OFFICE OF THE CONSTRUCTION OFFICIAL

TOWNSHIP OF JACKSON
95 WEST VETERANS HIGHWAY
JACKSON, NJ 08527

732-9281200

Project Inspection Activity Report

Permit No.: 201702956
Issued On: December 01,2017
Closed On:

IDENTIFICATION

Work Site Location: 6 BEAR TRAIL

Block : 20201 Lot : 32

Owner In Fee: SALOMON

Address: 6 BEAR TRAIL
JACKSON , NJ 08527

Subcodes:					
Bldg	Elec	Fire	Plmb	Elev	Mech
Y	Y	Y	Y	N	Y

Work Type and Description: Altrtn
FINISHED GARAGE AND BASEMENT
DUMP RECEIPTS REQUIRED

Number of Updates: 5

HISTORY

Requested On	Inspected On	Subcode	Inspector	Inspection Types and Results			Comment
03/26/2018	03/26/2018	Building	TC	FRAME : F	FIRE BLOCKIN : F	:	Double hanger at side porch roof must be nailed, not screwed. Fireblock drop ceiling in garage. Draftstop utility rooms in basement. Ok to insulate.
02/14/2018	02/14/2018	Building	KB	FOOTING : P	WALK OUT STP :	SHEATHING : P	in addition exterior new window inspected.garage sheatning at door ok.
02/06/2018	02/06/2018	Building	RTW	FOOTING : P	PARTIAL FRAM : P	:	GARAGE FLOOR FRAME. 1007-1027
02/05/2018	02/05/2018	Building	RTW	FOOTING : F	:	:	NOT READY. DR. SALOMAN CALLED.
02/02/2018	02/02/2018	Building	RTW	FOOTING : F	:	:	FOOTING HOLE CAVED IN AND FILLED WITH WATER. I EXPLAINED TO DR.SALOMAN. 1042-1052
01/03/2018	01/03/2018	Building	TC	FOOTING : F	BACK OF HOUS :	:	Footing covered (protected from frost) No footing detail for walk out.
01/02/2018	01/02/2018	Building	JL	FOOTING : C	GAR FOUND : N	:	FTG ALREADY PASSED LAST WEEK DONT KNOW WHAT THEY ARE LOOKING FOR
12/28/2017	12/28/2017	Building	JL	FOOTING : P	:	:	
03/19/2018	03/19/2018	Electrical	GWO	ROUGH : P	:	:	
03/19/2018	03/19/2018	Fire	FF	ROUGH : P	:	:	
03/19/2018	03/19/2018	Mechanic	BS	ROUGH : P	:	:	

TOWNSHIP OF JACKSON
95 WEST VETERANS HIGHWAY
JACKSON, NJ 08527

732-9281200

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Closed On:

IDENTIFICATION

Work Site Location: 6 BEAR TRAIL

Block : 20201 Lot : 32

Owner In Fee: SALOMON

Address: 6 BEAR TRAIL
JACKSON , NJ 08527

Subcodes:					
Bldg	Elec	Fire	Plmb	Elev	Mech
Y	Y	Y	Y	N	Y

Work Type and Description: Altrtn
FINISHED GARAGE AND BASEMENT
DUMP RECEIPTS REQUIRED

Number of Updates: 5

HISTORY

Requested On	Inspected On	Subcode	Inspector	Inspection Types and Results			Comment
02/08/2018	02/08/2018	Plumbing	BS	ROUGH : P	PRESSURE : P	:	
01/26/2018	01/26/2018	Plumbing	BS	UNDERGR : P	SLAB : P	:	

Total Inspections: Bldg - 8 Elec - 1 Fire - 1 Plmb - 2 Elev - 0 Mech - 1

Legend : P-Pass F-Fail C-Cancel X-Not Ready N-Not Done ***-Third Party Agency

TOWNSHIP OF JACKSON
95 WEST VETERANS HIGHWAY
JACKSON, NJ 08527
732 9281200

Permit Number: 201702956
Update Number:
Control Number: 149375
Application Date: 03/02/17
Permit Date: 12/1/2017

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 20201 Lot : 32 Qualifier :
Work Site Location: 6 BEAR TRAIL JACKSON

Owner In Fee: SALOMON
Address: 6 BEAR TRAIL
JACKSON NJ, 08527
Telephone: (732) 278-0744
Use Group(s): R-5

Contractor: SALOMON
Address: 6 BEAR TRAIL
JACKSON NJ, 08527
Telephone: (732) 278-0744
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[X] BUILDING [X] PLUMBING [ ] DEMOLITION
[X] ELECTRICAL [X] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

FINISHED GARAGE AND BASEMENT
DUMP RECEIPTS REQUIRED

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$41,500.00
Cost of Demolition:	$0.00
Total Cost:	$41,500.00

PAYMENTS (Office Use Only)	
Building	$850.00
Electrical	$415.00
Plumbing	$521.00
Fire Protection	$156.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$79.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$2,021.00
All Fees Waived	No

Amount to be Paid: **$2,021.00**
Check Number: 1041
Check amount: $2,021.00

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

BARRY G. OLEJARZ
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Collected by: LP
Receipt No: 17-3536
Total Cash Amount:
Total Check Amount: $2,021.00
Total CC Amount:
Grand Total: $2,021.00

Note:

TOWNSHIP OF JACKSON

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 03/02/2017
Control #: 149375

Date Issued: 12/01/2017
Permit #: 201702956

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

Block: 20201 Lot: 32 Qualification Code:
Work Site Location: 6 BEAR TRAIL

Owner Details
Name: SALOMON
Address: 6 BEAR TRAIL
JACKSON, NJ 08527
Telephone: (732) 278-0744
E-mail:

Contractor Details
Contractor: SALOMON
ATTN: SALOMON
Address: 6 BEAR TRAIL
JACKSON NJ 08527
Telephone: (732) 278-0744 Fax:
E-mail:
Federal Emp. No:
Lic No. or Bldrs Reg. No.: _ Expiration Date:
Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	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
Max. Live Load		
Max. Occupancy Load		

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building.	0.00
2. Alteration	25,000.00
3. Demolition	0.00
4. Total (1+2+3)	$25,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finish-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Dates(Month/Day)

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
FINISHED GARAGE AND BASEMENT
DUMP RECEIPTS REQUIRED

TYPE OF WORK:

	FEE (Office Use Only)
[ ] New Building	
[ ] Addition	
[X] Rehabilitation	$850.00
[ ] Roofing	
[ ] Siding	
[ ] Fence _____ Height (exceeds 6')	
[ ] Pylon Sign Sq. Ft.	
[ ] Ground or Wall Sign Sq. Ft.	
[ ] Pool	
[ ] Retaining Wall 0.00 Sq. Ft.	
[ ] Asbestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[ ] Other 1:	
[ ] Other 2:	
[ ] Other 3:	
[ ] Demolition	

Administrative Surcharge Minimum Fee	
State Permit Surcharge Fee	$48.00
Total Fee	$898.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original and three photocopies.

TOWNSHIP OF JACKSON

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 03/02/2017 Control #: 149375

Date Issued: 12/01/2017 Permit #: 201702956

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

Block: 20201 Lot: 32 Qualification Code:

Work Site Location: 6 BEAR TRAIL

Owner in Fee: SALOMON

6BEAR TRAIL
JACKSON, NJ 08527

E-mail:

Telephone: (732) 278-0744

Contractor: POWERHOUSE ELECTRIC & SECURITY LLC

ATTN:

Address: 643 CAPTAIN AVE
BEACHWOOD NJ 08722

Telephone: (732) 614-4543

Fax:

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp. Date: Federal Emp. No.:

DESCRIPTION OF WORK:
FINISHED GARAGE AND
BASEMENT
DUMP RECEIPTS REQUIRED

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building: $0.00 2. Rehabilitation: $7,500.00

3. Demolition: $0.00 Est.Cost of Elec.Work (1+2+3): $7,500.00

Job Summary(Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: Approved by:

[ ] Electrical Plans Approved

Date: Approved by:

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates(Month/Day) 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 Issue				
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 Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
46		Lighting Fixtures	
50		Receptacles	
30		Switches	
9		Detectors	
		Light Poles	
4		Motor-Fract.HP	
		Emergency&Exit Lights	
4		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER: 143	$165.00
		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	
1	14.00	KW Central A/C Unit	$65.00
1	2.00	HP/KW Space Htr./Air Handler	$20.00
5	1.50	KW Baseboard Heat	$100.00
		HP Motors 1/+HP	
		KW Transformer/Generator	
		AMP Service	
1	60.00	AMP Subpanels	$65.00
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
0	0.00	KW Photovoltaic Systems	0.00
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$14.00
TOTAL FEE	$429.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original and three photocopies.

TOWNSHIP OF JACKSON

FIRE SUBCODE TECHNICAL SECTION

Date Received: 03/02/2017 Control #: 149375

Date Issued: 12/01/2017 Permit #: 201702956

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

Block: 20201 Lot: 32 Qualification Code:

Work Site Location: 6 BEAR TRAIL

Owner Details

Owner in Fee: SALOMON

Address: 6 BEAR TRAIL
JACKSON, NJ 08527

Telephone: (732) 278-0744

E-mail:

Contractor Details

Contractor: POWERHOUSE ELECTRIC & SECURITY LLC
ATTN:

Address: 643 CAPTAIN AVE
BEACHWOOD NJ 08722

Telephone: (732) 614-4543 Fax:

E-mail:

Home Improvement Registration No. or Exemption Reason:

Fire Alarm Contractor No.: Federal Emp. No.:

Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:

Fire Protection Eqipment, NJ Div of Fire Saftey Permit No.: Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Constr. Class: Present: Proposed:

Heating Systems: [ ]New *or* [ ]Mod. to Existing *or* [ ]Conversion *or* [ ]Replacement *or* [ ]HVAC

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other:

Location:

Fire Alarm System: [ ] New *or* [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System: [ ] New or [ ] Existing

Location of Main Control Valve:

Fuel Storage Tanks:

Type: [ ] Flammable or [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel

1. New: $0.00 2. Alteration: $1,000.00 3. Demolition: $0.00

Total Cost of Fire Protection (1+2+3) Work : 1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date:_____ Approved by: _____

[ ] Fire Protection Plans Approved

Date:_____ Approved by: _____

Joint Plan Review Required :

[ ] Bldg. [ ] Elec.

[ ] Plumbing [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting				
Final				
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

_____ Print Name

[ ] Certified Contractor

[ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

FINISHED GARAGE AND BASEMENT
DUMP RECEIPTS REQUIRED

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)	9	$91.00
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices:	0	
TOTAL	9	$91.00
Suppression Systems		
Fire Pump GPM Type _		
Dry Pipe/Alarm Valves		$0.00
Pre-action Valves		
Sprinkler Heads(Dry and Wet)		
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:	0	
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel - Fired Appliances [X] Gas or [ ] Oil or Solid [ ]	1	$65.00
Fireplace Venting/Metal Chimney		
Other: FIN BSMT/GARAGE CONV	0	

Administrative Surcharge	
Minimum Fee	$0.00
State Permit Surcharge Fee	$2.00
TOTAL FEE	$158.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

TOWNSHIP OF JACKSON

Date Received: 03/02/2017 Date Issued: 12/01/2017

PLUMBING SUBCODE TECHNICAL SECTION

Control #: 149375 Permit #: 201702956

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

Block: 20201 Lot: 32 Qualification Code:

Work Site Location: 6 BEAR TRAIL

Owner in Fee: SALOMON
Address: 6BEAR TRAIL
JACKSON, NJ 08527

E-mail:

Telephone: (732) 278-0744

Contractor: RONALD CUCCINELLE PLUMBING AND HEATING
ATTN:

Address: 2705 6TH AVE
TOMS RIVER NJ 08753

Telephone: (732) 330-2571
Fax: (732) 279-9933

E-mail:

Contractor License No.: Expiration Date: Federal Emp. No.:

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Alteration: $8,000.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $8,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilites Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Date(Month/Day)			
Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
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 and perform the work on this application.

_____
Applicant's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
FINISHED GARAGE AND BASEMENT
DUMP RECEIPTS REQUIRED

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
5	Water Closet	$75.00
0	Urinal/Bidet	
2	Bath Tub	$30.00
5	Lavatory	$75.00
1	Shower	$15.00
0	Floor Drain	
2	Sink	$30.00
0	Dishwasher	
0	Drinking Fountain	
0	Washing Machine	
0	Hose Bibb	
0	Water Heater	
0	Fuel Oil Piping	
1	Gas Piping	$25.00
	LPGas Tank	
0	Steam Boiler	
0	Hot Water Boiler	
1	Sewer Pump	$91.00
0	Interceptors/Seperators	
0	Backflow Preventer : Residential	
0	Backflow Preventer : Commercial	
0	Greasetrap	
0	Air Conditioning	
0	Sewer Connection	
0	Water Service Connection	
4	Stacks	$60.00
8	Other 1: GAS FIXTURE	$120.00
0	Other 2:	
0	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$15.00
TOTAL FEE	$536.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

TOWNSHIP OF JACKSON
95 WEST VETERANS HIGHWAY
JACKSON, NJ 08527
732 9281200

Permit Number: 201702956
Update Number: 1
Control Number: 151967
Application Date: 08/02/17
Permit Date: 12/1/2017

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 20201 Lot : 32 Qualifier :
Work Site Location: 6 BEAR TRAIL JACKSON

Owner In Fee: SALOMON
Address: 6 BEAR TRAIL
JACKSON NJ, 08527
Telephone: (718) 974-2157
Use Group(s): R-5

Contractor: EXTREME A & R HEATING & COOLING
Address: 1121 E INDUSTRIAL PKWY
BRICKTOWN NJ, 08724
Telephone: (732) 714-2424
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.: 55-0796374

is hereby granted permission to perform the following work :

[ ] BUILDING [ ] PLUMBING [ ] DEMOLITION
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [X] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

2 ZONE HVAC 2 FURNACES 2 ACS

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$8,000.00
Cost of Demolition:	$0.00
Total Cost:	$8,000.00

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void.

BARRY G. OLEJARZ
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	$242.00
VolFee (DCA)	
AltFee (DCA)	$15.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$257.00
All Fees Waived	No

Amount to be Paid:	**$257.00**
Check Number:	1041
Check amount:	$257.00

Collected by:	LP
Receipt No:	17-3536
Total Cash Amount:	
Total Check Amount:	$257.00
Total CC Amount:	
Grand Total:	$257.00

TOWNSHIP OF JACKSON

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received: 08/02/2017 Date Issued: 12/01/2017
Control #: 151967 Permit #: 201702956 - 1

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

Block: 20201 Lot: 32 Qualification Code:
Work Site Location: 6 BEAR TRAIL
Owner in Fee: SALOMON
Address: 6 BEAR TRAIL
JACKSON, NJ 08527
Telephone: (718) - 974-2157 Email:
Contractor: EXTREME A & R HEATING & COOLING
ATTN:
Address: 1121 E INDUSTRIAL PKWY
BRICKTOWN NJ 08724
Telephone: (732) 714-2424 Fax: Email:
License No.: Exp Date: Federal Emp. No.: 55-0796374
Home Improvement Registration No. or Exemption Reason:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R3, R4 or R5 (circle one) Proposed: R3, R4 or R5 (circle one)
Heating System work: [ ] New *or* [ ] Mod. to Existing *or* [ ] Conversion *or* [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other:
Type: [ ] Hydronic [ ] Hot Air
1. New Building: $0.00 2. Rehabilitation: $8,000.00
3. Demolition: $0.00 Estimated Cost of Mechanical Work (1+2+3): $8,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Bldg. [ ] Plumbing
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mechanical

PLANS APPROVED
Date: _____
Approved by: _____

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	DATES Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
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 Print Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
2 ZONE HVAC 2 FURNACES 2 ACS

No.	FIXTURE/EQUIPMENT	Fee (Office Use Only)
0	Water Heater	
0	Fuel Oil Piping	
0	Gas Piping	
0	Steam Boiler	
0	Hot Water Boiler	
2	Hot Air Furnace	$30.00
0	Oil Tank	
0	LPG Tank	
0	Fireplace	
2	Other 1: A/C COILS	$30.00
2	Other 2: AIR CONDITIONER	$182.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$15.00
TOTAL FEE	$257.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

TOWNSHIP OF JACKSON
95 WEST VETERANS HIGHWAY
JACKSON, NJ 08527
732 9281200

Permit Number: 201702956
Update Number: 2
Control Number: 154647
Application Date: 12/28/17
Permit Date: 1/25/2018

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 20201 Lot : 32 Qualifier :
Work Site Location: 6 BEAR TRAIL JACKSON

Owner In Fee: SALOMON
Address: 6 BEAR TRAIL
JACKSON NJ, 08527
Telephone: (732) 278-0744
Use Group(s): R-5

Contractor: H20 PLUMBING AND HEATING
Address: 1642 BARRY MOR DR
LAKEWOOD NJ, 08701
Telephone: (732) 682-6256
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ] BUILDING [X] PLUMBING [ ] DEMOLITION
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

CHANGE OF CONTRACTOR

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$0.00
Cost of Demolition:	$0.00
Total Cost:	$0.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	
All Fees Waived	Yes

Amount to be Paid:

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void.

BARRY G. OLEJARZ
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:

TOWNSHIP OF JACKSON

Date Received: 12/28/2017 Date Issued: 01/25/2018

PLUMBING SUBCODE TECHNICAL SECTION

Control #: 154647 Permit #: 201702956 - 2

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

Block: 20201 Lot: 32 Qualification Code:

Work Site Location: 6 BEAR TRAIL

Owner in Fee: SALOMON
Address: 6BEAR TRAIL
JACKSON, NJ 08527

E-mail:

Telephone: (732) 278-0744

Contractor: H20 PLUMBING AND HEATING
ATTN:

Address: 1642 BARRY MOR DR
LAKEWOOD NJ 08701

Telephone: (732) 682-6256
Fax:

E-mail:

Contractor License No.: Expiration Date: Federal Emp. No.:

Home Improvement Registration No. or Exemption Reason: 13VH050293000

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Alteration: $0.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $0.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilites Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Date(Month/Day)			
Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
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 and perform the work on this application.

_____
Applicant's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
CHANGE OF CONTRACTOR

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	
0	Urinal/Bidet	
0	Bath Tub	
0	Lavatory	
0	Shower	
0	Floor Drain	
0	Sink	
0	Dishwasher	
0	Drinking Fountain	
0	Washing Machine	
0	Hose Bibb	
0	Water Heater	
0	Fuel Oil Piping	
0	Gas Piping	
	LPGas Tank	
0	Steam Boiler	
0	Hot Water Boiler	
0	Sewer Pump	
0	Interceptors/Seperators	
0	Backflow Preventer : Residential	
0	Backflow Preventer : Commercial	
0	Greasetrap	
0	Air Conditioning	
0	Sewer Connection	
0	Water Service Connection	
0	Stacks	
0	Other 1: CHG OF CONTRACTOR	
0	Other 2:	
0	Other 3:	

Administrative Surcharge	
Minimum Fee	$80.00
State Permit Surcharge Fee	
TOTAL FEE	

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

TOWNSHIP OF JACKSON
95 WEST VETERANS HIGHWAY
JACKSON, NJ 08527
732 9281200

Permit Number: 201702956
Update Number: 3
Control Number: 154708
Application Date: 01/03/18
Permit Date: 1/30/2018

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 20201 Lot : 32 Qualifier :
Work Site Location: 6 BEAR TRAIL JACKSON

Owner In Fee: SALOMON
Address: 6 BEAR TRAIL
JACKSON NJ, 08527
Telephone: (732) 278-0744
Use Group(s): R-5

Contractor: ENLIGHTENING ELECTRIC LLC
Address: 1524 CEDARWOOD DR
LAKEWOOD NJ, -
Telephone: (732) 496-0293
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ] BUILDING [ ] PLUMBING [ ] DEMOLITION
[X] ELECTRICAL [X] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [X] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

CHANGE OF CONTRACTOR

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$850.00
Cost of Demolition:	$0.00
Total Cost:	$850.00

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void.

BARRY G. OLEJARZ
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:

PAYMENTS (Office Use Only)	
Building	
Electrical	$130.00
Plumbing	
Fire Protection	$91.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$2.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$223.00
All Fees Waived	No

Amount to be Paid:	**$223.00**
Check Number:	1077
Check amount:	$223.00

Collected by:	LP
Receipt No:	18-0265
Total Cash Amount:	
Total Check Amount:	$223.00
Total CC Amount:	
Grand Total:	$223.00

TOWNSHIP OF JACKSON

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 01/03/2018
Control #: 154708

Date Issued: 01/30/2018
Permit #: 201702956 _3

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

Block: 20201 Lot: 32 Qualification Code:

Work Site Location: 6 BEAR TRAIL

DESCRIPTION OF WORK:
CHANGE OF CONTRACTOR

Owner in Fee: SALOMON

6BEAR TRAIL
JACKSON, NJ 08527

E-mail:
Telephone: (732) 278-0744
Contractor: ENLIGHTENING ELECTRIC LLC
ATTN:
Address: 1524 CEDARWOOD DR
LAKEWOOD NJ -

Telephone: (732) 496-0293
Fax:

E-mail:
Home Improvement Registration No. or Exemption Reason:
Contractor License No.: Exp. Date:

Federal Emp. No.:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
1. New Building: $0.00 2. Rehabilitation: $0.00
3. Demolition: $0.00 Est.Cost of Elec.Work (1+2+3): $0.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Electrical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates(Month/Day) 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 Issue				
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 Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER: 0	
		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 Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
		AMP Service	
1	90.00	AMP Subpanels	$65.00
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
0	0.00	KW Photovoltaic Systems	0.00
		Other 3: DDITIONAL DEVICES	$65.00
		Other 4: CHANGE OF CONTR	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$130.00

U.C.C.F120(rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original and three photocopies.

TOWNSHIP OF JACKSON

FIRE SUBCODE TECHNICAL SECTION

Date Received: 01/03/2018 Control #: 154708

Date Issued: 01/30/2018 Permit #: 201702956 - 3

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

Block: 20201 Lot: 32 Qualification Code:

Work Site Location: 6 BEAR TRAIL

Owner Details

Owner in Fee: SALOMON

Address: 6 BEAR TRAIL
JACKSON, NJ 08527

Telephone: (732) 278-0744

E-mail:

Contractor Details

Contractor: ENLIGHTENING ELECTRIC LLC
ATTN:

Address: 1524 CEDARWOOD DR
LAKEWOOD NJ -

Telephone: (732) 496-0293 Fax:

E-mail:

Home Improvement Registration No. or Exemption Reason:

Fire Alarm Contractor No.: Federal Emp. No.:

Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:

Fire Protection Eqipment, NJ Div of Fire Saftey Permit No.: Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Constr. Class: Present: Proposed:

Heating Systems: [ ]New *or* [ ]Mod. to Existing *or* [ ]Conversion *or* [ ]Replacement *or* [ ]HVAC

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other:

Location:

Fire Alarm System: [ ] New *or* [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System: [ ] New or [ ] Existing

Location of Main Control Valve:

Fuel Storage Tanks:

Type: [ ] Flammable or [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel

1. New: $0.00 2. Alteration: $850.00 3. Demolition: $0.00

Total Cost of Fire Protection (1+2+3) Work : 850.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date:_____ Approved by: _____

[ ] Fire Protection Plans Approved

Date:_____ Approved by: _____

Joint Plan Review Required :

[ ] Bldg. [ ] Elec.

[ ] Plumbing [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by:

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting			---	
Final				
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

_____ Print Name

[ ] Certified Contractor

[ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
CHANGE OF CONTRACTOR

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)	9	$91.00
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices:	0	
TOTAL	9	$91.00
Suppression Systems		
Fire Pump GPM Type _		
Dry Pipe/Alarm Valves		$0.00
Pre-action Valves		
Sprinkler Heads(Dry and Wet)		
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:	0	
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel - Fired Appliances [ ] Gas or [ ] Oil or Solid [ ]	0	
Fireplace Venting/Metal Chimney		
Other:	0	

Administrative Surcharge	
Minimum Fee	$0.00
State Permit Surcharge Fee	$2.00
TOTAL FEE	$93.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

TOWNSHIP OF JACKSON

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received: 01/03/2018 Date Issued: 01/30/2018
Control #: 154708 Permit #: 201702956 - 3

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

Block: 20201 Lot: 32 Qualification Code:
Work Site Location: 6 BEAR TRAIL
Owner in Fee: SALOMON
Address: 6 BEAR TRAIL
JACKSON, NJ 08527
Telephone: (732) - 278-0744 Email:
Contractor: B&R HEATING AND COOLING
ATTN:
Address: 1642 BARRYMOR DR
LAKEWOOD NJ 08701
Telephone: (732) 886-0482 Fax: Email:
License No.: Exp Date: Federal Emp. No.: 263846355
Home Improvement Registration No. or Exemption Reason:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R3, R4 or R5 (circle one) Proposed: R3, R4 or R5 (circle one)
Heating System work: [ ] New *or* [ ] Mod. to Existing *or* [ ] Conversion *or* [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other:
Type: [ ] Hydronic [ ] Hot Air
1. New Building: $0.00 2. Rehabilitation: $0.00
3. Demolition: $0.00 Estimated Cost of Mechanical Work (1+2+3): $0.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Bldg. [ ] Plumbing
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mechanical

PLANS APPROVED
Date: _____
Approved by: _____

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: _____
Approved by: _____

INSPECTIONS	DATES			
Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
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 Print Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
CHANGE OF CONTRACTOR

No.	FIXTURE/EQUIPMENT	Fee (Office Use Only)
0	Water Heater	
0	Fuel Oil Piping	
0	Gas Piping	
0	Steam Boiler	
0	Hot Water Boiler	
0	Hot Air Furnace	
0	Oil Tank	
0	LPG Tank	
0	Fireplace	
0	Other 1: CHG OF	
0	Other 2:	

Administrative Surcharge	
Minimum Fee	$80.00
State Permit Surcharge Fee	
TOTAL FEE	

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

TOWNSHIP OF JACKSON
95 WEST VETERANS HIGHWAY
JACKSON, NJ 08527
732 9281200

Permit Number: 201702956
Update Number: 4
Control Number: 155011
Application Date: 01/11/18
Permit Date: 1/30/2018

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 20201 Lot : 32 Qualifier :
Work Site Location: 6 BEAR TRAIL JACKSON

Owner In Fee: SALOMON
Address: 6 BEAR TRAIL
JACKSON NJ, 08527
Telephone: (732) 278-0744
Use Group(s): R-5

Contractor: SALOMON
Address: 6 BEAR TRAIL
JACKSON NJ, 08527
Telephone: (732) 278-0744
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[X] BUILDING [ ] PLUMBING [ ] DEMOLITION
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

FOOTING DETAIL FOR BSMT STEPS

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$5,200.00
Cost of Demolition:	$0.00
Total Cost:	$5,200.00

PAYMENTS	(Office Use Only)
Building	$177.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$10.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$187.00
All Fees Waived	No

Amount to be Paid:	**$187.00**
Check Number:	1076
Check amount:	$187.00

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void.

BARRY G. OLEJARZ
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Collected by:	LP
Receipt No:	18-0264
Total Cash Amount:	
Total Check Amount:	$187.00
Total CC Amount:	
Grand Total:	$187.00

Note:

TOWNSHIP OF JACKSON

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 01/11/2018
Control #: 155011

Date Issued: 01/30/2018
Permit #: 201702956 - 4

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

Block: 20201 Lot: 32 Qualification Code:
Work Site Location: 6 BEAR TRAIL

Owner Details
Name: SALOMON
Address: 6 BEAR TRAIL
JACKSON, NJ 08527
Telephone: (732) 278-0744
E-mail:

Contractor Details
Contractor: SALOMON
ATTN: SALOMON
Address: 6 BEAR TRAIL
JACKSON NJ 08527
Telephone: (732) 278-0744 Fax:
E-mail:
Federal Emp. No:
Lic No. or Bldrs Reg. No.: _ Expiration Date:
Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	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
Max. Live Load		
Max. Occupancy Load		

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building.	0.00
2. Alteration	5,200.00
3. Demolition	0.00
4. Total (1+2+3)	$5,200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates(Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finish-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
FOOTING DETAIL FOR BSMT STEPS

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

	$177.00

Administrative Surcharge Minimum Fee	
State Permit Surcharge Fee	$10.00
Total Fee	$187.00

U.C.C.F110(rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original and three photocopies.

TOWNSHIP OF JACKSON
95 WEST VETERANS HIGHWAY
JACKSON, NJ 08527
732 9281200

Permit Number: 201702956
Update Number: 5
Control Number: 155793
Application Date: 03/02/18
Permit Date: 3/20/2018

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 20201 Lot : 32 Qualifier :
Work Site Location: 6 BEAR TRAIL JACKSON

Owner In Fee: SALOMON
Address: 6 BEAR TRAIL
JACKSON NJ, 08527
Telephone: (732) 278-0744
Use Group(s): R-5

Contractor: SALOMON
Address: 6 BEAR TRAIL
JACKSON NJ, 08527
Telephone: (732) 278-0744
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[X] BUILDING [ ] PLUMBING [ ] DEMOLITION
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

UPDATE TO MINOR CHANGES TO PLAN

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$0.00
Cost of Demolition:	$0.00
Total Cost:	$0.00

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void.

BARRY G. OLEJARZ
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:

PAYMENTS (Office Use Only)	
Building	$45.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$45.00
All Fees Waived	No

Amount to be Paid:	**$45.00**
Check Number:	1090
Check amount:	$45.00

Collected by:	SD
Receipt No:	18-0746
Total Cash Amount:	
Total Check Amount:	$45.00
Total CC Amount:	
Grand Total:	$45.00

TOWNSHIP OF JACKSON

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 03/02/2018
Control #: 155793

Date Issued: 03/20/2018
Permit #: 201702956 - 5

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

Block: 20201 Lot: 32 Qualification Code:
Work Site Location: 6 BEAR TRAIL

Owner Details
Name: SALOMON
Address: 6 BEAR TRAIL
JACKSON, NJ 08527
Telephone: (732) 278-0744
E-mail:

Contractor Details
Contractor: SALOMON
ATTN: SALOMON
Address: 6 BEAR TRAIL
JACKSON NJ 08527
Telephone: (732) 278-0744 Fax:
E-mail:
Federal Emp. No:
Lic No. or Bldrs Reg. No.: _ Expiration Date:
Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	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
Max. Live Load		
Max. Occupancy Load		

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building.	0.00
2. Alteration	0.00
3. Demolition	0.00
4. Total (1+2+3)	$0.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finish-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Dates(Month/Day)

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
UPDATE TO MINOR CHANGES TO PLAN

TYPE OF WORK:

	FEE (Office Use Only)
[ ] New Building	
[ ] Addition	
[X] Rehabilitation	
[ ] Roofing	
[ ] Siding	
[ ] Fence _____ Height (exceeds 6')	
[ ] Pylon Sign Sq. Ft.	
[ ] Ground or Wall Sign Sq. Ft.	
[ ] Pool	
[ ] Retaining Wall 0.00 Sq. Ft.	
[ ] Asbestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[X] Other 1: Update Residential Permit	$45.00
[ ] Other 2:	
[ ] Other 3:	
[ ] Demolition	

Administrative Surcharge	
Minimum Fee	$80.00
State Permit Surcharge Fee	
Total Fee	$45.00

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