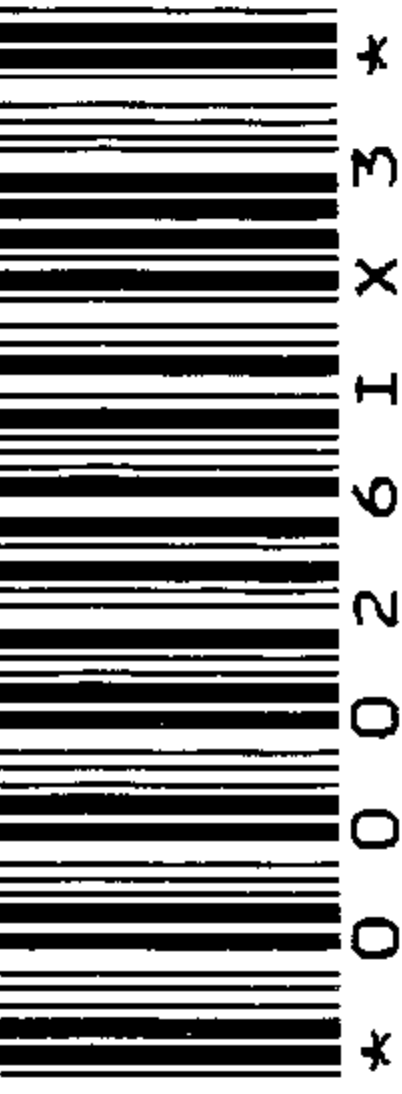
VI. BUILDING/SITE CHARACTERISTICS

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

4308

00245_052550
2536 SF



OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: All Units Income-restricted
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:

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs

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 _____

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 Manning Electric Inc.

Address 47 Rowe Street

Blomfield N.J. 07003

Telephone (973) 248-5129

Signature Will R. Manning

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

Township of West Orange
66 Main Street
West Orange NJ 07052
973-325-4112

CERTIFICATE

IDENTIFICATION

Date Issued: 08/31/2005

Control #: 34360

Permit #: 20051253

Block: 22 Lot : 23 Qualification Code: _____

Work Site Location: 47 QUINBY PLACE

TOWNSHIP OF WEST ORANGE

Owner in Fee: [REDACTED]

Address: 47 QUINBY PLACE

WEST ORANGE NJ 07052

Telephone: [REDACTED]

Agent/Contractor: WILLIAM MANNING ELECTRIC

Address: 47 ROWE STREET

BLOOMFIELD NJ 07003

Telephone: 973 748-5129

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: _____

200 AMP SERVICE/ METER/ SUB PANEL

Update Desc. of Wk/Use: _____

☐ 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.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

☐ CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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 _____

Russell DeSantis Construction Official

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees: \$0.00

Paid ☒ Check No.: 2396

Collected by: FS

Fafed

MUNICIPALITY

West Orange



05-0123

CUT-IN-CARD

LOCATION

417 Quinby

UTILITY CO

PSE&L

BLK

22

LOT

23

OWNER



OCCUPANT

2 Family

"Installation in the above premises has been inspected and is
in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE

200 amp 2 meter

INSTALLED BY

Manning Electric

LICENSE NO

14795

DATE

8-30-05

PERMIT #

05-1255

INSPECTOR

M. Detmer

☒ CALLED IN

8/31/05

Lic. No:

3722



CONSTRUCTION PERMIT

Date Issued

7/1/05

Permit #

2005-1253

IDENTIFICATION Block 22 Lot 23 Qualification Code _____
Work Site Location 47 Pinby Place Contractor Manning Electric Inc.
West Orange, N.J. 07052 Address 47 Rowe Street
Owner in Fee [REDACTED] Blomfield N.J. 07007
Address 47 Pinby Place Tel. (923) 748-5129
West Orange N.J. 07052 Lic. No. or Bldrs. Reg. No. 14795-R
Tel. [REDACTED]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

200 Amp Service Upgrade w/ 2 meters
3 sub-panels upgraded + new lights switches & outlets

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 \$

10,000.00
Russell A. Lindy

Construction Official

7/1/05
Date

PAYMENTS (Office Use Only)

Building _____
Electrical 256.00
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 14
Cert. of Occupancy _____
Other _____
Total 270
Check No. 2396
Cash _____
Collected by JP 7/1/05

(see reverse side)

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 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 given.

☐ 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 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. Utility services, including septic.
4. 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.

☐ 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.



CONSTRUCTION PERMIT

Date Issued 7/1/05
Permit # 2005-1253

IDENTIFICATION Block 22 Lot 23 Qualification Code _____
Work Site Location 47 Plainby Place Contractor Manning Electric Inc.
West Orange, N.J. 07052 Address 47 Rowe Street
Owner in Fee [REDACTED] Bloomfield N.J. 07003
Address 47 Plainby Place Tel. (973) 748-5129
West Orange N.J. 07052 Lic. No. or Bldrs. Reg. No. 14795-A
Tel. [REDACTED]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

200 Amp Service Upgrade @ meters
(3) sub panels upgraded & new lights switches & outlets

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 \$ 10,000.00
Russell DeLuca 7/1/05
Construction Official Date

PAYMENTS (Office Use Only)

Building _____
Electrical 256.00
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 14
Cert. of Occupancy _____
Other _____
Total 270
Check No. 2396
Cash _____
Collected by JP 7/1/05

(see reverse side)

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 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 given.

☐ 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 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. Utility services, including septic.
4. 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.

☐ 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:

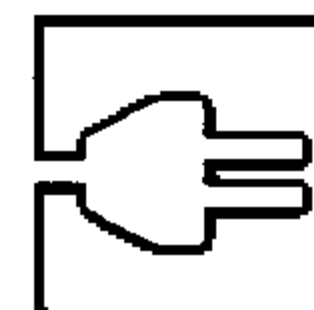
☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; 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.

47 Quimby



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

7/1/05
7/1/05
2005-1253

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

Block 22 Lot 23
Work Site Location 47 Quimby Place
West Orange N.J. 07052
Owner in Fee/Occupant _____
Address 47 Quimby Place
West Orange N.J. 07052
Tele. _____
Contractor Manning Electric Inc.
Address 47 Rowe Street
Blumenfeld N.J. 07003
Tele. (973) 748-5129 Fax (973) 748-8018
Lic. No. 14795-A
Federal Emp. No. 33-1047083

B. ELECTRICAL CHARACTERISTICS

Use Group Present ☒ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as Residence Utility Co. RSE&G
Est. Cost of Elec. Work \$ 10,000

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
6		Lighting Fixtures
18		Receptacles
6		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
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
1	200	AMP Service <u>1/2-Meters</u>
3	30	AMP Subpanels <u>upgraded</u>
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 62.00

\$ 56.00

\$ 138

Administrative Surcharge \$ 256.00

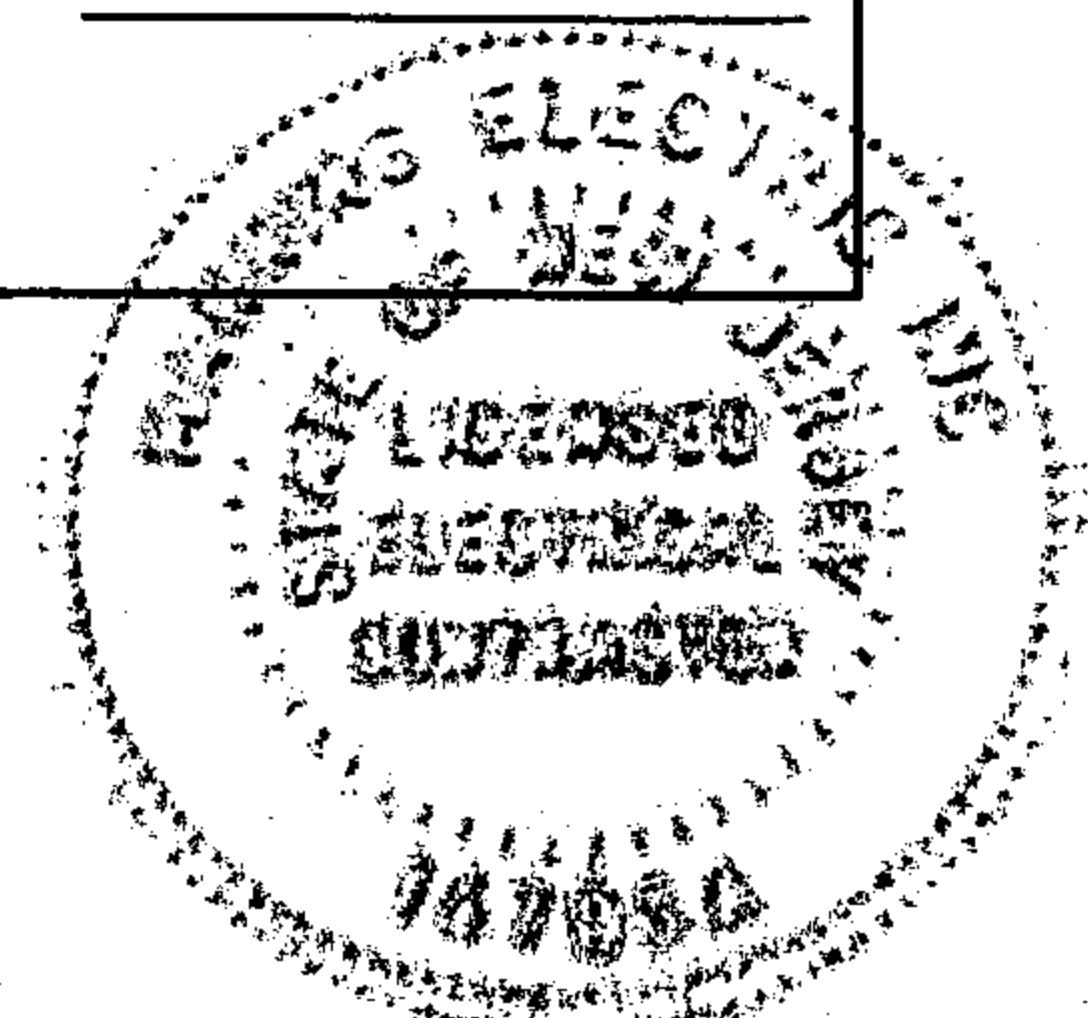
Minimum Fee \$ 14

DCA Training Fee \$

TOTAL FEE \$ 270

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required			Type:	Failure Failure Approval Initial
Joint Plan Review Required:			Rough	
[] Building [] Plumbing			Temp. Serv.	
[] Fire [] Elevator			Constr. Serv.	
[] Elec. Plans Approved			TCO	
Date: _____			Other	
Approved by: _____			Service	<u>8-30-05 m/v</u>
			Final	<u>8-30-05 m/v</u>
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued	
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued	
Date: _____				
Approved by: _____				



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.

William F. M.
Applicant's Signature/Contractor's Seal and Signature

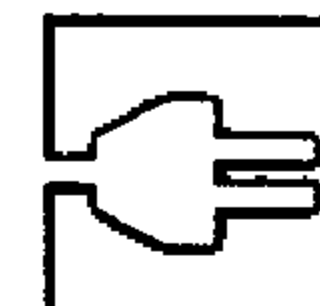
☒ Licensed Electrical Contractor [] Exempt Applicant

U.C.C. F120
(rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Hard = Applicant Copy



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

7/1/05
7/1/05
2005-1253

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

Block 22 Lot 23
Work Site Location 47 Quinby Place
West Orange N.J. 07052
Owner in Fee/Occupant [REDACTED]
Address 47 Quinby Place
West Orange N.J. 07052
Tele [REDACTED]
Contractor Mansing Electric Inc.
Address 47 Rowe Street
Blumenfeld N.J. 07003
Tele. (923) 748-5129 Fax (923) 748-8018
Lic. No. 14795-A
Federal Emp. No. 33-1047083

B. ELECTRICAL CHARACTERISTICS

Use Group Present ☒ Proposed ☐
[] Pole/Pad # ☐ Temporary [] Other ☐
Building Occupied as Residence Utility Co. P.S.E.+G.
Est. Cost of Elec. Work \$ 10,000

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
6		Lighting Fixtures
18		Receptacles
6		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
20		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
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
1	200	AMP Service <u>w/2-meters</u>
3	30	AMP Subpanels <u>upgraded</u>
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 62.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[] No Plans Required			Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:			Rough				
[] Building [] Plumbing			Temp. Serv.				
[] Fire [] Elevator			Constr. Serv.				
[] Elec. Plans Approved			TCO				
Date: _____			Other				
Approved by: _____			Service				
			Final				

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

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.

[Signature]
Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Electrical Contractor [] Exempt Applicant

U.C.C. F120
(rev. 3/96)

1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Hard = Applicant Copy

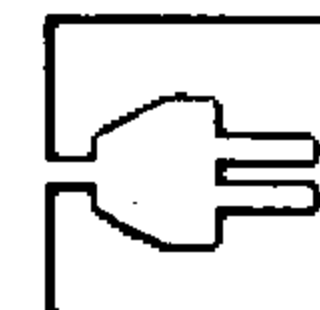
Administrative Surcharge	\$ <u>256.00</u>
Minimum Fee	\$ <u>14</u>
DCA Training Fee	\$ _____
TOTAL FEE	\$ <u>270</u>

Handwritten notes in the upper left quadrant, appearing as a list or series of entries.

Handwritten notes in the bottom left corner, possibly a date or reference number.



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

7/1/05
7/1/05
2005-1253

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

Block 22 Lot 23
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West Orange N.J. 07052
Owner in Fee/Occupant [REDACTED]
Address 47 Pinby Place
West Orange N.J. 07052
Tele. ([REDACTED])
Contractor Manning Electric Inc.
Address 47 Rowe Street
Alum Hill N.J. 07003
Tele. (973) 248-5129 Fax (973) 248-8018
Lic. No. 14795-A
Federal Emp. No. 33-1047083

B. ELECTRICAL CHARACTERISTICS

Use Group Present ☒ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as Residence Utility Co. A.S.E.+G.
Est. Cost of Elec. Work \$ 10,000

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
6		Lighting Fixtures
18		Receptacles
6		Switches
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		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
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
1	200	AMP Service w/2-meters
3	30	AMP Subpanels upgraded
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 62.00

JOB SUMMARY (Office Use Only)

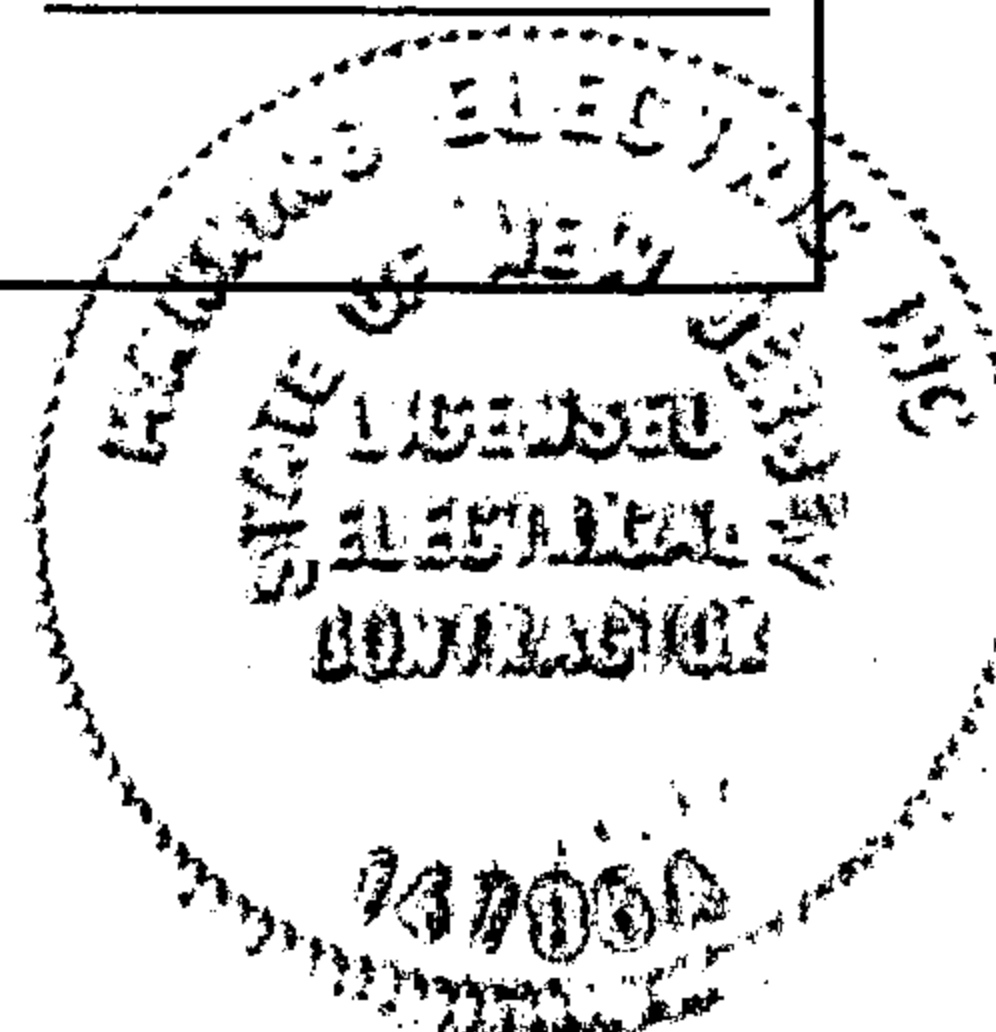
PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Initial
☒ No Plans Required								
Joint Plan Review Required:								
☐ Building				Rough				
☐ Fire				Temp. Serv.				
☐ Elec. Plans Approved				Constr. Serv.				
Date: _____				TCO				
Approved by: _____				Other				
				Service				
				Final				
SUBCODE APPROVAL				Temp. Cut-in-Card Date Issued				
☐ CO ☐ CCO ☐ CA				Final Cut-in-Card Date Issued				
Date: _____								
Approved by: _____								

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.

[Signature]
Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Electrical Contractor ☐ Exempt Applicant



U.C.C. F120
(rev. 3/96)

Administrative Surcharge	\$ <u>256.00</u>
Minimum Fee	\$ <u>14</u>
DCA Training Fee	\$ _____
TOTAL FEE	\$ <u>270</u>

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Hard = Applicant Copy

IMPORTANT NOTICE TO HOMEOWNERS AND CONTRACTORS
TO OBTAIN CONSTRUCTION PERMITS

EFFECTIVE JANUARY 5TH 1998 THE STATE OF NEW JERSEY HAS ADOPTED THE UNIFORM CONSTRUCTION CODE REHABILITATION SUBCODE. THIS NEW "REHAB" CODE IS THE STANDARD TO BE USED FOR WORK TO BE DONE ON EXISTING BUILDINGS IN NEW JERSEY.

THE NEW CODE BREAKS WORK DOWN INTO DEFINED CATERGORIES; REPAIR, RENOVATION, ALTERATION, RECONSTRUCTION, CHANGE OF USE AND ADDITIONS. EACH CATEGORY HAS SPECIFIC BASIC CODE REQUIREMENTS.

ONE NOTABLE NEW REQUIREMENT IS THE INSTALLATION OR VERIFICATION THAT THE DWELLING IS PROTECTED BY SMOKE DETECTORS THAT COMPLY WITH N.J.A.C. 5:18-4.19(A). THIS MINIMUM REQUIREMENT IS FOR ANY WORK THAT FALLS INTO THE CATEGORIES UNDER REPAIR, RENOVATION, OR ALTERATION. ONE SMOKE DETECTOR MUST BE PROVIDED ON ALL LEVELS OF THE DWELLING INCLUDING THE BASEMENT.

EXAMPLES OF WHEN SMOKE DETECTORS ARE REQUIRED INCLUDE THE REPLACEMENT OF A FURNACE OR WATER HEATER, INSTALLATION OF A NEW ROOF OR SIDING, REPLACEMENT OF A WINDOW OR DOOR WHEN THE OPENING IS CHANGED, ETC.

EFFECTIVE APRIL 7TH 2003 THE STATE OF NEW JERSEY HAS ADOPTED THE INSTALLATION OF CARBON MONOXIDE ALARM IN ALL SINGLE AND TWO FAMILY DWELLINGS. AS PER THE REGULATIONS, CO ALARMS ARE REQUIRED TO BE PROVIDED IN THE IMMEDIATE VICINITY OF ALL SLEEPING ROOMS THAT CONTAIN FUEL-BURNING APPLIANCES, OR HAVE ATTACHED GARAGES. THE DEVICE IS PERMITTED TO BE A BATTERY POWERED, HARD-WIRED OR PLUG-IN TYPE. THE ALARM NOTIFICATION APPLIANCE IS REQUIRED TO BE CLEARLY AUDIBLE IN ALL BEDROOMS OVER BACKGROUND NOISE LEVELS WITH A INIMUM OF TEN FEET FOR ALL INSTALLATIONS IN THE VICINTY OF THE SLEEPING ROOMS.

I HEREBY ACKNOWLEDGE RECEIPT OF ABOVE "NOTICE" OF SMOKE DETECTOR AND CARBON MONOXIDE REQUIREMENTS. ADDITIONALLY I ACKNOWLEDGE THAT I (HOMEOWNER) MAY BE SUBJECT TO PENALTY OR SUMMONS FOR FAILING TO INSTALL AND MAINTAIN THE REQUIRED SMOKE DETECTORS AND CARBON MONOXIDE DETECTORS.

SIGNATURE (PROPERTY OWNER)

** William F. M.
SIGNATURE (AGENT/CONTRACTOR)

**** AGENT/CONTRACTOR ACKNOWLEDGES THAT THE PROPERTY OWNER WILL
RECEIVE THIS NOTICE BY VERBAL OR WRITTEN COMMUNICATION.**

NAME OF OWNER

ADDRESS OF PROPERTY

BLOCK/ LOT

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 _____	Other _____
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. _____	_____	_____	_____	_____

W.A. PLANNING & DEVELOP
MENT DIVISION CODE
INDEPENDENT AGENCY

05 JUL -1 PM 1:50