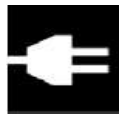




ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 10/28/2008
Date Issued 10/28/2008
Control # _____
Permit # 06-0437/1+A

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

Block 212 Lot 20.01 Qualification Code _____

Work Site Location: 50 STIRLING RD. WARREN, NJ

Owner in Fee: WARREN CATERING LLC

Address 675 GARFIELD AVE. JERSEY CITY NJ 07059-

Email _____

Tel. 201/7610025

Contractor: JWA ELECTRIC

Address 413 PARKER AVE. SOUTH AMBOY NJ 08879-

Email _____

Tel. 732/7214148 Fax. 732/7214148

Lic No. _____ Exp. Date _____

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

Federal Employee No. 13-5805709

B. ELECTRICAL CHARACTERISTICS

Use Group Present A-2 Proposed A-2

☐ 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
☐ 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				
☐ Building ☐ Plumbing			Other				
☐ Fire ☐ Elevator			Service				
☐ 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				
☐ CO ☐ CCO ☐ 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 Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
PLAN 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	_____

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