**TUCKERTON CONSTRUCTION OFFICE**
**420 E MAIN ST**
**TUCKERTON NJ. 08087**
**CODE ENFORCEMENT**
**609-296-3254**

**July 24, 2020**

**Response to OPRA request : Tuckerton Clerk**

**As per the OPRA request dated 7/23/2020 the Code Enforcement Office has had no written or oral request nor conducted any life safety inspections at the Tuckerton Fire Department AKA as Station # 50 on N. Green St. Tuckerton NJ 08087, between the year 2016 and the present date.**

**James J Mc Andrew**
**Code Enforcement Officer**
**Tuckerton N.J. 08087**

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received / Control # 11-17-17

Date Issued / Permit # 1700305

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

Block 48 Lot 20.01 Qualification Code

Work Site Location 111 NORTH GREEN STREET
TUCKERTON, N.J.

Owner in Fee: TUCKERTON VOL. FIRE CO.

Tel. (609) 296-4546 e-mail

Address 111 NORTH GREEN ST. TUCKERTON N.J. 08087
street municipality zip code

Contractor: Tel. ( )

Address e-mail

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 |
|---|---|---|
| [X] No Plans Required | 11/17/17 | V |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | | |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 11/17/17
Approved by: V

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | 10 3 18 | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

**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. $ 5K
2. Rehabilitation $ 2K
3. Total (1+ 2) $ 7K

**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: ASST CHIEF

Print name here: LEWIS E. (LEE) ELBERT

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

INSTALL ORIGINAL STYLE DOORS & RAMP IN EXISTING OPENINGS
RENOVATE BATHROOM.
INSTALL BUNK ROOMS; REMOVE 2ND STORY DOOR — REPLACE WITH DROP-DOWN FIRE ESCAPE & DOUBLE HUNG WINDOW; REMOVE OUTSIDE STAIRS; & ANY RELATED WORK.
DOUBLE HUNG WINDOW MINIMUM 5.7 SQ FT OF CLEAR OPENING
PLUMBING & ELECTRIC AS UPDATES LICENSED CONTRACTOR

TYPE OF WORK:
[X] New Building
[ ] Addition
[X] 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
[X] Other C OF O
[ ] Demolition

FEE (Office Use Only)

| | |
|---|---|
| | $ 150 |
| | 75 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | 50 |
| | |
| Administrative Surcharge $ | |
| Minimum Fee $ | |
| State Permit Surcharge Fee $ | 13 |
| TOTAL FEE $ | N/F |

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

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

Reorder call: (732) 534-3000

- 10 3 18

No Egress in Room if Door is Taken Out

# MECHANICAL INSPECTOR
## TECHNICAL SECTION

Date Received / Control # 12/29/17

Date Issued / Permit # 1700368

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

Block 48 Lot 20.01 Qualification Code _____

Work Site Location 111 N. Green St Tuckerton Fire Dept

Owner in Fee: Tuckerton Fire Dept.

Tel. ( _____ ) _____ e-mail _____

Address _____ (street / municipality / zip code)

Contractor: D'Amore Refrigeration Tel. (609) 213-8512

Address 409 Bridgeport Rd Tuckerton e-mail _____

Contractor License No. or Builder Registration No. 0620 Exp. Date 5-30-18

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

Federal Emp. ID No. 04-3632837 FAX: ( 609 ) 296-3910

**B. MECHANICAL CHARACTERISTICS**

**Use Group:** Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

**Heating System work:** [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [ ] Oil [X] Electric [ ] Solar [ ] Other _____

Estimated Cost of Mechanical Work $ 5000 –

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[X] Mechanical Plans Approved
Date: 12 26 17 Approved by: O

Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12 26 17
Approved by: O

SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: _____
Approved by: _____

| INSPECTIONS Type: | DATES Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Gas Piping | | | | |
| Appliance | | | | |
| Chimney/Vent | | | | |
| Oil Piping | | | | |
| Oil Tank | | | | |
| LPG Tank | | | | |
| Hydronic Piping | | | | |
| Fireplace | | | | |
| Chimney Cert. | | | | |
| 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.

Sign here: Frank D'Amore

Print name here: FRANK D'AMORE

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Install a 2½ Ton Ductless A/C system

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) $ |
|---|---|---|
| | Water Heater | |
| | Fuel Oil Piping Connections | |
| | Gas Piping Connections | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Hot Air Furnace | 100 |
| | Oil Tank | |
| | LPG Tank | |
| | Fireplace | |
| | Other | |

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ NF

**TOTAL FEE** $ _____

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received / Control # 12/29/17
Date Issued / Permit # 1700368

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

Block 78 Lot 20.01 Qualification Code

Work Site Location 111 N. Green St Tuckerton Fire Dept.

Owner in Fee: Tuckerton Fire Dept.

Tel. ( ) e-mail

Address

Contractor: (street) D'Amore Refrig & Elec. (municipality) Tel. 609 713-8512 (zip code)

Address 409 Bridgeboro Tuckerton e-mail

Contractor License No. 6956 Exp. Date 3-31-18

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

Federal Emp. ID No. FAX: ( )

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1000

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12/26/17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |
| Barrier-Free | | | | |

Dates (Month/Day)

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: Frank D'Amore

Print name here: FRANK D'AMORE

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: wiring for Dorm Rooms

| QTY | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 6 | | Lighting Fixtures | |
| 12 | | Receptacles | |
| 4 | | Switches | |
| 3 | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| 4 | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| 29 | | TOTAL NUMBERS | $ 75 |
| | | 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 | |
| 1 | | KW Central A/C Unit | 25 |
| 1 | | HP/KW Space Heater/Air Handler | 25 |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | | 125 |

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ N/F |
| State Permit Surcharge Fee | $ |
| TOTAL FEE | $ |

U.C.C. F120 (rev. 11/09)

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 10-26-16
Control #
Date Issued
Permit # 292-16

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

Block 48 Lot 20.01 Qualification Code

Work Site Location 111 B Green Street, Tuckerton, NJ 08087

Owner in Fee: Borough of Tuckerton Fire Department.

Tel. ( ) e-mail

Address 111 B. Green Street (street) Tuckerton (municipality), NJ 08087 (zip code)

Contractor: Spectracom Security Tel. (856) 910-9880

Address 5090 Central Hwy. Suite 6 e-mail
Pennsauken, NJ 08109

Contractor License No. 34BF00036600 Exp. Date 1/31/17

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

Federal Emp. ID No. 223-579-247000 FAX: (856) 910-9274

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ ~~Estimated~~ 1,300

**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: Michael Cavin.

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: Tie in Fire Panel.

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| 13 | | Alarm Devices/F.A.C. Panel | |
| | | | |
| | | TOTAL NUMBERS | $ Exempt |
| | | 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 | |
| | | | 75 |

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW 10/25/16
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/25/16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 11/15/16
Approved by: 9400

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other SEE BACK | | | | |
| Service | | | | |
| Final | 11/10/16 | | 11/15/16 | |
| Barrier-Free | | | | |

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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

U.C.C. F120 (rev. 11/09)



(311) NF Rec # 1895

00112-16

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

Date Received / Control # 10-26-16

Date Issued / Permit # 292-16

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

Block 48 Lot 20.01 Qualification Code

Work Site Location 1110 Green Street, Tuckerton, NJ 08087

Owner in Fee: Borough of Tuckerton Fire Department

Tel. ( ) e-mail

Address 1110 Green Street, Tuckerton, NJ 08087 (street, municipality, zip code)

Contractor: Spectracom Security Tel. (856) 910-9380

Address 5090 Central Hwy, Suite 6 e-mail

Pennsauken, NJ 08109

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

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

Fire Alarm Contractor No. 34BF00036d00 Exp. Date 1/31/17

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

Federal Emp. ID No. 223-579-247000 FAX: (856) 910-9274

### B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ $3,924.46

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [X] New OR [ ] Existing
Location of Panel: Basement

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

### 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 sign/Contractor sign and seal here:

Print name here: Michael Carvin

[X] Certified Contractor [ ] Exempt Applicant

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Windowless Basement Fire System

Water Supply Source

Method of Alarm/Suppression System Supervision

| | NUMBER | FEE (Office Use Only) $ |
|---|---|---|
| Flammable/Combustible Tanks | | |
| Alarm Systems | | |
| [X] System V32 Fire Panel | | |
| [ ] 110v Interconnected | | |
| [ ] CO Detectors/110v | | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | 9 | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | 4 | |
| Other Devices CSM Rec 6116CRC KP. | | |
| 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 | | |
| Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid | | |
| Fireplace Venting/Metal Chimney | | |
| Other | | |
| Administrative Surcharge $ | | |
| Minimum Fee $ | | 75 |
| State Permit Surcharge Fee $ | | |
| TOTAL FEE $ | | |

### JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: ____ Approved by: ____
[X] Fire Protection Plans Approved
Date: 10 26 16 Approved by: D
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10 25 16
Approved by: D

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 11 2 16
Approved by: D

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm System | | | | |
| Suppression Sys. | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | | | | |
| Smoke Control | | | | |
| TCO | | | | |
| Flam/Combust Tanks | | | | |
| Fireplace Venting | | | | |
| Final | | | 11 2 16 | D |
| Other | | | | |

# MechANICAL INSPECTOR
## HNICAL SECTION

Date Received / Control # 11-16-16

Date Issued / Permit # 313-16

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

48 Lot 20.01 Qualification Code

e Location 111 N. Green St

Owner in Fee: Tuckerton Fire Dept.

Tel. ( ) e-mail

Address 111 N. Green St (street)

Contractor: D'Amore Refrig & Heating (municipality) NJ (zip code) Tel. (609) 713-8512

Address 409 Bridgeton Ave Tuckerton e-mail

Contractor License No. or Builder Registration No. 0620 Exp. Date 6-30-18

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

Federal Emp. ID No. 64-3632837 FAX: (609) 296-3910

### B. MECHANICAL CHARACTERISTICS

**Use Group:** Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

**Heating System work:** [X] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air Heat Pump

Fuel Type: [ ] Gas [ ] Oil [X] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 3500

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[X] No Plans Required

[ ] Mechanical Plans Approved

Date: 11/9/16 Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 11/14/16

Approved by:

SUBCODE APPPROVAL for CERTIFICATE

[ ] CA [ ] CCO

Date:

Approved by:

| INSPECTIONS Type: | Failure | Failure | DATES Approval | Initial |
|---|---|---|---|---|
| Gas Piping | | | | |
| Appliance | | | | |
| Chimney/Vent | | | | |
| Oil Piping | | | | |
| Oil Tank | | | | |
| LPG Tank | | | | |
| Hydronic Piping | | | | |
| Fireplace | | | | |
| Chimney Cert. | | | | |
| Other FINAL | | | 1-15-17 | LD |

### 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: Frank D'Amore

Print name here: FRANK D'AMORE

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL A 2 Ton ductless HEAT Pump in REAR OFFICE.

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| | Water Heater | $ |
| | Fuel Oil Piping Connections | |
| | Gas Piping Connections | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Hot Air Furnace | |
| | Oil Tank | |
| | LPG Tank | |
| | Fireplace | |
| X | Other | 100 |

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

**TOTAL FEE** $

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 11-16-16
Control #
Date Issued
Permit # 313-16

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

Block 48 Lot 20.01 Qualification Code

Work Site Location 111 N. Green St

Owner in Fee: Tuckerton Fire Dept.

Tel. ( ) e-mail

Address 111 N. Green St
street municipality zip code

Contractor: D'Amore Refrig or Elec. Tel. (609) 713-8512

Address 409 Brigantine Tell. e-mail
Tuckerton

Contractor License No. 6956 Exp. Date 3-31-18

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

Federal Emp. ID No. 04-3632837 FAX: (609) 296-3910

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500 -

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/15/16
Approved by: 9400

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1.17.17
Approved by: 9400

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 1.17.17 | |
| Barrier-Free | | | | |

Dates (Month/Day)

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: FRANK D'AMORE

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: Ductless Heat Pump

| 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 | |
| 1 | 2.1kW | 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 | |
| | | | |

75

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

92

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Reorder call: (732) 534-3000

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received 10-3-18
Control #

Date Issued
Permit # 1700368

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

Block 48 Lot 20.01 Qualification Code

Work Site Location Firehouse

Owner in Fee: Tuckerton Fire Dept.

Tel. ( ) e-mail

Address 111 N. Green St.
street municipality zip code

Contractor: D'Amore Refrig & Elec. Tel. (609) 713-8512

Address 409 Brigantine Blvd e-mail
Tuckerton.

Contractor License No. 0620 Exp. Date 6-3-21

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

Federal Emp. ID No. 82-3827676. FAX: 609 296-3910

**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 $ 500-

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-3-18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10-3-18
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | 10-3-18 | CD |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| 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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Frank D'Amore

Print name here: FRANK D'AMORE

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
Gas Piping

| QTY. | 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 | |
| X | Gas Piping | 75.00 |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| | Other | |

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ 75.00 |
| State Permit Surcharge Fee | $ |
| TOTAL FEE | $ N/F 76 |

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To Reorder: Call 732.534.3000

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 8-5-16
Control #
Date Issued
Permit # 204-16

92

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

Block 178 Lot 20.01 Qualification Code

Work Site Location 111-North Green ST
Tuckerton N.J.

Owner in Fee: Tuckerton Fire Co.

Tel. ( ) e-mail

Address Same
street municipality zip code

Contractor: Moonlight Electric Tel. (609) 296-4062

Address 4-Tonys Dr. e-mail
Little Egg Harbor N.J. 08087

Contractor License No. 7035 Exp. Date

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

Federal Emp. ID No. 155246484 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1600

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: Ronald S. Chambers

Print name here: Ronald S. Chambers

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: wiring for OFFice Next To Kitchen

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 5 | | Lighting Fixtures | |
| 12 | | Receptacles | |
| 4 | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| 1 | | 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 | 75 |

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/4/16
Approved by: JH 9400

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10/18/16
Approved by: JH 9400

INSPECTIONS

| Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | 8/9/16 | | 8/16/16 | JH |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 10/18/16 | JH |
| Barrier-Free | | | | |

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

COMPLY WITH NFPA 70
NEC 2014 EDITION

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Reorder call: (732) 534-3000

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