



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 88,01 Lot 5-501 Qualification Code 5-8

Work Site Location BLVD & 10th

Owner in Fee Rose & Associates

Address 2415 ASH ST.

BRIDGEVIEW NJ 07002

Tel (201) 481-3237

Contractor Charles Moya Elect

Address 39 Hudson Ave

Tel (330) 778-0628 FAX (330) 495-5005

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

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: ☒ New or ☐ Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: ☒ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System: _____

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

Location: _____ Location of Main Control Valve: _____

Fuel Storage Tank: _____

Fuel Type: ☐ Flammable or ☒ Combustible Capacity _____

Total Cost of Fire Protection Work \$ 200,00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required: _____

☐ Building ☐ Plumbing

☐ Electric ☐ Elevator

☒ Fire Plans Approved

Date: 2-28-02

Approved by: OS

SUBCODE APPROVAL

☒ CO ☐ L ☐ CA

Date: 2-28-02

Approved by: OS

INSPECTIONS

Type: _____ Failure _____ Approval _____ Initial _____

Alarm System 7-15-07

Suppression S/s. _____

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 or record) and am authorized to make this application. _____

☒ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: _____

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 _____

Fired Appliances ☒ Gas or ☐ Oil

Fireplace Venting/Metal Chimney _____

Other _____

Date Received _____

Control # _____

Date Issued _____

Permit # _____

Applicant's Signature/Contractor's Signature _____

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

U.C.C. F140
(rev. 1/04)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

06-24124H
8-14-06

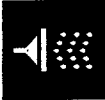
~~Long term~~

read CO det - / CO' of all before

56 - 7/27/07



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 88.01 Lot 5 + S.O.L Qualification Code
Work Site Location 58 Brower Drive
Owner in Fee BRICK NJ 08232
Address ROBERT CANNAGUZZO
24 EAST 31 ST
Tel (201) 481-3237 RAYDANE NJ 07002
Contractor OWNER
Address

Tel () FAX ()
Contractor License No.
Federal Emp. No.

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 \$15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Approval	Initial
☐ No Plans Required		Slab			
Joint Plan Review Required:		Rough			
☐ Building ☐ Electric		Water			
☐ Fire ☐ Elevator		Sewer			
☐ Plumbing Plans Approved		Fixtures			
Date: <u>8-14-05</u>		Gas Equipment			
Approved by: <u>[Signature]</u>		Gas Piping			
SUBCODE APPROVAL		LPG Gas Tank			
☐ CO ☐ LCO ☐ CA		Fuel Oil Piping			
Date: <u>6-19-05</u>		Solar			
Approved by: <u>[Signature]</u>		TCO			

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's Signature/Contractor's Seal and Signature
[] Licensed Plumbing Contractor [] Exempt Applicant

U.C.C. F130
(rev. 01/04)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

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

NO.	FIXTURE/EQUIPMENT
5	Water Closet
1	Urinal/Bidet
3	Bath Tub
3	Lavatory
8	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	LPG Gas Tank
1	Steam Boiler
1	Hot Water Boiler
1	Sewer Pump
1	Interceptor/Separator
1	Backflow Preventer
1	Greaselap
1	Sewer Connection
1	Water Service Connection
1	Stacks
1	Other
1	Other

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

Date Received
Control #
Date Issued
Permit #

06-2412+AA
18-14-06

12-28-65

Flat Out on above

② 1/4 you have made



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 88.01 Lot 57501 Qualification Code _____
Work Site Location 58 Brower Dr
Owner in Fee Robert Cannon
Address 241 East 31st
Bayonne NJ, 07002
Tel (201) 481-3237
Contractor Supreme Plumbing
Address 199 Trebing Place
Union NJ 07093
Tel (908) 377-9350 FAX () _____
Contractor License No. 11910
Federal Emp. No. 13-6425301

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 \$ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Type: _____	Failure _____ Approval _____ Initial _____
Joint Plan Review Required:	Slab _____	
☐ Building ☐ Electric	Rough _____	
☐ Fire ☐ Elevator	Water _____	
☐ Plumbing Plans Approved	Sewer _____	
Date: <u>12/24/07</u>	Fixtures _____	
Approved by: _____	Gas Equipment _____	
SUBCODE APPROVAL	Gas Piping _____	
☐ CO ☐ CCO ☒ CA	LP Gas Tank _____	
Date: <u>1-24-07</u>	Fuel Oil Piping _____	
Approved by: _____	Solar _____	
	TCO _____	
	<u>One Hrs</u>	<u>1-24-07</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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

Licensed Plumbing Contractor Exempt Applicant

U.C.C. F130
(rev. 01/04)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	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	
	Other <u>AUXILIARY Meter</u>	

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$ 65-

Date Received
Control #

Date Issued
Permit #

update 06-2412 TC
+ update
124/07
06-242TC

Change of Contractor

PERMIT # 06-2412

LOT: 5 BLOCK: 88.01

C. WALL FRAMING

1. EXTERIOR WALL FRAMING:

1 ST	2 ND	3 RD	FLOOR
☒	☒	☒	SIZE
☒	☒	☒	SPACE
☒	☒	☒	SPECIES AND GRADE
☒	☒	☒	CUTTING, NOTCHING, AND BORING
☒	☒	☒	HEADER SIZES
☒	☒	☒	JACK STUD BEARING
TOP PLATES			
☒	☒	☒	NAILING
☒	☒	☒	LAPS
☒	☒	☒	RAFTER TIES
☒	☒	☒	HURRICANE STRAPS (AS REQUIRED)

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

☒	LAYOUT PLANS
☒	TRUSS MEMBERS
☒	CONNECTION SCHEDULE
☒	PERMANENT BRACING DETAILS
☒	DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
☒	EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS
☒	LOCATION AS PER LAYOUT
☒	ALIGNMENT
☒	BEARING
☒	SPACING
☒	CONNECTIONS TO BEARING POINTS
☒	NO CONNECTION TO NON-BEARING POINTS
☒	DAMAGE AND DEFECTS
☒	ENGINEERED METHOD OF REPAIR

E. SHEATHING

1. SHEATHING - EXTERIOR WALLS:

MATERIAL	
☒	PANEL SPAN, THICKNESS
☒	SPECIAL REQUIREMENTS
☒	GAPING
☒	LAYOUT
☒	CORNER BRACING (IF REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

1 ST	2 ND	3 RD	FLOOR
☒	☒	☒	SIZE
☒	☒	☒	SPACE
☒	☒	☒	LAYOUT - SUPPORT BELOW PER CODE
☒	☒	☒	SPECIES AND GRADE
☒	☒	☒	CUTTING, NOTCHING, AND BORING
☒	☒	☒	HEADER SIZES
☒	☒	☒	JACK STUD BEARING
TOP PLATES			
☒	☒	☒	NAILING
☒	☒	☒	LAPS
☒	☒	☒	STRAPPING

2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):

☒	LAYOUT
☒	SIZE
☒	TYPE
☒	NAILING
☒	OVERLAP
☒	TERMINATION
☒	TRANSITION (I.E., CROSS) BRACING

3. CABLE END BRACING (AS PER DESIGN):

☒	LAYOUT
☒	SIZE
☒	TYPE
☒	NAILING
☒	OVERLAP
☒	TERMINATION

3. INTERIOR NON-LOAD-BEARING WALLS:

1 ST	2 ND	3 RD	FLOOR
☒	☒	☒	SIZE
☒	☒	☒	SPACE
☒	☒	☒	SPECIES AND GRADE
☒	☒	☒	CUTTING, NOTCHING, AND BORING
☒	☒	☒	HEADER SIZES
☒	☒	☒	TOP PLATE NAILING

4. SOLID SAWN ROOF FRAMING:

☒	SIZE
☒	GRADES, SPECIES
☒	LAYOUT
☒	SPACING
☒	SPAN
☒	BEARING
☒	FASTENING
☒	DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
☒	CUTTING, NOTCHING, AND BORING
☒	BRIDGING
☒	RIDGE SIZE
☒	HURRICANE TIES WHERE APPLICABLE

2. SHEATHING - ROOF:

MATERIAL	
☒	PANEL SPAN, THICKNESS
☒	SPECIAL REQUIREMENTS
☒	BLOCKING, EDGE (IF REQUIRED)
☒	CLIPS (IF REQUIRED)
☒	GAPING
☒	LAYOUT

SHEATHING, FRT - ROOF

☒	FOUR FEET FROM FIREWALL
☒	NONCORROSIVE FASTENERS

Initials, Resp. Person in Charge of Work: [Signature] Building Inspector: [Signature]



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 **88.1** Lot **5** Qualification Code _____
Work Site Location **58 BROWER DRIVE**
BRICK, NJ 08732

Owner in Fee: **ROBERT CANNARAZZO**
Tel. (**201-481-3237**) e-mail **BOBCJCI@MSN.COM**
Address **24 EAST 31st STREET, BAYONNE, NJ 07002**
Contractor: **SELF (HOMEOWNER)** Tel. (**201-481-3237**)
Address **24 EAST 31st STREET, BAYONNE, NJ 07002**
Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (_____)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Required	11/27/06	PA	Type:	Failure	Approval
☐ All			Footings		
☐ Footing			Footings Bonding		
☐ Foundation			Foundation		
☐ Frame			Slab		
☐ Other			Frame		
			Truss Sys./Bracing		
			Barrier-Free		
			Insulation		
			Finishes - Base Layer		
			Finishes - Final		
			Energy		
			Mechanical		
			TCO		
			Other		
			Final		
			Barrier-Free		

Joint Plan Review Required: ☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: _____ Approved by: _____

06/19/08

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ 3000
No. of Stories			2. Rehabilitation \$ _____
Height of Structure			3. Total (1+2) \$ _____
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

U.C.C. F110
(rev. 01/05)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CHANGING APPROVED FIREPLACE
FROM METAL TO MASONRY

OK Per Alan Borst

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 **FIREPLACE**
- ☐ Demolition

FEE (Office Use Only)

\$ _____

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

Date Received
Control #

Date Issued
Permit #

11/16/06
11/28/06
06-2412+B
006-105824



8-14-00
062412

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.

Qualification Code

Work Site Location 58 Blower Dr

NR164 NT 108732

Owner in Fee Robert Cameron

Address 241 E 43rd St

BA001	3	12	07007
BA002	3	2	07007

Tel. (201) 481-3237

Contractor Robert Adams

Address SAKAL

Tel. () _____
FAX 7211339-7610

Contractor License No. or Builder Registration No.

Federal Emp. No.

PLAN REVIEW		Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)
☒	No Plans Required	8-7-06	MM	Type: Footing	Failure	Approval: 09/26/06
☒	All			Footing Bonding		Initial: [Signature]
☐	Footing			Foundation - OD		
☐	Foundation			Slab - GARAGE		02/08/06
☐	Frame			Frame		03/30/07
☐	Other			Truss Sys./Bracing		
Joint Plan Review Required:				Barrier-Free		04/05/07
☐	Elec.	☐	Plumb.	☐	Insulation	
☐	Fire	☐	Elevator	Finishes - Base Layer		
SUBCODE APPROVAL				Finishes - Final		
☐	CO	☐	CCO	EnergySH		11/15/06
☐	CA	☐	CA	Mechanical		08/07/07
Date: 8-7-07				TCO		06/19/08
Approved by: [Signature]				Other		
				Final		
				Barrier-Free		

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	
No. of Stories			1. New Bldg. \$
Height of Structure			2. Rehabilitation \$
Area — Largest Floor			3. Total (1 + 2) \$
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

By 4 clips

By Frame Hurricane
clips to extend from
U.C.C. F110
(rev. 97/03)
After to end

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

08/07/07 REAR STERILIZING NOT DONE YET,
DOORS SECURED + POSTED "NOT IN USE"



**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 88.1 Lot 5.01 Qualification Code _____
Work Site Location 58 Brower Drive Brick

Owner in Fee Robert Cannarozzo
Address 44 E. 31st Street
Bayonne NJ 07002
Tel. (201) 481-3237
Contractor Robert Cannarozzo
Address 24 East 31st Street
Bayonne NJ 07002
Tel. (201) 481-3237 FAX (201) 339-7610
Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Required			Type: _____
☒ All			☐ Footing
☒ Footing			☐ Footing Bonding
☒ Foundation			☐ Foundation
☐ Frame			☐ Slab
☐ Other			☐ Frame
			☐ Truss Sys./Bracing
			☐ Barrier-Free
			☐ Insulation
			☐ Finishes -Base Layer
			☐ Finishes -Final
			☐ Energy
			☐ Mechanical
			☐ TCO
			☐ Other
			☐ Final
			☐ Barrier-Free
Joint Plan Review Required:			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			
SUBCODE APPROVAL			
☐ CO ☐ CCO ☐ CA			
Date: _____			
Approved by: _____			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	
Constr. Class	Present	Proposed	
No. of Stories	<u>3</u>		
Height of Structure	<u>38' 2"</u>		
Area — Largest Floor	<u>1516.5</u>		
New Bldg. Area/All Floors	<u>3991</u>		
Volume of New Structure	<u>621,205</u>		
Total Land Area Disturbed	<u>198.77</u>		

Est. Cost of Bldg. Work:

1. New Bldg.	\$ <u>350,000.00</u>
2. Rehabilitation	\$ _____
3. Total (1+2)	\$ <u>350,000.00</u>

Date Received _____
Control # _____
Date Issued 7/21/04
Permit # 06-2412

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.

Signature _____
Date _____

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
New Single Family Home
Footings & Foundation Only
As Built Foundation Survey Record
Silt Fence Most Plc in place

TYPE OF WORK:

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

FEE (Office Use Only)

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



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 881 Lot 545.9 Qualification Code _____
Work Site Location 58 Blower Dr.

Owner in Fee DAISY N.J.
Address Roseat PAVINA 0220

Tel (201) 245-3137
Contractor Bryant N.J. 07002

Address Charles Neil Elec.
39 Hudson Ave. N.J. 07734

Tel (732) 778-0606 FAX (732) _____
Contractor License No. 7665

Federal Emp. No. 130643031

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 18,500 WR 314652950

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date Initial	INSPECTIONS	Dates (Month/Day)
[] No Plans Required		Type:	Failure
Joint Plan Review Required:		Rough	31907M
[] Building [] Plumbing		Barrier-Free	
[] Fire [] Elevator		Trench	112806
Elec. Plans Approved		Temp. Serv.	
Date: <u>89061M</u>		Constr. Serv.	
Approved by: _____		TCO	
		Other	
		Service	12606
		Final	73007M
		Barrier-Free	
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued	
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued	12606
Date: <u>73007</u>		Annual Pool Inspection	8091607
Approved by: <u>WM</u>		Date of Grounding and Bonding	
		Certification	

Date Received
Control #

Date Issued
Permit #

06-24127-A
8-14-06

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY SIZE ITEMS
75 Lighting Fixtures
80 Receptacles
50 Switches
70 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 1/4 HP
KW Transformer/Generator
AMP Service
AMP Subpanels
AMP Motor Control Center
KW Elec. Sign/Outline Light

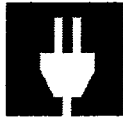
FEE (Office Use Only)

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

11-28-06
Drive way to
pole, NO #80 yet in pole



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 88.01 Lot 5 Qualification Code _____
Work Site Location 5880ower Dr
Owner in Fee Robert Cannon 08723
Address 241 East 31 Street
Tel (201) 48173237
Contractor CHARLES NEAL ELECTRICAL CONTRACTORS
Address 39 Hudson Ave
Tel (732) 787-4947 FAX (732) 495-5005
Contractor License No. 7662
Federal Emp. No. 138645231

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ \$3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPCTIONS	Dates (Month/Day)		
			Type:	Failure	Approval	Initial
☒ No Plans Required			Rough			
Joint Plan Review Required:			Barrier-Free			
[] Building [] Plumbing			Trench			
[] Fire [] Elevator			Temp. Serv.			
[] Elec. Plans Approved			Constr. Serv.			
Date: <u>31407</u>			TCO			
Approved by: <u>WML</u>			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			

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: 73007

Approved by: WML

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		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 Over/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 \$

FEE (Office Use Only)

\$



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 88.01 Lot 5 Qualification Code _____
Work Site Location 5880AVER DR
Owner in Fee AGENT ADVANCE MS. 08723
Address 2415 231 ST
Tel (201) 48173237
Contractor CHARLES NEAL ELECTRICAL CONTRACTORS
Address 33 HUDSON AVE
W. KENILWORTH NJ 07034
Tel (732) 787-4947 FAX (732) 495-5005
Contractor License No. 7662
Federal Emp. No. 138645231

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. B3500
Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type:	Failure	Approval	Initial
☒ No Plans Required			Rough			
Joint Plan Review Required:			Barrier-Free			
☐ Building ☐ Plumbing			Trench			
☐ Fire ☐ Elevator			Temp. Serv.			
☐ Elec. Plans Approved			Constr. Serv.			
Date: <u>3/1/07</u>			TCO			
Approved by: <u>AM</u>			Other			
			Service			
			Final			
			Barrier-Free			
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued			
☐ CO ☐ COO ☐ 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's Signature/Contractor's Seal and Signature

☐ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr. ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	Light Poles
_____	_____	Motors—Fract. HP
_____	_____	Emergency & Exit Lights
_____	_____	Communications Points
_____	_____	Alarm Devices/F.A.C. Panel
25	_____	TOTAL NUMBERS
18	_____	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
1	24	HP Motors 1/+ HP
2	100/60	KW Transformer/Generator
_____	_____	AMP Service
_____	_____	AMP Subpanels
_____	_____	AMP Motor Control Center
_____	_____	KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ _____

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

Date Received
Control #

Date Issued
Permit #

3/9/07
7-20-07
662421B

1944

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JAN 10 1944



1944





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 88.01 Lot 5 Qualification Code _____

Work Site Location 58 BLOOMER DR

Owner in Fee BUCK NO. 08723

Address ADAMT CANVAROZZO

Tel (201) 481-3237

Contractor CHARLES NEAL ELECTRICAL CONTRACTORS

Address 39 HUDSON AVE

Tel (732) 787-4947 FAX (732) 495-5005

Contractor License No. 7662

Federal Emp. No. 138645231

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ \$3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPCTIONS		Dates (Month/Day)	
	Date	Type:	Failure	Approval	Initial
☒ No Plans Required		Rough			
Joint Plan Review Required:		Barrier-Free			
[] Building [] Plumbing		Trench			
[] Fire [] Elevator		Temp. Serv.			
[] Elec. Plans Approved		Constr. Serv.			
Date: <u>3/1/07</u>		TCO			
Approved by: <u>VM</u>		Other			
		Service			
		Final			
		Barrier-Free			
SUBCODE APPROVAL		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			

Date Received 3/9/07 7-20-07
Control # _____
Date Issued _____
Permit # 06-2462-10

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's Signature/Contractor's Seal and Signature _____

[] Licensed Elec. Contractor [] Certified Landscape Irrigation Only [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

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 \$

FEE (Office Use Only)

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1. *Pharmaceutical industry* – The pharmaceutical industry is a major contributor to the U.S. economy, with sales of over \$200 billion in 2000. The industry is characterized by high R&D costs, long development times, and high barriers to entry. The industry is also heavily regulated by the FDA.

[illegible]

Clarify of Contractor + update
update 06-24/12 + C



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 888 Lot 57501 Qualification Code _____
Work Site Location 585000000000
Owner in Fee ROBERT GANNARDO
Address 241 EAST ST
BRIDGEVIEW NJ 07002
Tel (201) 481-3237
Contractor Supreme Plumbing
Address 199 TREBING PLACE
BRIDGEVIEW NJ 07003
Tel (904) 377-9350 FAX () _____
Contractor License No. 11910
Federal Emp. No. 13-64725301

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 \$ 1200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)		
[] No Plans Required	Type:	Failure	Approval	Initial
Joint Plan Review Required:	Slab			
[] Building [] Electric	Rough			
[] Fire [] Elevator	Water			
[] Plumbing Plans Approved	Sewer			
Date: <u>12/24/07</u>	Fixtures			
Approved by: _____	Gas Equipment			
SUBCODE APPROVAL	Gas Piping			
[] CO [] CCO [] CA	LP Gas Tank			
Date: _____	Fuel Oil Piping			
Approved by: _____	Solar			
	TCO			

C. CERTIFICATION IN LIEU OF SEAL

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's Signature/Contractor's Seal and Signature
[Signature] Licensed Plumbing Contractor [Signature] Exempt Applicant

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

NO.	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
1	Other <u>AUXILIARY MISC</u>

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 65-

FEE (Office Use Only)

Date Received
Control #
Date Issued
Permit #

1990

Change of Contractor
+ update

update 06-2412 + C



**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 8809 Lot 585 Qualification Code 5101
Work Site Location 58 Brower Dr
Owner in Fee ROBERT CANNA ROZZO
Address 241 EAST 31ST
BRAYONNE NJ 07002
Tel (201) 481-3237
Contractor [REDACTED] SUPREME PLUMBING
Address 199 TRUBING PLACE
UNION NJ 07083
Tel (908) 377-9350 FAX ()
Contractor License No. 11910
Federal Emp. No. 13-6425301

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 \$ 2200.00

JOB SUMMARY (Office Use Only)

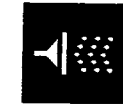
PLAN REVIEW
☐ No Plans Required
Joint Plan Review Required:
☐ Building ☐ Electric
☐ Fire ☐ Elevator
☒ Plumbing Plans Approved
Date: 12/28/06
Approved by: [Signature]
SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS	Dates (Month/Day)
Type:	
Slab	
Rough	
Water	
Sewer	
Fixtures	
Gas Equipment	
Gas Piping	
LP Gas Tank	
Fuel Oil Piping	
Solar	
TCO	

C. CERTIFICATION IN VIEW OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[Signature] Licensed Plumbing Contractor [Signature] Exempt Applicant



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

NO.	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
	Other <u>AUXILIARY MECH</u>

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$ 105-

Date Received
Control #
Date Issued
Permit # 1124167
1124121C

1

1. The first step in the process of creating a new product is to identify a market need. This involves conducting market research to understand what consumers want and what problems they are facing. Once a need is identified, the next step is to develop a concept that addresses this need. This is often done through brainstorming sessions with a team of designers and engineers. The concept is then refined through prototyping and testing, ensuring that it meets the requirements of the market. Finally, the product is launched into the market, and its performance is monitored to ensure it continues to meet the needs of consumers.

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(continued)

(continued from page 6)

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1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

1. *Chlorophyll a* (Chl *a*)
 2. *Chlorophyll b* (Chl *b*)
 3. *Chlorophyll c* (Chl *c*)
 4. *Chlorophyll d* (Chl *d*)
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 23. *Chlorophyll w* (Chl *w*)
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 28. *Chlorophyll ab* (Chl *ab*)
 29. *Chlorophyll ac* (Chl *ac*)
 30. *Chlorophyll ad* (Chl *ad*)
 31. *Chlorophyll ae* (Chl *ae*)
 32. *Chlorophyll af* (Chl *af*)
 33. *Chlorophyll ag* (Chl *ag*)
 34. *Chlorophyll ah* (Chl *ah*)
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 36. *Chlorophyll aj* (Chl *aj*)
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 41. *Chlorophyll ao* (Chl *ao*)
 42. *Chlorophyll ap* (Chl *ap*)
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 46. *Chlorophyll at* (Chl *at*)
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 48. *Chlorophyll av* (Chl *av*)
 49. *Chlorophyll aw* (Chl *aw*)
 50. *Chlorophyll ax* (Chl *ax*)
 51. *Chlorophyll ay* (Chl *ay*)
 52. *Chlorophyll az* (Chl *az*)
 53. *Chlorophyll aza* (Chl *aza*)
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 55. *Chlorophyll acz* (Chl *acz*)
 56. *Chlorophyll adz* (Chl *adz*)
 57. *Chlorophyll aez* (Chl *aez*)
 58. *Chlorophyll afz* (Chl *afz*)
 59. *Chlorophyll agz* (Chl *agz*)
 60. *Chlorophyll ahz* (Chl *ahz*)
 61. *Chlorophyll aiz* (Chl *aiz*)
 62. *Chlorophyll ajz* (Chl *ajz*)
 63. *Chlorophyll akz* (Chl *akz*)
 64. *Chlorophyll alz* (Chl *alz*)
 65. *Chlorophyll amz* (Chl *amz*)
 66. *Chlorophyll anz* (Chl *anz*)
 67. *Chlorophyll aoz* (Chl *aoz*)
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 78. *Chlorophyll ayz* (Chl *ayz*)
 79. *Chlorophyll azz* (Chl *azz*)
 80. *Chlorophyll azaa* (Chl *aza*)
 81. *Chlorophyll abz* (Chl *abz*)
 82. *Chlorophyll acz* (Chl *acz*)
 83. *Chlorophyll adz* (Chl *adz*)
 84. *Chlorophyll aez* (Chl *aez*)
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 93. *Chlorophyll anz* (Chl *anz*)
 94. *Chlorophyll aoz* (Chl *aoz*)
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 99. *Chlorophyll atz* (Chl *atz*)
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 108. *Chlorophyll abz* (Chl *abz*)
 109. *Chlorophyll acz* (Chl *acz*)
 110. *Chlorophyll adz* (Chl *adz*)
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 112. *Chlorophyll afz* (Chl *afz*)
 113. *Chlorophyll agz* (Chl *agz*)
 114. *Chlorophyll ahz* (Chl *ahz*)
 115. *Chlorophyll aiz* (Chl *aiz*)
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 119. *Chlorophyll amz* (Chl *amz*)
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 121. *Chlorophyll aoz* (Chl *aoz*)
 122. *Chlorophyll apz* (Chl *apz*)
 123. *Chlorophyll aqz* (Chl *aqz*)
 124. *Chlorophyll arz* (Chl *arz*)
 125. *Chlorophyll asz* (Chl *asz*)
 126. *Chlorophyll atz* (Chl *atz*)
 127. *Chlorophyll auz* (Chl *auz*)
 128. *Chlorophyll avz* (Chl *avz*)
 129. *Chlorophyll awz* (Chl *awz*)
 130. *Chlorophyll axz* (Chl *axz*)
 131. *Chlorophyll ayz* (Chl *ayz*)
 132. *Chlorophyll ayz* (Chl *ayz*)
 133.

[illegible]

1. The first step is to identify the problem or question that needs to be addressed. This involves understanding the context and the specific requirements of the task.



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 88.1 Lot 5 Qualification Code _____
Work Site Location 58 BROWER DRIVE
BRICK, NJ 08806732
Owner in Fee: ROBERT CANNARIZZO
Tel. (201-481-3237) e-mail ROEJC@GMSN.COM
Address 824 EAST 31ST STREET, EAYONNE, NJ 0807002
Contractor: SELF (HOMEOWNER) Tel. (201-481-3237)
Address 24 EAST 31ST STREET, HAYDENHILL, NJ 07002
Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	☒ All	Initial	Initial	Failure	Approval	Initial	Initial
☐ Footing	☐ Footing						
☐ Foundation	☐ Foundation						
☐ Frame	☐ Frame						
☐ Other	☐ Other						
Joint Plan Review Required:							
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator				
SUBCODE APPROVAL							
☐ CO	☐ CCO	☐ CA					
Date:							
Approved by:							

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>7111</u>
No. of Stories			2. Rehabilitation \$ _____
Height of Structure			3. Total (1+2) \$ _____
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

U.C.C. F110
(rev. 01/05)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canopy = 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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CHANGING APPROVED FIREPLACE
FROM METAL TO MASONRY

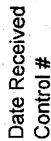
TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☒ Other FIREPLACE
- ☐ Demolition

FEE (Office Use Only)

\$ _____

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



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 88.1 Lot 5 Qualification Code _____
 Work Site Location 58 BROWER DRIVE
BRICK, NJ 08732

Owner in Fee: ROBERT CANNARIZZO

Tel. (201) 481-3237

Address 824 EAST 31st STREET, BAYONNE, NJ 07002

Contractor: _____ street _____ municipality _____ zip code _____
Tel. (201-461-3237)

Contractor: SELF (HOMEOWNER) Tel. (201) 461-3237

Address 24 EAST 31st STREET, RAYOLEMAIL, NJ 07002

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS	Dates (Month/Day)	
☐	☐	No Plans Required		Type:	Failure	Approval
☒	☒	All	11-22-06	Footings		
☐	☐	Footings		Footings Bonding		
☐	☐	Foundation		Foundation		
☐	☐	Frame		Slab		
☐	☐	Other		Frame		
Joint Plan Review Required:				Truss Sys./Bracing		
☐	☐	Elec.	☐	Barrier-Free		
☐	☐	Plumb.	☐	Insulation		
☐	☐	Fire	☐	Finishes - Base Layer		
☐	☐	Elevator		Finishes - Final		
SUBCODE APPROVAL				Energy		
☐	☐	CO	☐	Mechanical		
☐	☐	CCO	☐	TCO		
☐	☐	CA		Other		
Date: _____				Final		
Approved by: _____				Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	
No. of Stories			1. New Bldg. \$ 2000
Height of Structure			2. Rehabilitation \$ 2000
Area — Largest Floor			3. Total (1 + 2) \$ 4000
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

U.C.C. F110
(rev. 01/06)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CHANGING APPROVED FIREPLACE
FROM METAL TO MASONRY

Ok Pen Alan Borst

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 FIREPLACE
☐ ☐ Demolition

FEE (Office Use Only)

[illegible]

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



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 886 Lot 5+5.0 Qualification Code _____
Work Site Location 58 Blower Dr.
Owner in Fee DAISY NJ
Address Robert CANAMACORZO
Tel (201) 2481-3237
Contractor BAGDARE NJ-07602
Address 34 Hudson Ave.
Tel (731) 778-9678 FAX (732) _____
Contractor License No. 1665
Federal Emp. No. 13664331
B. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 18,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
[] No Plans Required			Type:				
Joint Plan Review Required:			Rough				
[] Building [] Plumbing			Barrier-Free				
[] Fire [] Elevator			Trench				
[] Elec. Plans Approved			Temp. Serv.				
Date: <u>8/20/06</u>			Constr. Serv.				
Approved by: <u>W</u>			TCO				
			Other				
			Service				
			Final				
			Barrier-Free				
SUBCODE APPROVAL			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				

Date Received
Control #
Date Issued
Permit #

06-24127-A
6-14-06

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Landscaping Irrigation Contr' [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
25		Lighting Fixtures
80		Receptacles
50		Switches
10		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

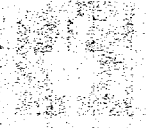
TOTAL NUMBERS

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	3.5
HP/KW Space Heater/Air Handler	
KW Baseboard Heat	
HP Motors 1/+ HP	
KW Transformer/Generator	
AMP Service	400
AMP Subpanels	100
AMP Motor Control Center	
KW Elec. Sign/Outline Light	1

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

11/11/11

11/11/11



11/11/11





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 88 Lot 5+5.9 Qualification Code _____
Work Site Location 58 BLOWER DR.
BAIC4 NJ
Owner in Fee Robert DAVANAKOZZO
Address 24 EAST 31
BAYonne NJ 07602
Tel (201) 481-3237
Contractor Charles New Elect
Address 39 Hudson Ave.
W. Kearnsburg N.J. 07734
Tel (732) 778-0628 FAX (732) _____
Contractor License No. 7668
Federal Emp. No. 136643231

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 18,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
☐ No Plans Required			Type:	Failure	Approval	Initial
Joint Plan Review Required:						
☐ Building	☐ Plumbing		Rough			
☐ Fire	☐ Elevator		Barrier-Free			
☒ Elec. Plans Approved			Trench			
			Temp. Serv.			
			Constr. Serv.			
			TCO			
			Other			
			Service			
			Final			
			Barrier-Free			
SUBCODE APPROVAL						
☐ CO	☐ CCC	☐ CA	Temp. Cut-in-Card Date Issued			
			Final Cut-in-Card Date Issued			
			Annual Pool Inspection			
			Date of Grounding and Bonding Certification			

Date: 8/9/06 Approved by: WM

SUBCODE APPROVAL

☐ CO ☐ CCC ☐ CA

Date: _____

Approved by: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Elec. Contractor ☐ Centifd Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
<u>75</u>		Lighting Fixtures
<u>80</u>		Receptacles
<u>40</u>		Switches
<u>10</u>		Detectors
		Light Poles
		Motors—Fract. HP
<u>30</u>		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

<u>25</u>	Pool Permit/with UW Lights
<u>25</u>	Storable Pool/Spa/Hot Tub
<u>25</u>	KW Elec. Range/Receptacle
<u>25</u>	KW Oven/Surface Unit
<u>25</u>	KW Elec. Water Heater
<u>25</u>	KW Elec. Dryer/Receptacle
<u>25</u>	KW Dishwasher
<u>25</u>	HP Garbage Disposal
<u>25</u>	KW Central A/C Unit
<u>25</u>	HP/KW Space Heater/Air Handler
<u>25</u>	KW Baseboard Heat
<u>25</u>	HP Motors 1/+ HP
<u>25</u>	KW Transformer/Generator
<u>25</u>	AMP Service
<u>25</u>	AMP Subpanels
<u>25</u>	AMP Motor Control Center
<u>25</u>	KW-Elec. Sign/Outline Light

Final

FEE (Office Use Only)

\$ _____

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



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 88.1 Lot S + 501 Qualification Code _____

Work Site Location 5-8 Brower Dr.

Owner in Fee BRICA ASS.

Address Rose + Cannara 02020

Tel 241-5451 Fax 241-5451

Contractor Charles Negl Elect

Address 39 Hudson Ave

Tel 201-481-3237

Address W. Henshaw NJ 07734

Tel (732) 778-0628 FAX (732) 495-5003

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: ☒ New or ☐ Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: ☒ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System: _____

Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank: _____

Fuel Type: ☐ Flammable or ☐ Combustible Capacity _____

Total Cost of Fire Protection Work \$ 200,000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☐ No Plans Required	Alarm System				
☐ Joint Plan Review Required:	Suppression Sys.				
☐ Building ☐ Plumbing	Standpipe				
☐ Electric ☐ Elevator	Fire Pump				
☒ Fire Plans Approved	Pre-Eng. System				
Date: <u>2-28-08</u>	Mechanical				
Approved by: <u>OB</u>	Smoke Control				
SUBCODE APPROVAL	TCO				
☐ CO ☐ CCO ☐ CA	Flam/Combust Tanks				
Date: _____	Fireplace Venting				
Approved by: _____	Final				
	Other				

U.C.C. F140 (rev. 1/04)
1 White = Inspector Copy
3 Pink = Office Copy

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

Applicant's Signature/Contractor's Signature
☒ Certified Contractor ☐ Except Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

FEE (Office 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 _____

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 _____

Fired Appliances ☒ Gas or ☐ Oil _____

Fireplace Venting/Metal Chimney _____

Other Gas fireplace _____

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



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 88.1 Lot 5-8 Brower Dr. Qualification Code _____
Work Site Location _____

Owner in Fee Robert & Catherine Corzo
Address 241 East 31st St.

Tel (201) 481-3237
Contractor Charles Nagel Elect

Address 39 Hudson Ave
Tel (732) 778-0688 FAX (732) 495-5003

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

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: ☒ New or ☐ Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: ☒ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System:
Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing
☐ Other _____ Location of Main Control Valve: _____

Location: _____

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

Total Cost of Fire Protection Work \$ 200,000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☐ No Plans Required	Alarm System				
Joint Plan Review Required:	Suppression Sys				
☐ Building ☐ Plumbing	Standpipe				
☐ Electric ☐ Elevator	Fire Pump				
☒ Fire Plans Approved	Pre-Eng. System				
Date: <u>7-28-08</u>	Mechanical				
Approved by: <u>SB</u>	Smoke Control				
SUBCODE APPROVAL	TCO				
☐ CO ☐ CCO ☐ CA	Flam/Combust Tanks				
Date: _____	Fireplace Venting				
Approved by: _____	Final				
	Other				

U.C.C. F140 (rev. 1/04)
1 White = Inspector Copy
3 Pink = Office Copy

06-24/12-11
8-14-06

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (owner, contractor, or subcontractor) and am authorized to make this application.

Applicant's Signature _____
Contractor's Signature _____
☒ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

FEE (Office Use Only)

	NUMBER	
Flammable/Combustible Tanks		
Alarm Systems		
☒ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	10	
Supervisory Devices (i.e., tampers, 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		
CO ₂ Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances ☒ Gas or ☐ Oil		
Fireplace Venting/Metal Chimney		
Other <u>Fireplace</u>		
Administrative Surcharge \$		
Minimum Fee \$		
State Permit Surcharge Fee \$		
TOTAL FEE \$		

20

20

[illegible]



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 881 Lot S+501 Qualification Code _____
Work Site Location 58 Brower Dr.
Owner in Fee APRIL NJ 08732
Address ROBERT CANNAROTTO
241 E 31
BRIDGE NJ 07002
Tel. (201) 4181-3237
Contractor ROBERT CANNAROTTO
Address SAME
Tel. () _____ FAX 201 339-7610
Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☒ No Plans Required	<u>8-9-06</u>	<u>SP</u>	Type:				
☒ All			Footing				
☐ Footing			Footing Bonding				
☐ Foundation			Foundation				
☐ Frame			Slab				
☐ Other			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
			Insulation				
			Finishes -Base Layer				
			Finishes -Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

Joint Plan Review Required: ☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date: _____ Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Plan Review only
see items highlighted in yellow.

See All Notes on Plans

TYPE OF WORK:

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

FEE (Office Use Only)

\$	

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

RECEIVED
JAN 10 1964

OFFICE OF THE
DIRECTOR

RECEIVED
JAN 10 1964

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JAN 10 1964

RECEIVED
JAN 10 1964



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 881 Lot S+5.01 Qualification Code _____
 Work Site Location 58 Brower Dr.
2414 NJ-08732
 Owner in Fee ROBERT CANAWA
 Address 2414 NJ-08732
 Tel. (201) 481-3737
 Contractor ROBERT CANAWA
 Address 58 Brower Dr.

Tel. () _____ FAX (201) 339-7610
 Contractor License No. or Builder Registration No. _____
 Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required			Type:				
☒ All	8-9-02		Footing				
☐ Footing			Footing Bonding				
☐ Foundation			Foundation				
☐ Frame			Slab				
☐ Other			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
			Insulation				
			Finishes -Base Layer				
			Finishes -Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator
 SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
 Date: _____
 Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Plan Review only
 see items highlighted in yellow.
 See All Notes on Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

\$ _____

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

U.C.C. F110
 (rev. 07/03)

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

090-2412
 6/21/02

Date Received
 Control #
 Date Issued
 Permit #

0623412
 8-14-02



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 381 Lot 5 + S.O.I. Qualification Code _____
Work Site Location 58 Brower Drive
Owner in Fee BRICK NJ. 08732
Address ROBERT CANNAGIOZZO
24 EAST 31 ST
Tel (201) 481-3737 07002
Contractor OWNER
Address _____

Tel () _____ FAX () _____
Contractor License No. _____
Federal Emp. No. _____

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 \$15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	Joint Plan Review Required:	Type:	Failure	Failure	Approval
☐ Building	☐ Electric	Slab			
☐ Fire	☐ Elevator	Rough			
☐ Plumbing Plans Approved		Water			
Date: <u>8-14-06</u>		Sewer			
Approved by: _____		Fixtures			
		Gas Equipment			
		Gas Piping			
		LPGas Tabby			
		Fuel Oil Piping			
		Solar			
		TCO			

SUBCODE APPROVAL
☐ 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's Signature/Contractor's Seal and Signature
☐ Licensed Plumbing Contractor ☒ Exempt Applicant

U.C.C. F130
(rev. 01/04)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

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

FIXTURE/EQUIPMENT

NO	FIXTURE/EQUIPMENT
5	Water Closet
1	Urinal/Bidet
3	Bath Tub
3	Lavatory
8	Shower
110	Floor Drain
290	Sink
1	Dishwasher
1	Drinking Fountain
1	Washing Machine
1	Hose Bibb
1	Water Heater
1	Fuel Oil Piping
1	Gas Piping
1	LPGas 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 <u>FURNACE</u>
1	Other <u>A/C</u>

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

Date Received
Control #
Date Issued
Permit #

06-2412+1A
18-14-06

1941 - 1942 - 1943 - 1944 - 1945



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 881 Lot 54501 Qualification Code _____
Work Site Location 58 Brower Drive
Owner in Fee ROBERT CANNARIZZO
Address 241 EAST 31 ST
Tel (201) 484-3237 07002
Contractor OWNER
Address _____

Tel () _____ FAX () _____
Contractor License No. _____
Federal Emp. No. _____

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 \$15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Approval	Initial
☐ No Plans Required		Slab			
Joint Plan Review Required:		Rough			
☐ Building ☐ Electric		Water			
☐ Fire ☐ Elevator		Sewer			
☐ Plumbing Plans Approved		Fixtures			
Date: <u>8-14-05</u>		Gas Equipment			
Approved by: _____		Gas Piping			
SUBCODE APPROVAL		LP Gas Tank			
☐ CO ☐ CCO ☐ CA		Fuel Oil Piping			
Date: _____		Solar			
Approved by: _____		TCO			

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's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☒ Exempt Applicant

U.C.C. F130
(rev. 01/04)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

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

FIXTURE/EQUIPMENT

NO.	FIXTURE/EQUIPMENT	DATE
1	Water Closet	110
2	Urinal/Bidet	240
3	Bath Tub	112
4	Lavatory	
5	Shower	
6	Floor Drain	
7	Sink	
8	Dishwasher	
9	Drinking Fountain	
10	Washing Machine	
11	Hose Bibb	
12	Water Heater	
13	Fuel Oil Piping	
14	Gas Piping	
15	LP Gas Tank	
16	Steam Boiler	
17	Hot Water Boiler	
18	Sewer Pump	
19	Interceptor/Separator	
20	Backflow Preventer	
21	Greasetrap	
22	Sewer Connection	
23	Water Service Connection	
24	Stacks	
25	Other	
26	Other	

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

Date Received
Control #
Date Issued
Permit #

06-2412+H
18-14-06

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