



CONSTRUCTION PERMIT

Date Issued
Permit #

4/21/23
2023-111

IDENTIFICATION Block 32 Lot 8 Qualification Code Ferrara Wizard Electric Inc,
Work Site Location 1100 N. Black Horse Pike Contractor 20 Evansgreen Rd,
Runnemede, NJ 08078 Address Chatham, NJ 07928
Owner in Fee Runnemede Investment LLC Tel. (973) 701-1198
Address 1100 N. Black Horse Pike Tel. (973) 9307
Runnemede NJ 08078 Lic. No. or Bids. Reg. No. 9307
Tel. (516) 516-1525

Is hereby granted permission to perform the following work:

☐ BUILDING	☐ PLUMBING	☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL	☒ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☒ OTHER <u>install</u>

(Subchapter 8 only)

DESCRIPTION OF WORK:
Install 22 kw generator

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 \$ 8600.00

Construction Official

Date

U.C.C. F-170 (rev. 01/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

(see reverse side)

PAYMENTS (Office Use Only)	
Building	_____
Electrical	<u>150.00</u>
Plumbing	_____
Fire Protection	<u>7500</u>
Elevator Devices	_____
Other	<u>7500</u>
DCA State Permit Fee	<u>16.00</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>300.00</u>
Check No.	<u>1054</u>
Cash	_____
Collected by	<u>APR</u>



MECHANICAL INSPECTOR TECHNICAL SECTION



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

Block 82 Qualification Code 8

Work Site Location 1100 N. Black Horse Pike

Owner In Fee: Burnemede Investment LLC

Tel. (579) 516-5625 e-mail jstuhm@windroadynmail.com

Address 1100 N. Black Horse Pike 08098

Contractor: Ferrara Wizard Electric Inc. street municipally Tel. (913) 701-1198 zip code

Address 20 Evergreen Rd. e-mail wizardelectric

Contractor License No. or Builder Registration No. 4301 Exp. Date 3/24

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 134101542900

Federal Emp. ID No. 223311085 FAX: ()

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 (circle one) Proposed: R-3, R-4 or R-5 (circle one)

Heating System work: ☒ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Estimated Cost of Mechanical Work \$ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Mechanical Plans Approved

Date: 1/14/03 Approved by: [Signature]

Joint Plan Review Required: ☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.

☐ Elev. ☐ SUBCODE APPROVAL for PERMIT

Date: 1/14/03 Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

Date: 1/14/03 Approved by: [Signature]

☐ CA ☐ CCO

INSPECTIONS

Type: ☐ Gas Piping

☐ Appliance

☐ Chimney/Vent

☐ Oil Piping

☐ Oil Tank

☐ LPG Tank

☐ Hydronic Piping

☐ Fireplace

☐ Chimney Cert.

DATES

Failure

Failure

Approval

Initial

Initial

Initial

Initial

Initial

Initial

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: [Signature]

Print name here: Richard Ferrara

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Gas Pipe for 22ru gas meters

NO.

FIXTURE/EQUIPMENT

Water Heater

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Other

FEE (Office Use Only)

\$

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 32 Lot 8 Qualification Code 08078

Work Site Location 1100 N. Black Horse Pike

Owner In Fee: Rumunmade Investment LLC

Tel: 570 516-5025 e-mail justinminich@asmail.com

Address 1100 N. Black Horse Pike, Rumunmade, NJ 08078

Contractor: Ferrara Wizard Electric Inc. Tel: 973 701-1198

Address 20 E. J. Avenue Rd. e-mail wizardelectric

Chatham, NJ 07928 6320asmail.com

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

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 4307

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH07592400

Federal Emp. ID No. 223311085 FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing

Fuel Type: [] Gas [] Oil [] Electric [] Solar Location of Panel: _____

Location: _____ Fire Suppression/Standpipe System: _____

Total Cost of Fire Protection Work \$ 100.00 Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Type:	Failure Failure Approval Initial
☐ Partial Underlab Utilities Approved	Alarm System	
Date: <u>1/11/13</u> Approved by: <u>A</u>	Suppression Sys.	
☐ Fire Protection Plans Approved	Standpipe	
Date: _____ Approved by: _____	Fire Pump	
Joint Plan Review Required:	Pre-Eng. System	
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.	Mechanical	
SUBCODE APPROVAL for PERMIT	Smoke Control	
Date: <u>1/11/13</u>	TCO	
Approved by: <u>A</u>	Flam/Combust Tanks	
SUBCODE APPROVAL for CERTIFICATE	Fireplace Venting	
☐ CO ☐ CCO ☐ CA	Final	
Date: _____	Other	
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.

Applicant/Contractor sign here: _____

Print name here: Richard Ferrara

TECHNICAL SITE DATA [] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK: NG Generator

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems [] System [] 110v Interconnected

[] CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, waterflow) _____

Supervisory Devices (i.e., trimpers, low/high air) _____

Signaling Devices (i.e., horns/strobes, bells) _____

Other Devices _____

TOTAL _____

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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Date Received 1/14/13

Control # 4447-0023

Date Issued 2013-111

Permit # _____

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



ELECTRICAL SUBCODE TECHNICAL SECTION



RECEIVED
APR 24 2023

Date Received
Control #
Date Issued
Permit #

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

Block 32 Lot 8 Qualification Code 13V
Work Site Location 1100 N. Black Horse Pike
Pennamede NJ 08078

Owner in Fee: Pennamede Investment LLC
Tel. 570-516-5625 e-mail justinminich@smail.com

Address 1100 N. Black Horse Pike Pennamede, NJ
Contractor: Ferrara Wizard Electric, Inc. Tel. 973-701-1198

Address 20 Evergreen Rd. e-mail wizardelectric@322@gmail.com
Contractor License No. 9307 Exp. Date 3/24

Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 223311085 FAX: _____

B. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 8000.00

JOB SUMMARY (Office Use Only)
PLAN REVIEW
☐ No Plans Required
☐ Partial Underslab Utilities Approved
Date: _____ Approved by: _____

☒ Electric Plans Approved
Date: 4/24/23 Approved by: [Signature]

Joint Plan Review Required:
☐ 1 Bldg, ☐ 1 Pump, ☐ 1 Fire, ☐ 1 Elev.
SUBCODE APPROVAL PERMIT
Date: 4/24/23

Approved by: [Signature]
SUBCODE APPROVAL CERTIFICATE
I, CO 1 CCO 1 CA

Date: _____
Approved by: _____
Date of Grounding and Bonding Certification

INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
Type: _____				
☐ Partial Underslab Utilities Approved				
Date: _____				
Approved by: _____				
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				

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 sign/Contractor sign and seal here:

Print name here: Richard Ferrara
Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Qty. SIZE ITEMS

20KW Generator
20KW Generator

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Frac. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

TOTAL NUMBERS
Pool Permit/with UV 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 1/4 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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