

TOWNSHIP OF UPPER DEERFIELD

Application for Zoning Permit

1. Location of property involved: 61-65 CORNWELL DR UPPER DEERFIELD NJ
2. Tax Map Sheet: _____ Block: 1901 Lot: 15.08
3. Size of Tract (Total): 48.69 Portion Involved in this Application: 4655 sq ft
4. Applicant's Name (If corporation, also give name of President and Secretary)
BRISTOL PONDS URBAN RENEWAL @ UPPER DEERFIELD LLC
NISHU PATEL
 Address: 10 REVERE BLVD EDISON NJ 08820 Phone: 732.910.2089
5. Proposed Development or Use: CLUBHOUSE + MAINT LIVING
6. Name of Present Owner (If other than applicant): _____

 Address: _____ Phone: _____
7. Interest of Applicant if other than owner: _____

8. Name, address, phone number of all professional engineers, architects, and land surveyors involved:
CONSULTING ENGR SERVICES (ENGR) Phone: 856.228.2200
ROBERT E COLEMAN (ARLT) Phone: 908.209.6575
 _____ Phone: _____
9. Comment/Special Instructions: _____
10. Date: 9/20/21 Signed: [Signature]
 (Applicant)

DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

Fee Paid \$ _____ Date: _____ Check No. _____ Cash Rec'd []

APPLICATION [] Complete
 [] Incomplete

Zoning: _____

PERMIT [] Approved
 [] Denied - because the following required: Comments:

[] Subdivision approval

[] Site Plan approval

[] Conditional Use - See Section 98 -

[] Variance Use
 Bulk

[] Soil Erosion Plan Approval

Applicant Notified: _____

Signed: _____

(Zoning Officer)



**BUILDING
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 1901 Lot 15-08 Qualification Code _____
Work Site Location 61-65 CORNWELL DR UPPER MERIDEN CT NJ

Owner in Fee: BRISTOL PONDS URBAN RENOVATION & UPPERCENTRE LLC

Tel. (732) 916 2089 e-mail MRP@esolks-pro.com

Address 10 REVERE BLVD EDISON NJ 08820 zip code _____

Contractor: SOLAR PRISM LLC Tel. (732) 916 2089

Address 10 REVERE BLVD EDISON NJ 08820

Contractor License No. or Builder Registration No. 046664 e-mail _____

Federal Emp. ID No. _____ Exp. Date 6/2022 FAX: () _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type	Failure	Approval	Initial
☐ No Plans Required		Footings			
☐ All		Footings/Bonding			
☐ Footings/Foundations		Foundation			
☐ Structural/Framework		Slab			
☐ Exterior		Frame			
☐ Interior		Truss Sys./Bracing			
Joint Plan Review Required:		Barrier-Free			
☐ Elec.	☐ Plumb.	Insulation			
SUBCODE APPROVAL for PERMIT		Finishes-Base Layer			
Date: _____		Finishes-Final			
Approved by: _____		Energy			
SUBCODE APPROVAL for CERTIFICATE		Mechanical			
☐ CO	☐ CCO	TCO			
Date: _____		Other			
Approved by: _____		Final			
		Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group: Present R-2 Proposed A-3

No. of Stories 2 to 2

Height of Structure 25' 2"

Area — Largest Floor 4607

New Bldg. Area/All Floors 5556

Volume of New Structure 115912

Max. Live Load 150 PSF

Max Occupancy Load _____

Constr. Class Present _____ Proposed SA

If Industrialized Building:

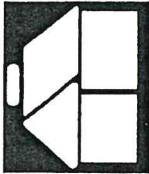
Ft. State Approved _____ HUD _____

Sq. Ft. Est. Cost of Bldg. Work:

Sq. Ft. 1. New Bldg. \$ 150,000 x 110

cu. ft. 2. Rehabilitation \$ _____

3. Total (1+2) \$ 150,000 x 110



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 I am authorized to make this application.

Sign here _____

Print name here: ALISHA PATER

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW CURBNOVE FOR (15) BLS.
+ (2) APY

TYPE OF WORK

- ☒ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

UCC/F-110
(rev. 11/09)



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 1901 Lot 15-08 Qualification Code
Work Site Location 61-65 CORNWELL DR UPPER MERSEFIELD NJ

Owner in Fee: BRISTOL PONDS URBAN RENOVATION & DEVELOPMENT LLC
Tel. (732) 910 2089 e-mail _____

Address 10 REVERE BLVD EDISON NJ 08820
street municipality zip code

Contractor: TAG MAHAL ELECTRICAL CONTRACT Tel. (321) 423-5230
Address 2605 WILDBERRY CT
EDISON NJ 08817 e-mail _____

Contractor License No. _____ Exp. Date 2/2024
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

B. ELECTRICAL CHARACTERISTICS
Use Group: Present _____ Proposed R-2/A-3
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$ 40,000.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Rough	Barrier-Free	Failure	Approval
[] No Plans Required					
[] Partial-Underslab Utilities Approved					
Date: _____ Approved by: _____					
[] Electric Plans Approved					
Date: <u>11-18-21</u> Approved by: _____					
Joint Plan Review Required:					
[] Bldg. [] Plumb. [] Fire [] Elev.					
SUBCODE APPROVAL for PERMIT					
Date: <u>11-18-21</u>					
Approved by: _____					
SUBCODE APPROVAL for CERTIFICATE					
[] CO [] CCO [] CA					
Date: _____					
Approved by: _____					

1. White-Inspector Copy 2. Canary-Application Copy 3. Pink-Office Copy 4. Gold-Office Copy



Date Received
Date Issued
Control #
Permit #

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application. Applicant sign/Contractor sign and seal here: _____

Print name here: Muhammad ASIF

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW CLUBHOUSE w/ 2 units

QTY.	SIZE	ITEMS	FEE (Office Use Only)
11		Lighting Fixture	
118		Receptacles	
55		Switches	
4		Detectors	
		Light Poles	
3		Motors—Fract. HP	
2		Emergency & Exit Lights	
14		Communications Points	
		Alarm Devices/F.A.C. Panel	
307		TOTAL NUMBERS	\$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
2	36	KW Elec. Rang/Receptacle	
3	5.5	KW Oven/Surface Unit	
8	2.5	KW Elec. Water Heater	
3	1.8	KW Elec. Dryer/Receptacle	
3	0.7	KW Dishwasher	
3	3	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	460	AMP Service	
3	(2) 1.5	AMP Subpanels	
1	22.5	AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		Administrative Surcharge \$	
		Minimum Fee \$	
		State Permit Surcharge Fee \$	
		TOTAL FEE \$	

UCC/F-120
(rev. 11/09)



PLUMBING
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 1901 Lot 13.08 Qualification Code
Work Site Location 61-65 GORMAN DR UPPER MERIDEN NJ

Owner in Fee: BRISTOL PONDS VILLAGE RENOVATION UPPER-
Tel. (732) 910 2087 e-mail -DUFFEK@UPPER-

Address 16 REVERE RD BRISTOL NJ 08820 zip code

Contractor: DUEK INC. municipality
Address 585 NO. MICHIGAN AVENUE Tel. ()
KENILWORTH NJ 07033

Contractor License No. 908-687-3330 e-mail
LIC 6648

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. Exp. Date 6-30-2013 FAX: ()

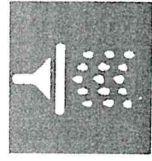
B. PLUMBING CHARACTERISTICS

Use Group: Present Proposed P-2-1-A3

Building Sewer Size 4" Public Sewer ✓ Private Septic
Water Service Size 4" / 6" Public Water ✓ Private Well

Est. Cost of Plumbing Work \$ 20,000.00 w/ (2) UNITS

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☐ No Plans Required	Slab				
☐ Partial - Underslab Utilities Approved	Rough				
Date: <u>11-18-21</u> Approved by: <u>[Signature]</u>	Water				
☒ Plumbing Plans Approved	Sewer				
Date: <u>11-18-21</u> Approved by: <u>[Signature]</u>	Fixtures				
Joint Plan Review Required	Gas Equipment				
☐ Bldg. [] Elec. [] Fire [] Elev.	Gas Piping				
SUBCODE APPROVAL for PERMIT					
Date: <u>11-18-21</u>	LPGas Tank				
Approved by: <u>[Signature]</u>	Fuel Oil Piping				
SUBCODE APPROVAL for CERTIFICATE					
☐ CO [] CCO [] CA	Solar				
Date: <u>11-18-21</u>	TCO				
Approved by: <u>[Signature]</u>	FINAL				



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 I am authorized to make this application, and perform the work listed on this application

Applicant Sign / Contractor
Sign AND Seal here:

Print name here: FRANK DUEK [X] Licensed Plumbing Contractor [] Exempt Applicant

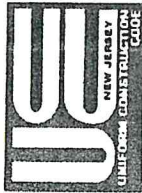
D. TECHNICAL SITE DATA (List of all fixtures.)

DESCRIPTION OF WORK

NEW (45) CUBHOUSE w/ (2) UNITS

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>4</u>	Water Closet	\$
<u>2</u>	Urinal/Bidet	
<u>4</u>	Bath Tub	
<u>5</u>	Lavatory	
<u>3</u>	Shower	
<u>3</u>	Floor Drain	
<u>1</u>	Sink	
<u>8</u>	Dishwasher	
<u>4</u>	Drinking Fountain	
<u>3</u>	Washing Machine	
<u>2</u>	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
<u>1</u>	Sewer Connection	
<u>1</u>	Water Service Connection	
<u>7</u>	Stacks	
<u>3</u>	Garbage Disposal	
	Other	
Administrative Surcharge \$		
Minimum Fee \$		
State Permit Surcharge Fee \$		
TOTAL FEE \$		

UCC/F-130
(rev. 11/09)



FIRE 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 1961 Lot 15-08 Qualification Code _____
Work Site Location 61-65 CORNWELL DR UPPER MERIDENFIELD NJ

Owner in Fee: BRISTOL P. AND S. URBAN DEVELOPMENT @ UPPER MERIDENFIELD LLC
Tel. (732) 910 2089 e-mail _____

Address 10 REVERE BLVD EDISON NJ 08820
street municipality zip code

Contractor: TAM MARIN ELECTRIC CORP Tel. (732) 423 5230
Address 2606 WILBISERY CT

EDISON NJ 08817 e-mail _____
Fire Protection Equipment, NJ Div. of Fire Safety Permit No. _____

Fire Alarm Contractor No. 17070 Exp. Date 3/2024
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-2 Proposed R-2
Constr. Class: Present SA Proposed SA
Heating System: ☒ New or ☐ Modification to Existing
or ☐ Conversion or ☐ Replacement

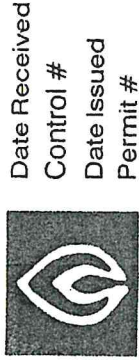
Fuel Type: ☒ Gas ☐ Oil ☒ Electric ☐ Solar
☐ Other _____

Location: _____
Total Cost of Fire Protection Work \$ 500,000.00

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	Dates (Month/Day)	Failure	Approval
☐ No Plans Required	Initial		
☐ Partial-Underslab Utilities Approved	Failure		
Date: _____ Approved by: _____	Alarm System		
☒ Fire Protection Plans Approved	Suppression Sys.		
Date: <u>10/15/22</u> Approved by: <u>TD</u>	Standpipe		
Joint Plan Review Required: _____	Fire Pump		
☒ Bldg. ☒ Elec. ☒ Elev.	Pre-Eng. System		
SUBCODE APPROVAL for PERMIT	Mechanical		
Date: <u>10/15/22</u> Approved by: <u>TD</u>	Smoke Control		
SUBCODE APPROVAL for CERTIFICATE	TCO		
☐ CO ☐ CCO ☐ CA	Flam/Combust Tanks		
Date: _____	Fireplace Venting		
Approved by: _____	Final		
	Other		

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

1. White - Inspector Copy 2. Canary - Applicant Copy 3. Pink - Office Copy 4. Gold - Office Copy



C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and I am authorized to make this application.

Sign here Muhammad Asif
Print name here: Muhammad Asif
☒ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA CUUB HOUSE W/2 UNITS
DESCRIPTION OF WORK
Water Supply Source PUBLIC
Method of Alarm/Suppression System Supervision _____

NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks	
Alarm Systems	
☒ System	
☐ 110v Interconnected	
☐ CO Detectors/110v	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	
Supervisory Devices (i.e., tampers, low/high air)	
Signaling Devices (i.e., horn/strobes, bells)	
Other Devices	
TOTAL	4
Suppression Systems	
Fire Pump	
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	
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid	
Fireplace Venting/Metal Chimney	
Other	
Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	

UCC/F-140
(rev. 11/09)

16A-A

Application No. _____

TOWNSHIP OF UPPER DEERFIELD

Application for Zoning Permit

1. Location of property involved: 61-65 CORNWELL DR UPPER DEERFIELD NJ
2. Tax Map Sheet: _____ Block: 1961 Lot: 15-08
3. Size of Tract (Total): 48.69 Portion Involved in this Application: 9090 sq ft
4. Applicant's Name (If corporation, also give name of President and Secretary)
BRISTOL PONDS URBAN RENEWAL @ UPPER DEERFIELD LLC
NISHU DATEL
- Address: 10 REVERE BLVD ERIE PA 16520 Phone: 732 910 2089
5. Proposed Development or Use: MULTI-FAMILY
6. Name of Present Owner (If other than applicant): _____
- Address: _____ Phone: _____
7. Interest of Applicant if other than owner: _____
8. Name, address, phone number of all professional engineers, architects, and land surveyors involved:
CONSULTING ENGRG SERVICES (ENGR) Phone: 856 228 2200
ROBERT E COLEMAN (ARCH) Phone: 908 209 6515
9. Comment/Special Instructions: _____
10. Date: 9-20-21 Signed: [Signature]
 (Applicant)

DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

Fee Paid \$ _____ Date: _____ Check No. _____ Cash Rec'd []

 APPLICATION [] Complete
 [] Incomplete

Zoning: _____

 PERMIT [] Approved
 [] Denied - because the following required: Comments:

[] Subdivision approval

[] Site Plan approval

[] Conditional Use - See Section 98 -

 [] Variance Use
 Bulk

[] Soil Erosion Plan Approval

Applicant Notified: _____

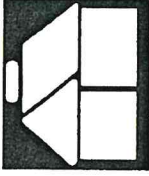
Signed: _____

(Zoning Officer)

16A - A



**BUILDING
SUBCODE
TECHNICAL SECTION**



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 1961 Lot 15.08 Qualification Code _____

Work Site Location 63-65 CARROLL DRIVE BRIDGEVIEW NJ
UPPER DEERFIELD NJ

Owner in Fee: BRISTOL FONDIS VERBODEN VERBODEN @ UPPER DEERFIELD NJ
Tel. (732) 910 2089 e-mail apotele@solas-prism.com

Address 10 REVERTE BLVD BRISTOL NJ 08820
street municipality zip code

Contractor: SALAR PRISM LLC Tel. (732) 910 2089
Address 10 REVERTE BLVD BRISTOL NJ 08820

Contractor License No. or Builder Registration No. 046664 Exp. Date 04/2022
Federal Emp. ID No. [REDACTED] FAX: ()

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type	Initial	Failure	Approval
☐ No Plans Required		Footings			
☐ All		Footings/Bonding			
☐ Footings/Foundations		Foundation			
☐ Structural/Framework		Slab			
☐ Exterior		Frame			
☐ Interior		Truss Sys./Bracing			
Joint Plan Review Required:		Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		Insulation			
SUBCODE APPROVAL for PERMIT		Finishes-Base Layer			
Date:		Finishes-Final			
Approved by:		Energy			
SUBCODE APPROVAL for CERTIFICATE		Mechanical			
☐ CO ☐ CC0 ☐ CA		TCO			
Date:		Other			
Approved by:		Final			
		Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group: Present R2 Proposed R2
No. of Stories (2) TWO

Height of Structure 28' 5" 1'
Area — Largest Floor 7927

New Bldg. Area/All Floors 15,854
Volume of New Structure 217,993

Max. Live Load 100 PSF
Max Occupancy Load _____

Constr. Class Present _____ Proposed S-A
If Industrialized Building: _____

Fl. State Approved _____ HUD _____
Sq. Ft. Est. Cost of Bldg. Work: _____
Sq. Ft. 1. New Bldg. \$ 150,000 150,000
cu. ft. 2. Rehabilitation \$ _____
3. Total (1+2) \$ 150,000 150,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here

Print name here: ARISHU PATEL

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW MULTI-FAMILY (16) UNIT BLDG

BLDG TYPE 16 A

BDY # A

TYPE OF WORK

☒ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6')

☐ Sign _____ Sq. Ft.

☐ Pool

☐ Retaining Wall _____ Sq. Ft.

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other _____

☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

UCC/F-110

(rev. 11/09)



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 1901 Lot 15-08 Qualification Code _____

Work Site Location 61-65 CORNWELL DR UPPER DEERFIELD NJ

Owner in Fee: BREXTEL POND URBAN RENEWAL & UPPLEST

Tel. (732) 910 2089 e-mail DEERFIELD LLC

Address 10 REVERDE BLVD EDISON NJ 08820 zip code _____

Contractor: TAS MAHAR ELECTRIC CONTRACT Tel. (732) 413 5230

Address 2606 WILDBERY CT EDISON NJ 08817 e-mail _____

Contractor License No. 12070 Exp. Date 3/2024

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-2 Proposed R-2 [] Temporary [] Other _____

[] Pole/Pad # _____ Utility Co. _____

Building Occupied as RENTAL

Estimated Cost of Electrical Work \$ 81,000 x 0.12

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: 12-6-21 Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 12-6-21

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type: Rough

Barrier-Free

Trench

Temp. Serv.

Const. 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

Dates (Month/Day)

Failure

Approval

Initial

1. White-Inspector Copy 2. Canary-Application Copy 3. Pink-Office Copy 4. Gold-Office Copy

164 - A



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

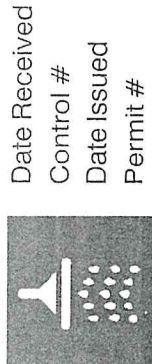
Block 1901 Lot 15-08 Qualification Code _____
Work Site Location 61-65 CARWELL DRIVE
UPPER MERFIELD NJ
Owner in Fee: BRISTOL PONDS VERBON RENTW@VST LLC
Tel. (732) 916 2089 e-mail _____
Address 10 BELLEVUE BLVD DUFEL INC. EDISON NJ 08820
street 505 NO. MICHIGAN AVENUE municipality
KENILWORTH NJ 07033 zip code
Contractor: _____ Tel. () _____
Address 908-687-3330
LIC 6648
Contractor License No. FED ID e-mail _____
Exp. Date 6-30-2023

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

B. PLUMBING CHARACTERISTICS

Use Group: Present 12-2 Proposed R-2
Building Sewer Size 4" Public Sewer ☒
Water Service Size 4" 1/2" Public Water ☒
Est. Cost of Plumbing Work \$ 80,000.00

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	Dates (Month/Day)	Failure	Approval
☐ No Plans Required	Initial		
☐ Partial - Underslab Utilities Approved			
Date: _____			
☒ Plumbing Plans Approved			
Date: <u>11/24</u>			
☒ Joint Plan Review Required			
☐ Bldg. ☐ Elec. ☐ Fire ☐ Elev.			
SUBCODE APPROVAL for PERMIT			
Date: _____			
Approved by: _____			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date: _____			
Approved by: _____			



C. CERTIFICATION IN LIEU OF OATH

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

Applicant Sign / Contractor Sign AND Seal here: _____

Print name here: FRANK DUFEL
☒ Licensed Plumbing Contractor ☐ Exempt Applicant
D. TECHNICAL SITE DATA (List of all fixtures):

DESCRIPTION OF WORK
16 A # A NEW MUCTY FAMILY UNITS

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>24</u>	Water Closet	\$ _____
<u>24</u>	Urinal/Bidet	_____
<u>24</u>	Bath Tub	_____
<u>18</u>	Lavatory	_____
<u>16</u>	Shower	_____
<u>16</u>	Floor Drain	_____
<u>16</u>	Sink	_____
<u>16</u>	Dishwasher	_____
<u>16</u>	Drinking Fountain	_____
<u>4</u>	Washing Machine	_____
<u>16</u>	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
<u>1</u>	Interceptor/Separator	_____
<u>2</u>	Backflow Preventer	_____
<u>1</u>	Greasetrap	_____
<u>7</u>	Sewer Connection	_____
<u>16</u>	Water Service Connection	_____
_____	Stacks	_____
_____	Garbage Disposal	_____
_____	Other	_____

UCC/F-130 (rev. 11/09)
Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

16A - A



FIRE 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 1901 Lot 15.08 Qualification Code _____
Work Site Location 61-65 CORNWELL DR UPPER MERFIELD NJ

Owner in Fee: BRASTOL PONDS URBAN RENOVATION UPPER -
Tel. 734 916 2089 e-mail - DEERFIELD NJC
Address 16 RIVER BLVD EDISON NJ 08820 zip code 08820
Contractor: TAJ MATIK ELECTRICAL CON Tel. 732 423 5230
Address 2606 WALDBERG CT
EDISON NJ 08817 e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div. of Fire Safety Installer No. _____
Fire Alarm Contractor No. 17070 Exp. Date 3-31-2024
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-2 Proposed R-2
Constr. Class: Present SA Proposed SA
Heating System: ☒ New or ☐ Modification to Existing
or ☐ Conversion or ☐ Replacement
Fuel Type: ☐ Gas ☐ Oil ☒ Electric ☐ Solar
Location: _____
Total Cost of Fire Protection Work \$ 10070.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☐ No Plans Required	Alarm System				
☐ Partial-Underslab Utilities Approved	Suppression Sys.				
Date: _____ Approved by: _____	Standpipe				
☒ Fire Protection Plans Approved	Fire Pump				
Date: <u>10/13/22</u> Approved by: <u>RJ</u>	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
☒ Bldg. ☒ Elec. ☒ Plumb. ☒ Elev.	Smoke Control				
SUBCODE APPROVAL for PERMIT	TCO				
Date: <u>10/13/22</u> Approved by: <u>RJ</u>	Flam/Combust Tanks				
SUBCODE APPROVAL for CERTIFICATE	Fireplace Venting				
☐ CO ☐ CCO ☐ CA	Final				
Date: _____	Other				
Approved by: _____					

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

1. White - Inspector Copy 2. Canary - Applicant Copy 3. Pink - Office Copy 4. Gold - Office Copy



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 I am authorized to make this application.

Sign here Muhammad Asif
Print name here: Muhammad Asif
☒ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA NEW (1) UNIT NJ
DESCRIPTION OF WORK
Water Supply Source PUBLIC
Method of Alarm/Suppression System Supervision _____

NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks	
Alarm Systems	
☒ System	
☒ 110v Interconnected	
☒ CO Detectors/110v	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	
Supervisory Devices (i.e., tampers, low/high air)	
Signaling Devices (i.e., horn/strobes, bells)	
Other Devices <u>48</u>	
TOTAL <u>48</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	
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid	
Fireplace Venting/Metal Chimney	
Other _____	
Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	

UCC/F-140
(rev. 11/09)

168-B

Application No. _____

TOWNSHIP OF UPPER DEERFIELD

Application for Zoning Permit

1. Location of property involved: 61-65 CORNWELL DR UPPER DEERFIELD NJ
2. Tax Map Sheet: _____ Block: 1901 Lot: 15.08
3. Size of Tract (Total): 48.67 Portion Involved in this Application: 9090 sq ft
4. Applicant's Name (If corporation, also give name of President and Secretary)
BRISTOL PONDS URBAN RENEWAL @ UPPER DEERFIELD LLC
NISHU PATEL
- Address: 10 REVERE BLVD EDISON NJ 08820 Phone: 732 910 2089
5. Proposed Development or Use: MULTI-FAMILY
6. Name of Present Owner (If other than applicant): _____
- Address: _____ Phone: _____
7. Interest of Applicant if other than owner: _____
8. Name, address, phone number of all professional engineers, architects, and land surveyors involved:
CONSULTING ENGRG SERVICES (ENGR) Phone: 856.228.2200
ROBERT E COLEMAN (ARCH) Phone: 908.209.6515
 _____ Phone: _____
9. Comment/Special Instructions: _____
10. Date: 9/20/21 Signed: [Signature]
 (Applicant)

DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

Fee Paid \$ _____ Date: _____ Check No. _____ Cash Rec'd []

APPLICATION [] Complete
[] Incomplete

Zoning: _____

PERMIT [] Approved
[] Denied - because the following required: Comments:

[] Subdivision approval

[] Site Plan approval

[] Conditional Use - See Section 98 -

[] Variance Use
Bulk

[] Soil Erosion Plan Approval

Applicant Notified: _____

Signed: _____

(Zoning Officer)

16 D - 12



BUILDING 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 1961 Lot 15-08 Qualification Code _____

Work Site Location 61-65 CARMINE DRIVE

UPPERDEERFIELD NJ

Owner in Fee: BRISTOL FORDS URBAN RENOVATION @ UPPERDEERFIELD

Tel. (732) 910 2089 e-mail npatel@solax-prism.com

Address 10 RENEVE BLVD EDISON NJ 08820 zip code

Contractor: SOLAR PRISM LLC Tel. (732) 910 2089

Address 10 RENEVE BLVD e-mail npatel@solax-prism.com

EDISON NJ 08820

Contractor License No. or Builder Registration No. 046664 Exp. Date 04/2022

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date	Initial	Type:	Failure	Approval
☐ No Plans Required					
☐ All			Footling		
☐ Footings/Foundations			Footling Bonding		
☐ Structural/Framework			Foundation		
☐ Exterior			Slab		
☐ Interior			Frame		
Joint Plan Review Required:			Truss Sys./Bracing		
☐ Elec.	☐ Plumb.	☐ Fire	Barrier-Free		
SUBCODE APPROVAL for PERMIT			Insulation		
Date:			Finishes-Base Layer		
Approved by:			Finishes-Final		
SUBCODE APPROVAL for CERTIFICATE			Energy		
☐ CO	☐ CCO	☐ CA	Mechanical		
Date:			TCO		
Approved by:			Other		
			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories	<u>2</u>	<u>2</u>	If Industrialized Building:		
Height of Structure	<u>28' - 5"</u>	<u>28' - 5"</u>	State Approved		HUD
Area — Largest Floor	<u>8057</u>	<u>8057</u>	Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors	<u>16114</u>	<u>16114</u>	1. New Bldg.	<u>\$150,000</u>	<u>NA</u>
Volume of New Structure	<u>221.113</u>	<u>221.113</u>	2. Rehabilitation	<u>\$</u>	
Max. Live Load	<u>100 PSF</u>	<u>100 PSF</u>	3. Total (1+2)	<u>\$150,000</u>	<u>NA</u>
Max. Occupancy Load					

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

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

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.

Sign here: _____

Print name here: NISHU PATER

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW MULTI-FAMILY (16) UNIT

BLDG TYPE 16 B

BLDG # B

TYPE OF WORK:

☒ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.

☐ Sign _____ Sq. Ft.

☐ Pool

☐ Retaining Wall _____ Sq. Ft.

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other _____

☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

16B-13



PLUMBING
SUBCODE
TECHNICAL SECTION

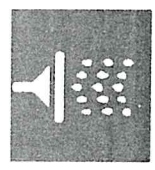
A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1901 Lot 15-08 Qualification Code _____
Work Site Location 61-65 GARWICK DRIVE
UPPER DEERFIELD NJ
Owner in Fee: BRYSTOL PONDS URBAN RENOVATION ENTERPRISES LLC
Tel. (732) 910 2089 e-mail apatoles@brysm.com
Address 10 REVERE BLVD EDISON NJ 08820
Contractor: DUFEL INC. municipality _____ zip code _____
585 NO. MICHIGAN AVENUE Tel. () _____
KENILWORTH NJ 07033
e-mail _____
Contractor License No. LIC 6548 Exp. Date 6-30-2023
Home Improvement Contractor Registration No. FED 10 Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

B. PLUMBING CHARACTERISTICS

Use Group: Present R-2 Proposed R-2
Building Sewer Size 4" Public Sewer ☒ Private Septic _____
Water Service Size 4 1/2" Public Water ☒ Private Well _____
Est. Cost of Plumbing Work \$ 80,000.00

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	Dates (Month/Day)	Failure	Approval
☐ No Plans Required	Initial		
☐ Partial - Under Slab Utilities Approved			
Date: _____ Approved by: _____			
☒ Plumbing Plans Approved			
Date: <u>4/12/21</u> Approved by: _____			
Joint Plan Review Required			
☐ Bldg. ☐ Elec. ☐ Fire ☐ Elev.			
SUBCODE APPROVAL FOR PERMIT			
Date: <u>4-14-21</u>			
Approved by: _____			
SUBCODE APPROVAL FOR CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date: _____			
Approved by: _____			



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 I am authorized to make this application, and perform the work listed on this application.

Applicant Sign / Contractor Sign AND Seal here:

Print name here: FRANK DUFEL

☒ Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

DESCRIPTION OF WORK
16B #13 NEW MULTI-FAMILY (12) UNITS.

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>22</u>	Water Closet	\$
<u>22</u>	Urinal/Bidet	
<u>22</u>	Bath Tub	
<u>22</u>	Lavatory	
<u>18</u>	Shower	
<u>16</u>	Floor Drain	
<u>16</u>	Sink	
<u>16</u>	Dishwasher	
<u>16</u>	Drinking Fountain	
<u>4</u>	Washing Machine	
<u>16</u>	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
<u>1</u>	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
<u>2</u>	Sewer Connection	
<u>1</u>	Water Service Connection	
<u>7</u>	Stacks	
<u>16</u>	Garbage Disposal	
	Other	

UCC/F-130
(rev. 11/09)

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

16B-13



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 1901 Lot 15.08 Qualification Code _____
 Work Site Location 61-65 CORNWELL DR UPPER MERSENER TOWNSHIP NJ

Owner In Fee: BRISTOL PONDS UNLAW RENEWAL @ UPPER
 Tel. (732) 916 2089 e-mail _____
 Address 10 REVERE BLVD EDISON NJ 08820 zip code _____

Contractor: TAD MHAH ELECTRICAL ANY TEL. (732) 423 5230
 Address 2606 WILDERLY CT
EDISON NJ 08817 e-mail _____

Contractor License No. 17070 Exp. Date 3/2024
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. _____ FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-2 Proposed R-2 [] Pole/Pad # _____ [] Temporary [] Other _____
 Building Occupied as RENTAL Utility Co. _____
 Estimated Cost of Electrical Work \$ 80,000.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Failure	Initial
[] No Plans Required	Rough				
[] Partial-Underslab Utilities Approved	Barrier-Free				
Date: _____ Approved by: _____	Trench				
[] Electric Plans Approved	Temp. Serv.				
Date: <u>12-6-21</u> Approved by: <u>MA</u>	Constr. Serv.				
Joint Plan Review Required:	TCO				
[] Bldg. [] Plumb. [] Fire [] Elev.	Other				
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>12-6-21</u>	Final				
Approved by: _____	Barrier-Free				
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued				
Date: _____	Annual Pool Inspection				
Approved by: _____	Date of Grounding and Bonding				
	Certification				

1. White-Inspector Copy 2. Canary-Application Copy 3. Pink-Office Copy 4. Gold-Office Copy



Date Received _____
 Date Issued _____
 Control # _____
 Permit # _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.
 Applicant sign/Contractor sign and seal here: _____

Print name here: Muhammad Asif

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

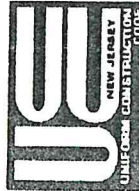
NEW (16) UNIT MULTI-FAMILY

QTY.	SIZE	ITEMS	FEE (Office Use Only)
394		Lighting Fixture	
508		Receptacles	
310		Switches	
52		Detectors	
16		Light Poles	
4		Motors—Fract. HP	
46		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1330		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
16	7-8	KW Elec. Rang/Receptacle	
16	6-5	KW Oven/Surface Unit	
16	4-8	KW Elec. Water Heater	
16	1-8	KW Elec. Dryer/Receptacle	
16	0-3	KW Dishwasher	
16	3	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	1250	AMP Service	
17	125	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

UCC/F-120
 (rev. 11/09)

16 is - 1



**FIRE
SUBCODE
TECHNICAL SECTION**

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 190 Lot 15-08 Qualification Code
Work Site Location 61-65 CORNWELL DR UPPER MERSEN NJ

Owner in Fee: BRASTOL POND URBAN RENOVIL CO UPPER MERSEN NJ
Tel. (732) 910 2089 e-mail

Address 16 DEVERE BLVD SPISON NJ 08820
Contractor: TAJ MAHAL ELECTRIC CO INC Tel. (732) 423 5230 zip code

Address 2606 WOODBERRY CT Tel. (732) 423 5230
EDISON NJ 08817 e-mail

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

Fire Alarm Contractor No. 17070 Exp. Date 3-31-24
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. [REDACTED] FAX: [REDACTED]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-2 Proposed R-2
Constr. Class: Present 5A Proposed 5A

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

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

Location: [REDACTED]

Total Cost of Fire Protection Work \$ 1000

Fuel Storage Tank:
Fuel Type: ☐ Flammable or ☐ Combustible
Capacity

Fire Alarm System: ☐ New or ☐ Existing
Location of Panel:

Fire Suppression/Standpipe System:
☐ New or ☐ Existing
Location of Main Control Valve:

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:	Failure	Failure	Approval	Initial	
☐ No Plans Required					
☐ Partial-Underslab Utilities Approved					
Date: <u>[REDACTED]</u> Approved by: <u>[REDACTED]</u>					
☒ Fire Protection Plans Approved					
Date: <u>12/10/21</u> Approved by: <u>[REDACTED]</u>					
Joint Plan Review Required:					
☒ Bldg. ☒ Elec. ☒ Plumb. ☐ Elev.					
SUBCODE APPROVAL for PERMIT					
Date: <u>12/10/21</u> Approved by: <u>[REDACTED]</u>					
SUBCODE APPROVAL for CERTIFICATE					
☐ CO ☐ CCO ☐ CA					
Date: <u>[REDACTED]</u>					
Approved by: <u>[REDACTED]</u>					

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

1. White - Inspector Copy 2. Canary - Applicant Copy 3. Pink - Office Copy 4. Gold - Office Copy

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and I am authorized to make this application.

Sign here [Signature]
Print name here: MUHAMMAD ASIF
☒ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA NEW SUBCODE (16) UNIT
DESCRIPTION OF WORK
Water Supply Source PUBLIC
Method of Alarm/Suppression System Supervision

NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks	
Alarm Systems	
☒ System	
☒ 110v Interconnected	
☐ CO Detectors/110v	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	
Supervisory Devices (i.e., tampers, low/high air)	
Signaling Devices (i.e., horn/strobes, bells)	
Other Devices	
TOTAL	<u>52</u>
Suppression Systems	
Fire Pump	
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	
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid	
Fireplace Venting/Metal Chimney	
Other	

Administrative Surcharge \$ UCC/F-140
Minimum Fee \$ (rev. 11/09)
State Permit Surcharge Fee \$
TOTAL FEE \$