



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 127 Lot 17 Qualification Code _____
Work Site Location 226 TWILIGHT AVE

Owner in Fee: LEAP BUILDERS

Tel. 732 7809022 e-mail _____

Address _____

Contractor: Brady Electric municipality High Ridge Tel. 732 938-9317

Address 104 Fulton St e-mail bigbr19@icloud.com

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

Fire Alarm Contractor No. 121984 Exp. Date 3/21

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 141-63-2719 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

OR ☐ Conversion or ☐ Replacement

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other _____

Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underlaid Utilities Approved

Date: _____ Approved by: _____

☐ Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.

SUBCODE APPROVAL PERMIT

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS	Dates (Month/Day)		
Type:	Failure	Approval	Initial

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Flam/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.

Applicant/Contractor sign here: Brian Brady

Print name here: Brian Brady

D. TECHNICAL SITE DATA ☒ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK: SMOKE / CO

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, water/flow) _____

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

Signaling Devices (i.e., horn/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 _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Date Received 2/2/21
Control # 92015869
Date Issued 2/24/21
Permit # 2021-0043

NUMBER _____
FEE (Office Use Only) \$ _____

Reorder at: ucc.allegramarmora.com • 609-390-1400
Allegra Marketing, Print & Mail - Marmora, NJ

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



BUILDING SUBCODE TECHNICAL SECTION



20200152A

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

Block 137 Lot 17 Qualification Code _____

Work Site Location 226 TWILIGHT AVE
REHOBOTH NJ 07734

Owner in Fee: LEAF BUILDERS INC

Tel. (732) 780 9022 e-mail LEAF BUILDERS1@GMAIL.COM

Address 102 NEW LANE REHOBOTH NJ 07728

Contractor: LEAF BUILDERS INC street REHOBOTH NJ 07728 municipality zip code

Address 102 NEW LANE REHOBOTH NJ 07728 e-mail LEAF BUILDERS1@GMAIL.COM

Contractor License No. or Builder Registration No. 049179 Exp. Date 7/2022

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

Federal Emp. ID No. 463923845 FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required			Type: <u>Final</u>	Approval <u>4/15/21</u> Initial <u>4/15/21</u>
☒ All	<u>3/19/21</u>	<u>PD</u>	Footing Bonding	<u>4/15/21</u> <u>PD</u>
☐ Footings/Foundations			Foundation	<u>5/14/21</u> <u>PD</u>
☐ Structural/Framework			Slab	<u>5/14/21</u> <u>PD</u>
☐ Exterior			Frame	<u>6/11/21</u> <u>SC</u>
☐ Interior			Truss Sys./Bracing	
Joint Plan Review Required:			Barrier-Free	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation	<u>6/21/21</u> <u>SC</u>
SUBCODE APPROVAL FOR PERMIT			Finishes -Base Layer	
Date: <u>3/19/21</u>			Finishes -Final	
Approved by: <u>Paul Keweenaw</u>			Energy <u>Health</u>	<u>5/17/21</u> <u>SC</u>
SUBCODE APPROVAL FOR CERTIFICATE			Mechanical <u>SMITH</u>	
☐ CO ☐ CCO ☐ CA			TCO	
Date: _____			Other	
Approved by: _____			Final	
			Barrier-Free	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories	<u>2</u>				
Height of Structure	<u>34' 0"</u>		If Industrialized Building:		
Area — Largest Floor	<u>1007</u>		State Approved		HUD
New Bldg. Area/All Floors	<u>1950</u>		Est. Cost of Bldg. Work:		
Volume of New Structure	<u>30210</u>		1. New Bldg.	<u>\$ 87,000</u>	
Max. Live Load	<u>55</u>		2. Rehabilitation	<u>\$</u>	
Max. Occupancy Load	<u>65</u>		3. Total (1+2)	<u>\$ 87,000</u>	

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: Paul Keweenaw President LEAF BUILDERS

Print name here: PAUL KEWEENAW / LEAF BUILDERS INC

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New House

TYPE OF WORK:

☐ New Building	Height (exceeds 6')
☐ Addition	Sq. Ft.
☐ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Retaining Wall	
☐ 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 \$	<u>1009</u>



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 127 Lot 17 Qualification Code _____
Work Site Location 226 TWILIGHT AVE

Owner in Fee: LEAP BUILDERS INC

Tel. (732) 780 9022 e-mail LEAPBUILDERS1@GMAIL.COM

Address 102 HOWE LAKE FEENHOLD NJ 07728

Contractor: LEAP BUILDERS INC FEENHOLD NJ 07728 Tel. (732) 780 9022

Address 102 HOWE LAKE FEENHOLD NJ 07728 e-mail LEAPBUILDERS1@GMAIL.COM

Contractor License No. or Builder Registration No. 049 179 Exp. Date 07/2022

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 46 39 23845 FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date 1/29/21 Initial [Signature]

☒ No Plans Required

INSPECTIONS

Failure Failure Approval Initial

☐ All ☐ Footings/Foundations ☐ Footing Bonding ☐ Foundation ☐ Slab ☐ Exterior ☐ Frame ☐ Truss Sys./Bracing ☐ Barrier-Free ☐ Interior ☐ Joint Plan Review Required: ☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator ☐ Insulation ☐ Finishes -Base Layer ☐ Finishes -Final ☐ Energy ☐ Mechanical ☐ TCO ☐ Other ☐ Final ☐ Approved by: [Signature] 6/25/20 SC

B. BUILDING CHARACTERISTICS

Use Group 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. _____

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work: _____

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ \$ 7,000

U.C.C. F-110 (rev. 11/09)

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] LEAP BUILDERS INC

Print name here: PAUL KORBENY, President

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEM HOUSE

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 \$ _____

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Date Received 1/19/21
Control # _____

Date Issued 92015847
Permit # 1/26/21 20210027



ELECTRICAL SUBCODE TECHNICAL SECTION



"LIMITED ELECTRIC REVIEW
DRAFT"

Date Received 2/19/21
Permit # 920158609
Date Issued 2021-0043

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

Block 127 Lot 17 Qualification Code

Work Site Location 224 TWILIGHT AVE
KORANUS BURG NJ 07128

Owner in Fee: LEAF BUILDERS INC
Tel. (732) 780 9022 e-mail LEAF BUILDERS1@GMAIL.COM

Address 102 HOURS LANE
Contractor: BROAD Electric
104 FULTON ST 07735
Tel. (732) 934-9317
e-mail bigbr19@icloud.com

Contractor License No. 12,984 Exp. Date 3/21

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 141-62-2719 FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 6,100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Underslab Utilities Approved

Date: Approved by: DEUSCH

[] Electric Plans Approved

Date 2/20/21 Approved by: DM

Joint Plan Review Required:

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

SUBCODE APPROVAL FOR PERMIT

Date: 2/25/21

Approved by: DM

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO [] CA

Date: Approved by:

INSPECTIONS

Type: Failure Failure Approval Initial

[] Rough Barrier-Free 6/22/21

Date: Approved by:

[] Trench Temp. Serv.

Date: Approved by:

[] Const. Serv.

[] TCO

[] Other

[] Service

[] Final

[] Barrier-Free

[] Temp. Cut-in-Card Date Issued

[] Final Cut-in-Card Date Issued

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: Brian Brady

Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW HOUSE

QTY SIZE ITEMS

14 Lighting Fixtures

33 Receptacles

10 Switches

5 Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

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 Heater/Air Handler

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 \$



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 110 Lot 10 Qualification Code _____
Work Site Location 36 Woodside Ave

Owner in Fee: LEAH BUILDERS INC

Tel. (732) 760 9022 e-mail LEAHBUILDERS1@gmail.com

Address 102 HOODE LAKE FACEHOLD NJ 07728 zip code 07728

Contractor: LEAH BUILDERS INC municipality FACEHOLD NJ Tel. (732) 760 9022 zip code 07728

Address 102 HOODE LAKE e-mail LEAHBUILDERS1@gmail.com

Contractor License No. or Builder Registration No. FACEHOLD NJ 07728 Exp. Date 7/2022

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 463923845 FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☒ No Plans Required			Footings		6/24/22		JC
☒ All	3/31/21	PA	Footings/Bonding		6/24/22		JC
☐ Footings/Foundations			Foundation		7/11/22		JC
☐ Structural/Framework			Slab		7/11/22		JC
☐ 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: <u>3/31/21</u>			Finishes -Final				
Approved by: <u>Paul Henry</u>			Energy M.I.D. Book		7/12/22		JC
SUBCODE APPROVAL FOR CERTIFICATE			Mechanical				
☐ CO ☐ CCO ☐ CA			TCO				
Date: _____			Other				
Approved by: _____			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present A5 Proposed A5 Constr. Class Present 5B Proposed 5B

No. of Stories 2

Height of Structure 34'8" ft.

Area — Largest Floor 956 sq. ft.

New Bldg. Area/All Floors 1846 sq. ft.

Volume of New Structure 29748 cu. ft.

Max. Live Load 55

Max. Occupancy Load 35

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ 87,000
2. Rehabilitation \$ _____
3. Total (1+2) \$ 87,000

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: Paul Henry

Print name here: LEAH BUILDERS INC President

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New House

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 \$ _____

Date Received 1/5/21
Control # 92015834
Date Issued 3/15/21
Permit # 20210056



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 110 Lot 10 Qualification Code _____
Work Site Location 316 WOODSIDE AVE

Owner in Fee: LOPP BUILDERS INC

Tel. (732) 780 9002 e-mail LOPPBUILDERS1@GMAIL.COM
Address 102 HOWE LN Freehold NJ 07728

Contractor: 5TH AVE SDR PLUMBING Tel. (732) 241-6115
Address 60 MARR ST Freehold NJ 07728

Contractor License No. 5628 Exp. Date 9/24

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

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

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____
Water Service Size _____ Public Water _____ Private Septic _____
Est. Cost of Plumbing Work \$ 7,000 Private Well _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____

☐ No Plans Required _____

☐ Partial -Under-slab Utilities Approved _____

Date: _____ Approved by: _____

☒ Plumbing Plans Approved _____

Date: 1-8-21 Approved by: MV

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev. _____

SUBCODE APPROVAL for PERMIT _____

Date: 1-8-21 _____

Approved by: MV _____

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

Applicant sign/Contractor _____

Sign and seal here: _____

Print name here: John Bressani

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New House

QTY. _____

FIXTURE/EQUIPMENT

Water Closet _____

Urinal/Bidet _____

Bath Tub _____

Lavatory _____

Shower _____

Floor Drain _____

Sink _____

Dishwasher _____

Drinking Fountain _____

Washing Machine _____

Hose Bibb _____

Water Heater _____

Fuel Oil Piping _____

Gas Piping _____

LP Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other FURNACE _____

FEE (Office Use Only) \$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received 3/15/21
Control # 20210056
Date Issued _____
Permit # _____



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 1D Lot 1D Qualification Code _____
Work Site Location 36 Woods Side Ave

Owner in Fee: LOAN BUILDERS INC
Tel. (732) 780 9022 e-mail LOANBUILDERS1@GMAIL.COM
Address 102 House Ln FREEDHOLD NJ 07728
Contractor: Brady Electric street city state zip code
Address 104 Fulton St Freehold NJ 07735 e-mail bradybr@freedholdnj.com
Contractor License No. 12984 Exp. Date 3/21
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 141-60-2719 FAX: (_____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 6,100

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS				
		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Rough				
☐ Partial -Underslab Utilities Approved		Barrier-Free				
Date: _____ Approved by: _____		Trench				
☒ Electric Plans Approved	<u>LICENSED</u>	Temp. Serv.				
Date: <u>1/16/21</u> Approved by: <u>BR</u>		Constr. Serv.				
Joint Plan Review Required:		TCO				
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.		Other				
SUBCODE APPROVAL for PERMIT		Service				
Date: <u>1/16/21</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				

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 Brady Brady
sign and seal here: _____

Print name here: Brady Brady
Licensed Elec. Contractor ☒ Certifd Landscape Irrigation Contr ☐ Exempt Applicant
D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: New House

QTY	SIZE	ITEMS	FEE (Office Use Only)
1	1/4"	Lighting Fixtures	
3	3/32"	Receptacles	
10	10	Switches	
5	5	Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
TOTAL NUMBERS			\$ <u>400</u>
		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 Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Reorder at: ucc.allegramarmora.com • 809-390-1400
Allegra Marketing, Print & Mail - Marmora, NJ

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

Date Received 1/5/21
Control # 02015834
Date Issued 3/15/21
Permit # 20210056



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 110 Lot 10 Qualification Code _____

Work Site Location 316 WEEDSIDE AVE

Owner in Fee: LEAP BUILDERS INC

Tel. 732 780 9022 e-mail LEAPBUILDERS1@GMAIL.COM

Address 162 HOUSE LANE FREDERICK NJ 07728

Contractor: Brady Electric Municipality Frederick NJ Tel. 732-939-9317

Address Leppert NJ 07735 e-mail brady@bradyelectric.com

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 12,984

Home Improvement Contractor Registration No. or Exemption Reason _____ Exp. Date 3/21

Federal Emp. ID No. 141-62-279 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

Location: [] Gas [] Oil [] Electric [] Solar Location of Panel: [] New or [] Existing

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____

Location: [] Other _____ Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____ INSPECTIONS _____

[] No Plans Required _____ Type: _____ Failure _____ Approval _____ Initial _____

[] Partial -Underslab Utilities Approved _____ Alarm System _____

Date: _____ Approved by: _____ 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 CERTIFICATE _____ Smoke Control _____

Date: _____ Approved by: _____ TCO _____

SUBCODE APPROVAL for CERTIFICATE _____ Flam/Combust Tanks _____

[] CO [] COO [] CA _____ Fireplace Venting _____

Date: _____ Approved by: _____ Final _____

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: Dean Brady

Print name here: Dean Brady

D. TECHNICAL SITE DATA 1 Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK: Smoke 1co

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, water/flow) _____

Supervisory Devices (i.e., tamper, 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 _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances [] Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Date Received 1/5/21

Control # 92015834

Date Issued 3/15/21

Permit # 20210056



ELECTRICAL SUBCODE TECHNICAL SECTION



DR 346501208

Date Received 1/5/21
Control # 92015835
Date Issued 2/16/21
Permit # 2026040

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

Block 27 Qualification Code 25 ^{lot} WOODLAND AVE

Owner In Fee: LEAP BUILDERS INC

Tel. (732) 780 9022 e-mail LEAPBUILDERS1@GMAIL.COM

Address 102 HOWE LAWS FREEDHOLD NJ 07728

Contractor: Brady Electric ^{street} 104 FULTON ST ^{municipality} KEENPAT NJ 07735 Tel. (732) 934-4317 e-mail brady@bradyelec.com

Address 104 FULTON ST KEENPAT NJ 07735

Contractor License No. 124984 Exp. Date 3/21

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

Federal Emp. ID No. 141-62-2719 FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 6,100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Under-slab Utilities Approved

Date: 4/27 Approved by: [Signature]

[] Electric Plans Approved

Date: 4/27 Approved by: [Signature]

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 4/27 Approved by: [Signature]

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 4/27

Approved by: [Signature]

INSPECTIONS

Type: Rough Failure Approval Initial [Signature]

[] Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Barrier-Free

Temp. Cut-in-Card Date Issued 4/27/21

Final Cut-in-Card Date Issued

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 sign/Contractor sign and seal here: Brady Electric

Print name here: Brady Electric

Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW HOUSE

QTY SIZE ITEMS FEE (Office Use Only)

14 10 Lighting Fixtures [Signature]

3 10 Receptacles [Signature]

5 10 Switches [Signature]

1 10 Detectors [Signature]

1 10 Light Poles [Signature]

1 10 Motors—Fract. HP [Signature]

1 10 Emergency & Exit Lights [Signature]

1 10 Communications Points [Signature]

1 10 Alarm Devices/F.A.C. Panel [Signature]

1 10 TOTAL NUMBERS [Signature]

1 10 Pool Permit/with UW Lights [Signature]

1 10 Storable Pool/Spa/Hot Tub [Signature]

1 10 KW Elec. Range/Receptacle [Signature]

1 10 KW Elec. Water Heater [Signature]

1 10 KW Elec. Dryer/Receptacle [Signature]

1 10 KW Dishwasher [Signature]

1 10 HP Garbage Disposal [Signature]

1 10 KW Central A/C Unit [Signature]

1 10 HP/KW Space Heater/Air Handler [Signature]

1 10 KW Baseboard Heat [Signature]

1 10 HP Motors 1/+ HP [Signature]

1 10 KW Transformer/Generator [Signature]

1 10 AMP Service [Signature]

1 10 AMP Subpanels [Signature]

1 10 AMP Motor Control Center [Signature]

1 10 KW Elec. Sign/Outline Light [Signature]

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



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 27 Lot 1 Qualification Code _____
Work Site Location 25 Woodland Ave

Owner in Fee: LEAP BUILDERS INC

Tel. 732 780 9022 e-mail LEAPBUILDERS1@GMAIL.COM

Address 102 Howe Ln E-mail 732 241-4115

Contractor: JOHN BAKSON PLUMBING INC Tel. 732 241-4115

Address 60 MARIOTT e-mail _____

Contractor License No. 5488 Exp. Date 9/31

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 7000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial -Under-slab Utilities Approved

Date: _____ Approved by: _____

☒ Plumbing Plans Approved

Date: 1/8/24 Approved by: MV

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 1-8-24

Approved by: MV

SUBCODE APPROVAL for CERTIFICATE

☒ CO ☐ CC ☐ CA

Date: 6/25/24

Approved by: MV

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: John Bakson

☒ Licensed Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW HOUSE

QTY. 2 FIXTURE/EQUIPMENT

1 Water Closet

2 Urinal/Bidet

1 Bath Tub

1 Lavatory

1 Shower

1 Floor Drain

1 Sink

1 Dishwasher

1 Drinking Fountain

1 Washing Machine

1 Hose Bibb

1 Water Heater

1 Fuel Oil Piping

1 Gas Piping

1 LP Gas Tank

1 Steam Boiler

1 Hot Water Boiler

1 Sewer Pump

1 Interceptor/Separator

1 Backflow Preventer

1 Greasetrap

1 Sewer Connection

1 Water Service Connection

1 Stacks

1 Other FURNACE

FEE (Office Use Only)
\$ 475

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Date Received 1/5/21
Control # 192015835
Date Issued 2/14/21
Permit # 20210040



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 27 Lot 7 Qualification Code _____
Work Site Location 25 Wood Land Ave

Owner in Fee: LEAD BUILDERS INC

Tel. 732 7809022 e-mail LEADBUILDERS1@GMAIL.COM

Address 102 Howe Ln FREDHOLD NJ 07728

Contractor: Bradley Electric Tel. 732 989-9317

Address 104 Fulton St e-mail bigbird@tiscali.com

LEAD BLDG N.J. 07728

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

Fire Alarm Contractor No. 129454 Exp. Date 3/4

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 141-62-2719 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

OR [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____

[] Other _____ Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 400

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. [] Plumb. [] Elev.

SUBCODE APPROVAL FOR REPAIR

Date: _____ Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] Final

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: Brian Brady

Print name here: Brian Brady

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Smoke/CO

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, water/flow)

Supervisory Devices (i.e., tamper, 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 _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances [] Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney

Other _____

Date Received 1/5/21

Control # 92015835

Date Issued 2/16/21

Permit # 20210040

20210040



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 87 Lot 1 Qualification Code
Work Site Location 25 WOOD LAND AVE

Owner in Fee: LEAP BUILDERS INC

Tel. (732) 780 9022 e-mail LEAPBUILDERS1@GMAIL.COM

Address 102 HOUSE LAWE FREEDHOLD NJ 07728 zip code 07728

Contractor: LEAP BUILDERS INC Tel. (732) 780 9022

Address 102 HOUSE LAWE e-mail LEAPBUILDERS1@GMAIL.COM

Contractor License No. or Builder Registration No. 049179 Exp. Date 7/2022

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

Federal Emp. ID No. 463923845 FAX: ()

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
☒ No Plans Required				Footing			3/4/21	SC
☒ All	3/4/21	AB		Footing Bonding			3/4/21	SC
☐ Footings/Foundations				Foundation Backfill			3/16/21	SC
☐ Structural/Framework				Slab & Waller Pier			5/6/21	SC
☐ Exterior				Frame			7/6/21	SC
☐ Interior				Truss Sys./Bracing				SC
Joint Plan Review Required:				Barrier-Free				SC
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Insulation			5/11/21	SC
SUBCODE APPROVAL FOR PERMIT				Finishes -Base Layer				
Date: <u>3/4/21</u>				Finishes -Final			3/19/21	SC
Approved by: <u>LEAP BUILDERS INC</u>				Energy MID with				
SUBCODE APPROVAL FOR CERTIFICATE				Mechanical				
☐ CO ☐ CCO ☐ CA				TCO			4/1/21	AB
Date: <u> </u>				Others <u>check</u>				
Approved by: <u> </u>				Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present A5 Proposed A5 Constr. Class Present 5B Proposed 5B

No. of Stories 2 ft. 34'0" If Industrialized Building: State Approved HUD

Height of Structure 1007 sq. ft.

Area — Largest Floor 1950 sq. ft.

New Bldg. Area/All Floors 30210 cu. ft.

Volume of New Structure 30210 cu. ft.

Max. Live Load 55

Max. Occupancy Load 55

Est. Cost of Bldg. Work: 87,000

1. New Bldg. \$

2. Rehabilitation \$

3. Total (1+2) \$ 87,000

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

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: Felipe PRESIDENT

Print name here: LEAP BUILDERS INC

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New House

Date Received 1/5/21
Control # 02015835

Date Issued 2/16/21
Permit # 20210540

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 \$ 1009

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