TOWNSHIP OF SADDLE BROOK
93 MARKET STREET
SADDLE BROOK, N.J. 07663

Date Issued 09/04/24
Control #
Permit # 24-279

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1104 Lot 22 Qual
Work Site Location 355 MAYHILL STREET

Owner in Fee/Occupant SADDLE BROOK HIGH SCHOOL
Address 355 MAYHILL STREET
SADDLE BROOK, NJ 07663-
Telephone (201) 843-1142
Contractor NORTHEAST CONSTRUCTION SEVICES
Address 15 DONNA LANE
FLANDERS, NJ 07836-
Telephone (973)590-1275 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH10764200
Federal Emp. No. 81-3633408

Home Warranty No.
[ ] State [ ] Private
Use Group E-
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

BATHROOM RENOVATION

[ ] CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

Fee $ 0
Paid [ ] Check No.
Collected by:

Construction Official

U.C.C. F260 (rev. 3/96)

TOWNSHIP OF SADDLE BROOK
93 MARKET STREET
SADDLE BROOK, N.J. 07663

Date Issued 8/1/24
Control # C1104-22
Permit # 24-279

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 1104 Lot 22 Qual

Work Site Location 355 MAYHILL STREET

Owner in Fee SADDLE BROOK HIGH SCHOOL
Address 355 MAYHILL STREET
SADDLE BROOK, NJ 07663-
Telephone (201) 843-1142

Contractor NORTHEAST CONSTRUCTION SEVICES
Address 15 DONNA LANE
FLANDERS, NJ 07836-
Telephone (973) 590-1275
Lic. No. or Bldrs. Reg. No. 13VH10764200
Federal Emp. No. 81-3633408

Is hereby granted permission to perform the following work:

[X] BUILDING
[X] ELECTRICAL
[ ] ELEVATOR DEVICES
[X] PLUMBING
[ ] FIRE PROTECTION
[ ] MECHANICAL
[ ] ASBESTOS ABATEMENT (Subchapter 8 only)
[ ] LEAD HAZARD ABATEMENT
[ ] DEMOLITION
[ ] OTHER

DESCRIPTION OF WORK:
BATHROOM RENOVATION

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 91,561

Construction Official

8/1/24
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Mechanical	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	0
Check No.	
Cash	
Collected By	

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued 8/1/24
Permit # 24-279

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

Block _____ Lot _____ Qualification Code _____

Work Site Location Saddle Brook Highschool

Owner in Fee: Saddle Brook Board of Education

Tel. (_____) _____ e-mail _____

Address 355 Mayhill St (street) Saddle Brook (municipality) NJ 07663 (zip code)

Contractor: Northeast Construction Services LLC Tel. (973) 590 1275

Address 15 Donna Lane Flanders NJ 07836 e-mail philip@northeastconstllc.com

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH 10764200

Federal Emp. ID No. 81-3633408 FAX: (___) _____

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: _____

Print name here: Philip Tobey

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Toilet room renovations Per plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	6/27/24	MM
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 6/27/24
Approved by: MM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 8/29/24
Approved by: MM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	8/27/24		8/29/24	MM
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO			8/29/24	MM
Other				
Final	8/29/24		8/29/24	MM
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. $ _____
2. Rehabilitation $ 50,000
3. Total (1+ 2) $ 50,000

TYPE OF WORK:
[ ] 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
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)

$	
	790
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	95
TOTAL FEE $	

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8/1/24
Permit # 24-279

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

Block _____ Lot _____ Qualification Code _____

Work Site Location Saddle Brook Highschool

Owner in Fee: Saddle Brook Board of Education

Tel. _____ e-mail _____

Address 355 Mayhill St. Saddle Brook NJ 07663
street municipality zip code

Contractor: Gilmore Electric Tel. (973) 691-2474

Address 51 Sparta Rd e-mail _____
Stanhope NJ 07874

Contractor License No. 15349 Exp. Date 03/31/2027

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 201678891 FAX: (973) 601-3159

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Electric Plans Approved

Date: 7/29/24 Approved by: [signature]

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

SUBCODE APPROVAL for PERMIT

Date: 7/29/24

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCC [ ] CA

Date: 8/1/24

Approved by: [signature]

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	8/7/24		8/14/24	MM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other - Above Ceiling	~~8/14/24~~		8/14/24	MM
Service				
Final			8/9/24	[signature]
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: [signature]

Print name here: Thomas Gilmore

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
ADA BATHROOM RENOVATION

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
1		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
4		TOTAL NUMBERS	$ 45
		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 $ 60
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued 8/1/24
Permit # 24-279

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 355 mayhill st saddle brook NJ 07663

Owner in Fee: Saddle Brook Board of Education

Tel. (_____) _____ e-mail _____

Address 355 mayhill st saddle brook NJ 07663

Contractor: Peter Hywel Plumbing & Heating, Inc. (street / municipality) Tel. (201) 358-9848 (zip code)

Address 51 Woodland Rd Ringwood, NJ 07456 e-mail hywelplumbing@yahoo.com

Contractor License No. 36BI00966700 Exp. Date _____

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

Federal Emp. ID No. 223541355 FAX: (201) 358-9848

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 $ 38,561

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] 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: 6/27/24
Approved by: JH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 8/28/24
Approved by: JH

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			8/7/24	JH
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO _____			8/28/24	JH
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: Peter Hywel

Print name here: Peter Hywel

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Toilet room renovation Per plans

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 100
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	15
	Shower	
	Floor Drain	
1	Sink	15
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	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 $ _____
State Permit Surcharge Fee $ 13
TOTAL FEE $ _____

CONSTRUCTION PERMIT

Date Issued 12/27/24
Control # C-24-120
Permit # 24-480

IDENTIFICATION Block: 1104 Lot: 22 Qualifier

Work Site Location: 355 MAYHILL ST Township of Saddle Brook, NJ

Owner in Fee: BD OF EDUCATION-HIGH SCHOOL
343 MAYHILL ST SADDLE BROOK NJ 07662

Telephone: (201) 843-1142

Contractor
Address
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

BLEACHER & LIGHTS FOR ATHLETIC FIELD

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $490,000

Construction Official

12/27/24
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$0
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 12/27/24

Date Issued / Permit # 24-480

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

Block 1104 Lot 22 Qualification Code _____

Work Site Location SADDLE BROOK H.S. TURF FIELD 355 MAYHILL ST
355 MAYHILL ST, SADDLE BROOK, NJ 07662

Owner in Fee: SADDLE BROOK BOARD OF EDUCATION

Tel. (201) 843-1142 e-mail RKAPLAN@SBPSNJ.ORG

Address 355 MAYHILL ST, SADDLE BROOK, NJ 07663
street municipality zip code

Contractor: DAKOTA EXCAVATING CONTRACTORS, INC Tel. (201) 954-5301

Address PO BOX 444 e-mail DAKOTAEXCAVATING@YAHOO.COM
SADDLE BROOK, NJ 07458

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

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

Federal Emp. ID No. 22-3699637 FAX: (NONE)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12/27/24	M
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12/27/24
Approved by: M

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				
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. $ 350,000
2. Rehabilitation $ _____
3. Total (1+ 2) $ 350,000

C. CERTIFICATION IN LIEU OF OATH

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

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

- VISITOR BLEACHERS + FOOTINGS

TYPE OF WORK:
[X] 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 _____
[ ] Demolition

FEE (Office Use Only)
$ 5290

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ 165
TOTAL FEE $ 5455 WAIVED

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

U.C.C. F110
(rev. 12/07)

CITY OF BAYONNE
BUILDING DEPARTMENT
630 AVENUE C
BAYONNE, NEW JERSEY 07002

UCC New Jersey Uniform Construction Code

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/27/20
Control #
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 1104 Lot 22 Qualification Code ______

Work Site Location Saddle Brook High School 355 Mayhill
355 Mayhill St. Saddle Brook NJ

Owner in Fee: Saddle Brook Board of Education

Tel. ( ) ______ e-mail ______

Address 355 Mayhill St. Saddle Brook NJ
street municipality zip code

Contractor: TSJT Corp Tel. (973) 713-4847

Address PO Box 4621 e-mail ______
Wayne NJ 07474

Contractor License No. 14559 Exp. Date 03/2027

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

Federal Emp. ID No. 113-7777-18 FAX: (973) 241-6162

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as School Utility Co. PSE&G

Est. Cost of Elec. Work $ 140,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: ______ Approved by: ______

[ ] Electric Plans Approved

Date: 7/22/2 Approved by: ______

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: ______

Approved by: ______

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS — Dates (Month/Day)

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: [signature]

Print name here: Dan Katzel

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: All work as per Drawings attached, SP-2.4, SP-4.5

QTY.	SIZE	ITEMS	FEE (Office Use Only)
56	100 W LED	Lighting Fixtures	
7	20	Receptacles	
1	20	Switches	
		Detectors	
4		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
4		Communications Points	
		Alarm Devices/F.A.C. Panel	
62		TOTAL NUMBERS	$ 135
		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	
4	5	HP Motors 1/+ HP	80
1	15	KW Transformer/Generator	130
~~1~~	~~200~~	~~AMP Service~~	
1	100	AMP Subpanels 120/208V 3ph	85
1	100	AMP Motor Control Center Pumps	85
		KW Elec. Sign/Outline Light	
1	200A	subpanel 277/480 3ph	145

Administrative Surcharge $ ______

Minimum Fee $ ______

DCA Training Fee $ 20

TOTAL FEE $ WAIVED

LICENSED ELECTRICAL CONTRACTOR 14559