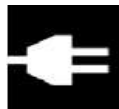




# ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 6/6/2007  
Date Issued 6/6/2007  
Control # \_\_\_\_\_  
Permit # 06-0437+Q

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

Block 212 Lot 25.01 Qualification Code \_\_\_\_\_

Work Site Location: 50 STIRLING ROAD WARREN, NJ

Owner in Fee: WARREN CATERING

Address 50 STIRLING ROAD JERSEY CITY NJ 07305-

Email \_\_\_\_\_

Tel. 201/7610025

Contractor: BLACK DOG CONSTRUCTION

Address 46 ARLINGTON AVE JERSEY CITY NJ -

Email \_\_\_\_\_

Tel. / - Fax. / -

Lic No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home improvement Contractor Registration No. or Exemption Reason(is applicable): \_\_\_\_\_

Federal Employee No. 76-0772762

## B. ELECTRICAL CHARACTERISTICS

Use Group Present A-3 Proposed A-3

☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Estimated Cost of Electrical Work \$1

| PLAN REVIEW                                                                          |      |         |                                             | INSPECTIONS |         | Dates (Month/Day) |         |  |
|--------------------------------------------------------------------------------------|------|---------|---------------------------------------------|-------------|---------|-------------------|---------|--|
|                                                                                      | Date | Initial | Type:                                       | Failure     | Failure | Approval          | Initial |  |
| <input type="checkbox"/> No Plan Required                                            |      |         | Rough                                       |             |         |                   |         |  |
| Partial Underslab Utilities Approved                                                 |      |         | Barrier-Free                                |             |         |                   |         |  |
| Date: _____ by: _____                                                                |      |         | Trench                                      |             |         |                   |         |  |
| Electric Plans Approved                                                              |      |         | Temp. Serv.                                 |             |         |                   |         |  |
| Date: _____ by: _____                                                                |      |         | Constr. Serv.                               |             |         |                   |         |  |
| Joint Plan Review Required                                                           |      |         | TCO                                         |             |         |                   |         |  |
| <input type="checkbox"/> Building <input type="checkbox"/> Plumbing                  |      |         | Other                                       |             |         |                   |         |  |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator                      |      |         | Service                                     |             |         |                   |         |  |
| <input type="checkbox"/> Electrical Plans Approved                                   |      |         | Final                                       |             |         |                   |         |  |
| SUBCODE APPROVAL FOR PERMIT                                                          |      |         | Barrier-Free                                |             |         |                   |         |  |
| Date: _____ by: _____                                                                |      |         | Temp. Cut-in-Card Date Issued               |             |         |                   |         |  |
| SUBCODE APPROVAL for CERTIFICATE                                                     |      |         | Final Cut-in-Card Date Issued               |             |         |                   |         |  |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |      |         | Annual Pool Inspection                      |             |         |                   |         |  |
| Date: _____                                                                          |      |         | Date of Grounding and Bonding Certification |             |         |                   |         |  |
| Approved by: _____                                                                   |      |         |                                             |             |         |                   |         |  |

## C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Contr ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK  
PLAN REVISIONPLAN REVISIONTRANSFORMERSPLAN REVISION

| QTY.  | SIZE  | ITEMS                       | FEE (Office Use Only) |
|-------|-------|-----------------------------|-----------------------|
| _____ | _____ | Lighting Fixtures           | _____                 |
| _____ | _____ | Receptacles                 | _____                 |
| _____ | _____ | Switches                    | _____                 |
| _____ | _____ | Detectors                   | _____                 |
| _____ | _____ | Light Poles                 | _____                 |
| _____ | _____ | Motors - Fract. HP          | _____                 |
| _____ | _____ | Emergency & Exit Lights     | _____                 |
| _____ | _____ | Communication Points        | _____                 |
| _____ | _____ | Alarm Devices/F.A.C. Panel  | _____                 |
| _____ | _____ | _____                       | _____                 |
| _____ | _____ | TOTAL NUMBERS               | _____                 |
| _____ | _____ | Pool Permit/with UW Lights  | _____                 |
| _____ | _____ | Storable Pool/Spa/Hot Tub   | _____                 |
| _____ | _____ | KW Elec. Range/Receptical   | _____                 |
| _____ | _____ | KW Oven/Surface Unit        | _____                 |
| _____ | _____ | KW Elec. Water Heater       | _____                 |
| _____ | _____ | KW Elec. Dryer/Recepticle   | _____                 |
| _____ | _____ | KW Dishwasher               | _____                 |
| _____ | _____ | HP Garbage Disposal         | _____                 |
| _____ | _____ | KW Central A/C Unit         | _____                 |
| _____ | _____ | HP/KW Space Heater/Air      | _____                 |
| _____ | _____ | KW Baseboard Heat           | _____                 |
| _____ | _____ | HP Motors 1/+ HP            | _____                 |
| _____ | _____ | KW Transformer/Generator    | _____                 |
| _____ | _____ | AMP Service                 | _____                 |
| _____ | _____ | AMP Subpanels               | _____                 |
| _____ | _____ | AMP Motor Control Center    | _____                 |
| _____ | _____ | KW Elec. Sign/Outline Light | _____                 |
| _____ | _____ | TRANSFORMERS                | \$50                  |

Administrative Surcharge \_\_\_\_\_  
Minimum Fee \_\_\_\_\_  
State Permit Surcharge Fee \_\_\_\_\_  
TOTAL FEE \$50