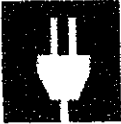




ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 219 Lot 7 Qualification Code _____
Work Site Location 395 Franklin St Clayton, NJ 08312

Owner In Fee: Jersey Top Quality Construction LLC

Tel. (609) 501-9441 e-mail njqualityconstruction@gmail

Address 270 London Ln Vineland, NJ 08361 zip code 836

Contractor: ALL Electric Inc Tel. (856) 498-7882

Address 949 Vineland Ave e-mail _____

Contractor License No. 10494 Exp. Date 03-21

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

Federal Emp. ID No. 223179604 FAX: (856) 575-0002

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as Single family Utility Co. _____
Est. Cost of Elec. Work \$ 6000

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

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Michael J Long

Print name here: Michael J Long

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:	QTY.	SIZE	ITEMS	FEE (Office Use Only)
New Home Elec Wiring				
Lighting Fixtures	25			
Receptacles	44			
Switches	31			
Detectors	6			
Light Poles	3			
Motors—Fract. HP	4			
Emergency & Exit Lights				
Communications Points				
Alarm Devices/F.A.C. Panel				
TOTAL NUMBERS	123			
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	1	75		
HP Garbage Disposal				
KW Central A/C Unit	1	37.5		
HP/KW Space Heater/Air Handler	1	6.75		
KW Baseboard Heat				
HP Motors 1/4 HP				
KW Transformer/Generator				
AMP Service	1	200		
AMP Subpanels				
AMP Motor Control Center				
KW Elec. Sign/Outline Light				
Administrative Surcharge \$				
Minimum Fee \$				
State Permit Surcharge Fee \$				
TOTAL FEE \$				