

CONSTRUCTION PERMIT APPLICATION

019.69

1. Proposed Work Site at: Temple Beth Or

2. Name of Owner in Fee: Temple Beth Or Tel. (732) 458-1868
Address 200 Van Zile Rd Brick, NJ 08724
street municipality zip code

3. Ownership in Fee: Public Private

4. Principal Contractor: Sun Electrical Constr. Corp. Tel. (732) 477-3500
Address 308 Drom Point Rd. Brick, NJ 08724

License No. OR, if new home, Builder Reg. No. 7146 Exp. Date 3-31-2006

Federal Employee No. 22-2763732 FAX: (732) 477-5789

5. Architect or Engineer _____ Tel. (____) _____
Address _____

6. Responsible Person in Charge of Work Anthony Zurella
Tel. (732) 477-3500 FAX (732) 477-5789

1.	Building	\$	20		
2.	Electrical				
3.	Plumbing				
4.	Fire Protection				
5.	Elevator Devices				
6.	Subtotal	\$			
7.	Less 20% for State Plan Review				
8.	Subtotal	\$	2		
9.	DCA Training Fee				
10.	Subtotal				
11.	Cert. of Occupancy				
12.	Other				
13.	TOTAL	\$	22		

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

TOTAL COSTS

- ☐ Partial Releases
- ☐ Prototype Processing

[illegible]

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks

2. ☐ High Pressure Boilers

3. ☐ Pressure Vessels

4. ☐ Refrigeration Systems

5. ☐ Cross-Connections/Backflow Preventers

6. ☐ Hazardous Uses/Places of Assembly

7. ☐ Sprinklers

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

LDS BR 10100196

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name Anthony Zurella
Address 308 Drum Point Rd
Brick, NJ 08723
Telephone (732) 477-3500
Signature _____

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/24/2004
Control #
Permit # 04-0909

UCC NEW JERSEY
**CONSTRUCTION
PERMITE**

IDENTIFICATION Block 1095 Lot 1 Bual

Work Site Location 200 VAN ZILE RD
ELECTRICAL WORK
Owner in Fee TEMPLE BETH OR
Address SAME
BRICK, NJ 08724-
Telephone (732)458-1868
Contractor SUN ELECTRIC CONSTRUCTION
Address 308 DRUM POINT RD
BRICK, NJ 08723-
Telephone (732)477-3500
Lic. No. of Bldgs. Reg. No.
Federal Emp. No. 22-2763732

Is hereby granted permission to perform the following work:
☐ BUILDING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter B only)

DESCRIPTION OF WORK:
FIXTURES

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 \$ 1600

Construction Official

03/24/2004

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

Date

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	37
Check No.	15487
Cash	
Collected By	ERP

03/24/04 1:33PM 00000047788
#040909
ELECTRIC
DCA
CHECK \$37.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/18/2004
 Date Issued 3/24/04
 Control # C19-69
 Permit # 04.07604

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

Block 10-25 Lot 1 Qual

Work Site Location 200 VAN ZILE RD

ELECTRICAL WORK

Owner in Fee TEMPLE BEITH OR

Address SAME

BRICK, NJ 08724-

Tele. (732) 458-1868

Contractor SUN ELECTRIC CONSTRUCTION

Address 308 DRUM POINT RD

BRICK, NJ 08723-

Tele. (732) 477-3500

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-2763732

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 1,600

308 SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[] Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 3-23-04

Approved By: [Signature]

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 Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Lighting fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Frac HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	35
0		Pool Permit/With W/Lights	0
0		Storable Pool/Spa/Hot Tub	0
0		KW Elect Range/Receptacle	0
0		KW Oven/Surface Unit	0
0		KW Elect Water Heater	0
0		KW Elect Dryer/Receptacle	0
0		KW Dishwasher	0
0		HP Garbage Disposal	0
0		KW Central A/C Unit	0
0		HP/KW Space Heater/Air Handler	0
0		Baseboard Heat	0
0		HP Motors 1/2 HP	0
0		KW Transformer/Generator	0
0		AMP Service	0
0		AMP Subpanels	0
0		AMP Motor Control Center	0
0		KW Elect Sign/Outline Light	0
0		Other	0
0		Other	0

Paid [] Check #

Collected by:

Administrative Surcharge \$ 0

Minimum Fee \$ 0

TOTAL FEE \$ 35

DCA State Permit Fee \$ 2

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/18/2004
Date Issued 3/24/04
Control # 619-692
Permit # 04 0909

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 10-95 Lot 1 Qual 1
Work Site Location 200 VAN ZILE RD
ELECTRICAL WORK

Owner in Fee TEMPLE BETH OR
Address SAME
BRICK, NJ 08724-

Tele. (732) 458-1868
Contractor SUN ELECTRIC CONSTRUCTION
Address 308 DRUM POINT RD
BRICK, NJ 08723-

Tele. (732) 477-3500
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 22-2763732

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
☐ Pole/Pad ☐ Temporary ☐ Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 1,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☒ No Plans Required
☐ Joint Plan Review Required:
Type Failure Approval Initial

☐ Bldg ☐ Plumb
☐ Fire ☐ Elevator
☐ Elect Plans Approved
Date: 3/23/04
Approved By: [Signature]

SUBCODE APPROVAL
☐ CD ☐ CCO ☐ CA
Date:
Approved By:

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Lighting fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	35
0		Pool Permit/With UM Lights	0
0		Storable Pool/Spa/Hot Tub	0
0		KW Elect Range/Receptacle	0
0		KW Oven/Surface Unit	0
0		KW Elect Water Heater	0
0		KW Elect Dryer/Receptacle	0
0		KW Dishwasher	0
0		HP Garbage Disposal	0
0		KW Central A/C Unit	0
0		HP/KW Space Heater/Air Handler	0
0		Baseboard Heat	0
0		HP Motors 1/4 HP	0
0		KW Transformer/Generator	0
0		AMP Service	0
0		AMP Subpanels	0
0		AMP Motor Control Center	0
0		KW Elect Sign/Outline Light	0
0		Other	0
0		Other	0

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 Electrical Contractor ☐ Exempt Applicant

Paid ☐ Check # Administrative Surcharge \$ 0
Collected by: Minimum Fee \$ 0

TOTAL FEE \$ 35
DCA State Permit Fee \$ 2

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/18/2004
Date Issued 3/24/04
Control # 040909
Permit # 040909

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 10-55 1095 Lot 1 Qual

Work Site Location 200 VAN ZILE RD

ELECTRICAL WORK

Owner in fee TEMPLE BETH OR

Address SAME

BRICK, NJ 08724-

Tele. (732) 458-1868

Contractor SUN ELECTRIC CONSTRUCTION

Address 308 DRUM POINT RD

BRICK, NJ 08723-

Tele. (732) 477-3500

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2765732

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 1,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 3/23/04

Approved By: UN

SUBCODE APPROVAL

[] CO [] CCO 84

Date: 3/26/04

Approved By: UN

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 Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

NO. SIZE

2

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Paid [] Check #

Collected by:

Administrative Surcharge \$ 0

Minimum Fee \$ 0

TOTAL FEE \$ 35

DCA State Permit fee \$ 2

UNDERGROUND REQUEST # 040770180

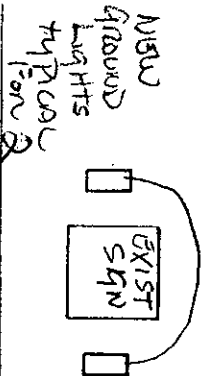
MAIN BLD.

PUL.
BUILDING

new trench close
(BRASWENT)

FED FROM EXISTING
ELECTRICAL PANEL
1 pole 20 amp CIR. BREAK

1/2" UF CABLES (18" x 24" DUCT)



Handwritten note: HANTRICK SAW

VAN ZILE RD

3/18/24		TANPUL'S BATH OR			308 Drum Point Road Brick, New Jersey 08723 License No. 7146 & No. 10384J	PHOTOGRAPH LIGHTING FOR EXISTING ROAD SIGN
ADAMS		200 VAN ZILE RD				
12		BRICK NJ				



LF Series

2 pus 120 volt 8/13/04 Billions

Lamp Types: T-5HO, T-8, Compact, and U-Bent Fluorescent Lamps. Single and double lamp configurations are available in T-5HO and T-8 models.

Ballast: Universal electronic ballast is standard. Accommodates current from 120 through 277 volts in either 50 or 60HZ for worldwide operation. 0°F Starting.

Housing: Extruded aluminum with die-cast aluminum end plates. Silicone gasketing.

Fasteners: All exposed fasteners are stainless steel.

Finish: Available finishes include bronze, black, white or satin-verde green polyester powder coat.

Lampholder: Thermoplastic lampholders are matched to lamp type.

Lens: Lens is outdoor rated, UV resistant, acrylic.

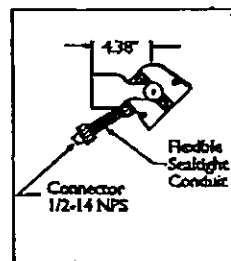
Mount: Either Double Arm Mount or Yoke Mount is available. Mounting arms are die cast aluminum with interlocking teeth, and have 1/2" NPSM threads.

Optics/Aiming: Specular aluminum reflector is standard.

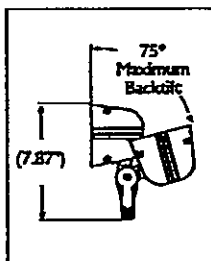
Wiring: Fixture is pre-wired with 18-gauge 200°C rated wire. Wire leads extend from mounting arm on units with DM mount. Outdoor rated, black 3/8" flexible conduit is standard on yoke mounted floods.

EXTRA VALUE FEATURES

Universal Electronic Ballast
Uniform Distribution
Small, Unobtrusive profile.
Easy to Adjust and Aim.



Yoke Mount



Arm Mount

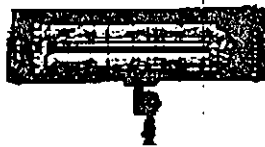


suitable for wet locations.

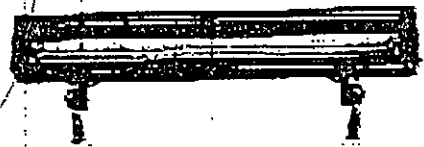


LISTED

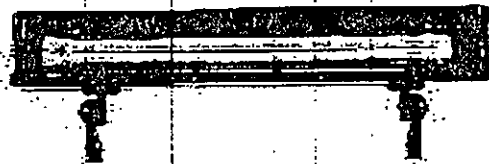
LF16U/14.5" T8 U-Bent/1,125 Lumens



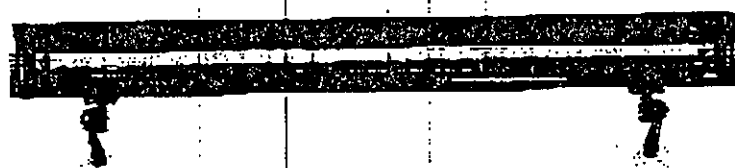
LF24S/24" T5HO/2,000 Lumens



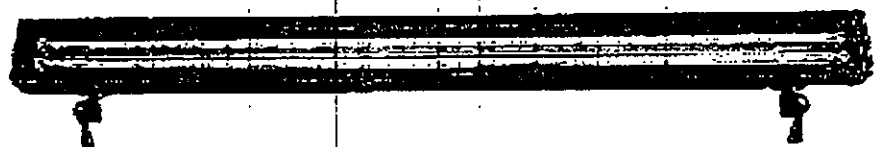
LF55U/25" T5 U-Bent/4,800 Lumens



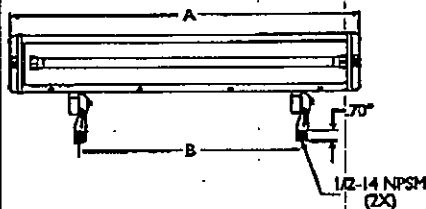
LF25S/36" T8/2,225 Lumens



LF54D /48" Dual T5HO/10,000 Lumens



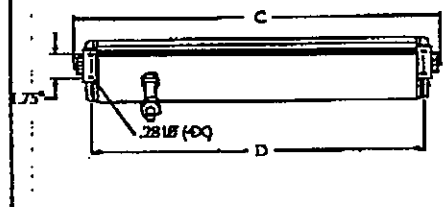
ARM MOUNT SERIES



ARM MOUNT SERIES

TYPE	DIMENSION "A"	DIMENSION "B"
LF54D, LF54S	48.59"	39.43"
LF39D, LF39S	36.78"	27.62"
LF24D, LF24S	24.97"	15.81"
LF32D, LF32S	50.50"	41.43"
LF25D, LF25S	36.50"	29.43"
LF17D, LF17S	26.50"	17.43"
LF55DL	24.97"	15.81"
LF24U	20.20"	11.11"
LF16U	14.20"	-----

YOKE MOUNT SERIES



YOKE MOUNT SERIES

TYPE	DIMENSION "C"	DIMENSION "D"
LF54D, LF54S	49.83"	47.60"
LF39D, LF39S	38.02"	35.80"
LF24D, LF24S	26.21"	23.98"
LF32D, LF32S	51.75"	49.51"
LF25D, LF25S	39.75"	37.51"
LF17D, LF17S	27.75"	25.51"
LF55DL	26.21"	23.98"
LF24U	21.56"	19.34"
LF16U	15.56"	13.34"

New Jersey One Call System

SEQUENCE NUMBER 0047

CDC = XXX

Transmit: Date: 03/17/04 At: 0910

*** R O U T I N E

*** Request No.: 040770180

Operators Notified:

BIT=/BRICK TWP MUA / CC4=/COMCAST-MNMOUTH/ NJN=/NJ NATL GAS/UTQ/
BAN=/VERIZON ICLS/ GPP=/JCP&L ICLS/

Location Information:

County: OCEAN Municipality: BRICK

Subdivision/Community: TEMPLE BETH OR

Street: 0 VAN ZILE RD

Nearest Intersection: ROUTE 70

Other Intersection:

Type of Work : INSTL ELEC FOR A SIGN

Extent of Work: CURB TO 50FT BEHIND N CURB

DEPTH: 3FT

Start Date/Time: 03/23/04 At 0800 Expiration Date: 04/29/04

Remarks:

EXPIRATION DATE 04/29/04

M/O THE ENTIRE INTER

Working For: TEMPLE BETH OR

Address: 200 VAN ZILE RD

City: BRICK, NJ 08724

Phone: 732-458-1868

Contact: CARLA ROSENBERG

Title:

Excavator Information:

Caller: KATHY SEVCENKO

Phone: 732-477-3500

Title: SEC

Excavator: SUN ELECTRIC

Address: 308 DRUM POINT RD

City: BRICK, NJ 08723

Phone: 732-477-3500

Contact: TARA KING

Phone: 732-477-3500

Cellular:

Fax: 732-477-0567

Title: OFFIC MGR

Best Time: 0730-1600

Alternate Field Contact:

Name:

Phone:

Cellular:

Title:

Fax:

Best Time:

End Request

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet) _____	
Urinals/Bidets _____	
Bath Tub (w/or w/out shower head) _____	
Lavatory (BR Sink) _____	
Shower _____	
Floor Drain _____	
Sink _____	
Dishwasher _____	
Drinking Fountain _____	
Washing Machine _____	
Hose Bib _____	
Gas Piping _____	
Fuel Oil Piping _____	
Water Heater _____	
Steam Boiler _____	
Hot Water Boiler _____	
Sewer Pump _____	
Interceptor/Separator _____	
Backflow Preventer _____	
Greasetrap _____	
Air Conditioner (Condensate Drain) _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Pool Heater _____	
Other: _____	

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel _____
Combustible Storage Tanks _____ capacity _____ fuel _____
LPG Storage Tanks _____ capacity _____ fuel _____

Item	Quantity
Wet Sprinkler Heads _____	
Dry Sprinkler Heads _____	
Total _____	

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: _____

Township of Brick

Counter Form (PLEASE PRINT)

Site Location: Temple Beth Or
Block: 10.95 Lot: 1
Owner's Name: Temple Beth Or
Owner's Mailing Address: 200 Van Zile Rd.
Brick, NS 08724
Phone: (732) 458-1868

BUILDING

Contractor: _____
Address: _____
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Trench and install
2-light fixtures to
existing road sign.

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☒ Sign 16 sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____
Cost of Alteration: \$ _____
Cost of New Building: \$ _____
Total Cost of New Building Work: \$ _____

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

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: Son Electrical Construction Corp.
Address: 308 Drum Point Road
Bricktown, NS 08723
Phone#: 732-477-3500
Lis #: 7146
Federal Emp # or SSN 22-2763732

Technical Data

Item	Quantity
Lighting Fixtures	<u>2</u>
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	<u>2</u>

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____ KW
Oven/Surface Unit _____ KW
Electric Water Heater _____ KW
Electric Dryer _____ KW
Dishwasher _____ KW
Garbage Disposal _____ HP
A/C Unit - Central Air _____ KW
Space Heater/Air Handler _____ KW
Baseboard Heating _____ KW
Motors 1+ HP _____
Transformer/Generator _____ KW
Light Stander _____ AMP
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
Furnace _____
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: \$1,600.00

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

Signature: _____

Please Print Name Anthony Zorella

CONTRACTOR'S SEAL