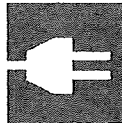




ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 124 Lot 22.01 Qualification Code _____
Work Site Location FEDEX 25 TALLADGE RD, EDISON, NJ 08837

Owner in Fee: PROLOGIS, INC

Tel. (303) 567 5446 e-mail aperdman@prologis.com

Address 25 TALLADGE RD EDISON, NJ, 08837

Contractor: MODERN ELECTRIC CO Tel. 973 478-1222

Address 71 Crookes Av e-mail TEEE@MODERN

CURTON, NJ, 07011 ELECTRIC.COM

Contractor License No. 18037 Exp. Date 03/31/2024

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

Federal Emp. ID No. 221847952 FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present LOGISTICS Proposed SOLAR

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
[] No Plans Required	Type: Failure Failure Approval Initial
[] Partial -Underslab Utilities Approved	Rough _____
Date: _____ Approved by: _____	Barrier-Free _____
[] Electric Plans Approved	Trench _____
Date: _____ Approved by: _____	Temp. Serv. _____
Joint Plan Review Required:	Constr. Serv. _____
[] Bldg. [] Plumb. [] Fire. [] Elev.	TCO _____
SUBCODE APPROVAL for PERMIT	Other _____
Date: <u>10/24/21</u>	Service _____
Approved by: _____	Final _____
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free _____
[] CO [] CCO [] CA	Temp. Cut-in-Card Date Issued _____
Date: <u>12/22/21</u>	Final Cut-in-Card Date Issued _____
Approved by: _____	Annual Pool Inspection _____
	Date of Grounding and Bonding Certification _____

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: JAMIE GOLUB

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

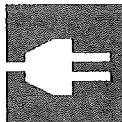
SHUTDOWN REQUEST (2022) FOR Sunday

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	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 \$ _____



ELECTRICAL SUBCODE TECHNICAL SECTION



CHANGE OF
CONT.

Date Received 10/20/21
Control # 164887
Date Issued 10/20/21
Permit # 2021-2565

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

Block 124 Lot 22.01 Qualification Code

Work Site Location FEDEX 25 TALMADGE RD

EDISON, NJ, 08837

Owner in Fee: PROLOGIS, INC

Tel. (303) 567-5446 e-mail apeelman@prologis.com

Address 25 TALMADGE RD EDISON, NJ, 08837

Contractor: MODERN ELECTRIC CO. Tel. (973) 478-1222

Address 71 CROOKS AV CLIFTON, NJ, 07011

Contractor License No. 18037 Exp. Date 03/31/2024

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

Federal Emp. ID No. 221847952 FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present LOGISTICS Proposed SOLAR

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 735,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required.	Type:	Failure Failure Approval Initial
☐ Partial -Underslab Utilities Approved.	Rough	
Date: Approved by:	Barrier-Free	
☐ Electric Plans Approved	Trench	
Date: Approved by:	Temp. Serv.	
Joint Plan Review Required:	Constr. Serv.	
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	TCO	
SUBCODE APPROVAL for PERMIT	Other	
Date: Approved by:	Service	
SUBCODE APPROVAL for CERTIFICATE	Final	
☐ CO ☐ CCO ☐ CA	Barrier-Free	
Date: Approved by:	Temp. Cut-in-Card Date Issued	
	Final Cut-in-Card Date Issued	10/24/21
	Annual Pool Inspection	for CT SEP 2021
	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:

Print name here: Jamie Golub

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

D. TECHNICAL SITE DATA

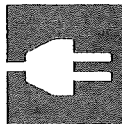
DESCRIPTION OF WORK: Rooftop 3.996 MW Commercial Solar Project

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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	
		SEE ATTACHED	

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 124 Lot 22.01 Qualification Code _____
Work Site Location FEDCO 25 TALMADGE RD, EDISON, NJ 08837

Owner in Fee: PROLOGIS INC

Tel. (303) 567 5446 e-mail apedman@prologis.com

Address 25 TALMADGE RD EDISON, NJ 08837

Contractor: Modern Electric Co Tel. (973) 478-1222

Address 71 Grades Av e-mail TEERI@modern
Clifton, NJ 07011 electric.com

Contractor License No. 18037 Exp. Date 03/31/2024

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

Federal Emp. ID No. 22184 79 52 FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present Logistics Proposed solar

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
☒ No Plans Required		Rough			
☐ Partial -Underslab Utilities Approved		Barrier-Free			
Date: _____ Approved by: _____		Trench			
☐ Electric Plans Approved		Temp. Serv.			
Date: _____ Approved by: _____		Constr. Serv.			
Joint Plan Review Required:		TCO			
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>10/20/21</u>		Final		<u>12/22/21</u>	<u>PL</u>
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 sign and seal here:

Print name here: Jamie Grob

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

SHUTDOWN REQUEST (1 or 2) FOR Sunday

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 \$ _____

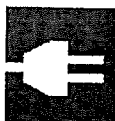
Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



ELECTRICAL SUBCODE TECHNICAL SECTION



Revised Tech Card

Date Received 163308
Control #
Date Issued 7-6-21
Permit #

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

Block 124 Lot 22.01 Qualification Code
Work Site Location FedEx 25 Talmadge Rd, Edison, NJ 08837

Owner in Fee: Prologis, Inc.

Tel. (303) 567-5446 e-mail aperlman@prologis.com

Address 25 Talmadge Road Edison, NJ 08837

Contractor: North Electric, Inc. Tel. (973) 454-1455

Address 403 Rifle Camp Road e-mail rados@northelectricinc.com
Woodland Park, NJ 07424

Contractor License No. 34EB00803200 Exp. Date 03/31/23

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

Federal Emp. ID No. 22-3796567 FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present Logistics Proposed Solar

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 1,066,560

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Underslab Utilities Approved

Date: 6/27/21 Approved by: [Signature]

[] Electric Plans Approved

Date: 6/29/21 Approved by: [Signature]

Joint Plan Review Required:

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

SUBCODE APPROVAL PERMIT

Date: 6/29/21 Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO [] CA

Date: 12/2/21

Approved by: [Signature]

INSPECTIONS

Type: Failure Failure Approval Initial

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

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

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: Rados Milojkovic

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 3,999.6 Commercial Rooftop Solar Project

QTY. SIZE ITEMS
Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points DAS
Alarm Devices/F.A.G. Panel PV
MODULES

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 SOLAR SWITCH BOARD
AMP Subpanels
AMP Motor Control Center INVERTER
KW ~~Base~~ Sign/Outline Light PERM
SEE ATTACHED

FEE (Office Use Only)

2017 NEC

125-

\$132,800

950

1875

2400

100

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Keep in file



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 124 Lot 22.01 Qualification Code _____
Work Site Location FedEx 25 Talmadge Rd, Edison, NJ 08837

Owner in Fee: Prologis, Inc.
Tel. (303) 567-5446 e-mail aperlman@prologis.com

Address 25 Talmadge Road Edison, NJ 08837
Contractor: North Electric, Inc. Tel. (973) 454-1455
Address 403 Rifle Camp Road e-mail rados@northelectricinc.com
Woodland Park, NJ 07424

Contractor License No. or Builder Registration No. 34EB00803200 Exp. Date 03/31/21
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 22-3796567 FAX: (_____) _____

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Approval	Initial
☐ No Plans Required			Footing			
☒ All	<u>6/10/21</u>	<u>[Signature]</u>	Footing Bonding			
☒ Footings/Foundations			Foundation			
☐ Structural/Framework			<u>Slab</u>			
☐ Exterior			<u>Frame</u>			
☐ Interior			Truss Sys./Bracing			
Joint Plan Review Required:			Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation			
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer			
Date: <u>6/10/21</u>			Finishes -Final			
Approved by: <u>[Signature]</u>			Energy			
SUBCODE APPROVAL for CERTIFICATE			Mechanical			
☐ CO ☐ CCO ☒ CA			TCO			
Date: <u>11/27/21</u>			Other			
Approved by: <u>B. G. [Signature]</u>			Final			
			Barrier-Free			

Handwritten notes:
 - 2 SMART EGT Slabs 10/22/21
 - Final Frame 11/23/21
 - Insulation Solar Panels 12/13/21
 - NEED Closeout Letter for Hazardous Bleeds 12/27/21

B. BUILDING CHARACTERISTICS

Use Group Present Logistics Proposed Solar
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) \$ 519,979

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

Date Received 163308
Control # 7-6-21

Date Issued _____
Permit # 2021-2565

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]
Print name here: Rados Milojkovic

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

3,999.6 Commercial Rooftop Solar Project

Handwritten: concrete PnDs

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 Solar
- ☐ Demolition

FEE (Office Use Only)

\$ _____

18,199

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

P.O. in Elec. RM 732-803-0061



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 124 Lot 22.01 Qualification Code _____
Work Site Location FedEx 25 Talmadge Rd, Edison, NJ 08837

Owner in Fee: Prologis, Inc.

Tel. (303) 567-5446 e-mail aperlman@prologis.com

Address 25 Talmadge Road Edison, NJ 08837
street municipality zip code

Contractor: North Electric, Inc. Tel. (973) 454-1455

Address 403 Rifle Camp Road e-mail rados@northelectricinc.com
Woodland Park, NJ 07424

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. 22-3796567 FAX: () Contractor

B. FIRE PROTECTION CHARACTERISTICS 34EB00803200 Exp. Date: 03/31/21

Use Group: Present Logistics Proposed Solar Fuel Storage Tank:

Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable OR [] Combustible
Capacity _____

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 _____ [] New OR [] Existing

Location: _____ Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 0

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
[] No Plans Required	Alarm System				
[] Partial -Underslab Utilities Approved	Suppression Sys.				
Date: _____ Approved by: _____	Standpipe				
[X] Fire Protection Plans Approved	Fire Pump				
Date: <u>11/22/21</u> Approved by: <u>BL</u>	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL for PERMIT	TCO				
Date: <u>11/22/21</u>	Flam/Combust. Tanks				
Approved by: <u>B. M. M. M.</u>	Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE	Final <u>Solar Panels</u>				
[] CO [] CCO [] CA	Other _____				
Date: <u>12/13/21</u>					
Approved by: <u>B. M. M. M.</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.

Applicant/Contractor sign here: Rados Milojkovic

Print name here: Rados Milojkovic

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

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., 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 Solar Panels _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

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

Fireplace Venting/Metal Chimney _____

Other Solar _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____