

BLOCK 1413.11 LOT 70 QUALIFICATION CODE _____ ADDRESS (SITE) 574 ALABAMA AVENUE PERMIT NO. 08-1786



CONSTRUCTION PERMIT APPLICATION

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

C08 - 002347

I. IDENTIFICATION

1. Proposed Work Site at: 574 ALABAMA Avenue

2. Name of Owner in Fee: APRIL / GEORGE JONES
Tel. [REDACTED] e-mail _____
Address 574 ALABAMA Avenue Brick, NJ
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: ADT SECURITY SVS Tel. (856) 910-4677
Address 3895 Browning Road e-mail _____
PENNSYLVANIA, NJ 08109

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 343a90007

Federal Emp. ID No. 22-5818732104 FAX: (856) 916-4615

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

6. Responsible Person in Charge once Work has Begun JIM SIMS
Tel. (856) 910-4677 FAX: (856) 910-4615

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical	<u>40</u>		
3. Plumbing	<u>45</u> ✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	<u>2</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	<u>87</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 _____	

IIa. 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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☒ Electrical	<u>1500</u>	<u>8</u>	<u>5/16/08</u>		<u>52808</u>	<u>ML</u>			
☐ Plumbing									
☒ Fire Protection	<u>200</u>				<u>50108</u>	<u>NS</u>			
☐ Elevator									
TOTAL COST		<u>1700</u>							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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 _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs
	7. ☐ Sprinklers	11. ☐ LPGas Tanks

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.

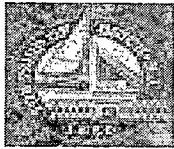
I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name ADT SECURITY SVCS
Address 7895 Browning Rd
Pennington NJ
Telephone (856) 910-4677
Signature Jim Sims

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/09/2019
Control Number C-08-002347
Permit Number 08-1786
Permit Issue Date 06/17/2008
Certificate Number 08-1786

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 574 ALABAMA AVE. Brick Township, NJ Block: 1413.11 Lot: 70 Qual: _____
Owner in Fee: JONES, GEORGE & APRIL J
Owner Address: 574 ALABAMA AVE BRICK NJ 08724
Telephone: [REDACTED]
Contractor ADT SECURITY
Address 7895 BROWNING ROAD PENNSAUKEN NJ 08109
Telephone: (856) 910-4677 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-5818132104

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) - THIS IS A LOW VOLTAGE SECURITY SYSTEM WITH BACKUP LOW VOLTAGE FIRE SYSTEM.

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:

Daniel Newman Jr

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

James M. C.



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 1913.11 Lot 70 Qualification Code _____

Work Site Location 574 ALABAMA AVE

Owner in Fee Adrienne George Jones

Tel. _____ mail _____

Address 574 ALABAMA

Contractor: ADT Security Svcs Tel. (888) 910-4677

Address 7895 Browning Rd e-mail Tim.Sims@ADT.com

Pennsauken NJ 08069

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 34 Ba 90007

Federal Emp. ID No. 22-5818132104 FAX: (856) 910-4615

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1500

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW					
☒ No Plans Required		Type:	Failure	Failure	Approval
☐ Partial -Underslab Utilities Approved		Rough			
Date: _____ Approved by: _____		Barrier-Free			
☐ Electric 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: <u>5-28-08</u>		Service			
Approved by: <u>UM</u>		Final			
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free			
☐ CO ☐ CCO ☐ CA		Temp. Cut-in-Card Date Issued			
Date: <u>6-18-08</u>		Final Cut-in-Card Date Issued			
Approved by: <u>AS</u>		Annual Pool Inspection			
		Date of Grounding and Bonding Certification			

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

This is A Low Voltage Security System

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	
		<u>Windows/Doors/Partitions</u>	
		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	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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



FIRE PROTECTION 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 1913.11 Lot 70 Qualification Code _____
Work Site Location 574 Alabama Ave

Owner in Fee APRIL George Jones

Address 574 Alabama Ave

Te [REDACTED]

Contractor ADT SECURITY SUCS

Address 7895 Browning Rd

Tel (856) 910-4677 FAX (856) 910-4615

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00451

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Emp. No. 22-5818132104

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: ☐ New OR ☐ Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: ☐ New OR ☐ Existing ☐ HVAC Fire Suppression/Standpipe System: _____

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New OR ☐ Existing

☐ Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: ☐ Flammable OR ☐ Combustible Capacity _____

Total Cost of Fire Protection Work \$ 200

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Approval	Initial
☐ No Plans Required		Alarm System	_____	_____	_____
Joint Plan Review Required:		Suppression Sys.	_____	_____	_____
☐ Building ☐ Plumbing		Standpipe	_____	_____	_____
☐ Electric ☐ Elevator		Fire Pump	_____	_____	_____
☒ Fire Plans Approved		Pre-Eng. System	_____	_____	_____
Date: <u>5/21/08</u>		Mechanical	_____	_____	_____
Approved by: <u>[Signature]</u>		Smoke Control	_____	_____	_____
SUBCODE APPROVAL		TCO	_____	_____	_____
☐ CO ☐ CCO ☒ CA		Flam/Combust Tanks	_____	_____	_____
Date: <u>6/25/08</u>		Fireplace Venting	_____	_____	_____
Approved by: <u>[Signature]</u>		Final	_____	_____	_____
		Other	_____	_____	_____



Date Received
Control #

Date Issued
Permit #

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.

Applicant's Signature/Contractor's Signature

☐ Certified Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

This is a Backup Low Voltage Fire system

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	_____
Alarm Systems	_____	_____
☐ System	_____	_____
☐ 110v Interconnected	_____	_____
☐ CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	<u>2</u>	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	<u>2</u>	_____
Suppression Systems	_____	_____
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems	_____	_____
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other	_____	_____
Other Systems	_____	_____
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fired Appliances ☐ Gas or ☐ Oil	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



CONSTRUCTION PERMIT

Date Issued 6/17/2008
Control # C-08-002347
Permit # 08-1786

IDENTIFICATION Block: 1413.11 Lot: 70 Qualifier _____
Work Site Location: 574 ALABAMA AVE. Brick Township, NJ Contractor ADT SECURITY
Address 7895 BROWNING ROAD PENNSAUKEN NJ 08109
Owner in Fee JONES, GEORGE & APRIL J
574 ALABAMA AVE BRICK NJ 08724 Telephone: (856) 910-4677
Lic. No. or Bldrs. Reg. No. _____
Federal Employee. No. 22-5818132104

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) THIS IS A LOW VOLTAGE SECURITY SYSTEM WITH
BACKUP LOW VOLTAGE FIRE SYSTEM.

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 \$1,700

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	\$45
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$87
Check No.	2799093
Cash	\$0
Credit	\$0
Collected By	Bernadette Ritchings

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:

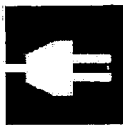
- ☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment;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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #

08-1786

Date Issued
Permit #

6/17/08

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

Block 1413.11 Lot 70 Qualification Code _____
Work Site Location 574 ALABAMA Ave

Owner in Fee: ADRI / George TONES

Tel _____ e-mail _____

Address 574 ALABAMA

Contractor: ADT SECURITY SVCS Tel. (888) 910-4677

Address T895 BROWNING RD e-mail Tim Sims @ ADT.com

PENNSAIDEN, NJ 08109

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 34 BA 90007

Federal Emp. ID No. 22-5818132104 FAX: (856) 910-4615

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

[] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 52804

Approved by: UM

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	_____	_____	_____	_____
Barrier-Free	_____	_____	_____	_____
Trench	_____	_____	_____	_____
Temp. Serv.	_____	_____	_____	_____
Constr. Serv.	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Other	_____	_____	_____	_____
Service	_____	_____	_____	_____
Final	_____	_____	_____	_____
Barrier-Free	_____	_____	_____	_____
Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
Final Cut-in-Card Date Issued	_____	_____	_____	_____
Annual Pool Inspection	_____	_____	_____	_____
Date of Grounding and Bonding Certification	_____	_____	_____	_____

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

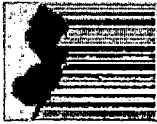
*THIS IS A LOW VOLTAGE
SECURITY SYSTEM*

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	
		<u>Windows/Doors/motors</u>	
		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	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

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This data is current as of May 13, 2008.

If your search did not reveal the name you were looking for try again using just the town.

Please be aware that it will take 10 - 15 business days to receive your physical license.
If you need proof of licensure, please dial our License Verification Line at 973-273-8090
to receive a faxed verification of your license status.

If your search did not reveal the name you were looking for try again using just the town.

Your search for **Home Improvement Contractors** with the name **ADT Security Services, Inc.** generated 1 match

Name:	ADT Security Services, Inc.
Address:	Pennsauken, NJ 08109
License Number:	13VH01416300
License Status:	Active
Expiration Date:	31-DEC-08

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