Borough Of Carteret
61 Cooke Ave
Carteret NJ 07008
(732)541-3810 FAX *(732)969-2429*

Permit No. **20190399**
Control No. **89040385**
Date

Construction Permit Notice

Parcel No:..... **5002/1**

Work Site Location **199 WASHINGTON AVE**

Authorized for

- [X] **BUILDING**
- [X] **PLUMBING**
- [ ] **ELEVATOR DEVICES**
- [ ] **OTHER**
- [X] **ELECTRICAL**
- [X] **FIRE PROTECTION**
- [ ] **DEMOLITION**
- [ ] **MECHANICAL**

Description of Work: **INSTALLING DROP CEILING**

This notice shall be posted conspicuously at the work site and shall remain so until the issuance of a certificate

N.J. Divison of Consumer Affairs Rule N.J.A.C. 13:45(A) - 16.2(a)10.ii

For Inspection of construction permits for Building, Electric, Plumbing, Fire Protection or Elevator:

FINAL PAYMENT TO THE CONTRACTOR IS NOT REQUIRED BEFORE A FINAL INSPECTION

TO SCHEDULE INSPECTIONS
CALL: **EXT.** _____

Inspections: Bldg Mon - Fri,7-9 AM; Elec-Tues,Wed,Th, 7-9 AM; Plum Mon,Wed,Fri, Fire -Call to Schedule

Borough Of Carteret
61 Cooke Ave
Carteret NJ 07008
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Permit No. **20190399**
Control No. **89040385**
Parcel(Block/Lot) **5002/1**
Date

Construction Permit

Work Site Location 199 WASHINGTON AVE

Owner in Fee..... **BOARD OF ED.-CARTERET**
Address..... 559 ROOSEVELT AVE.
CARTERET, NJ 07008
Phone.....

Contractor.... **OWNER**
Address.....
Phone.....
Lic No.....
Fed Emp No.

Permission is hereby granted to do the following work:

☑ BUILDING	☑ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☑ ELECTRIC	☑ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:

INSTALLING DROP CEILING

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

Estimated Cost of Work: $8,000

Construction Official Date 8/7/19

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$60
Electrical	180
Plumbing	195
Fire Protection	105
Elevator Devices	0
Mechanical	0
State Training Fee	0
Certificate of Occupancy	0
Other	0
Total	$0

Exempt Permit
Part/All Fees Waived

Check#/Cash
Paid
Collected By

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

BOROUGH OF CARTERET NEW JERSEY

Date Received
Control #

Date Issued
Permit # 19-0399

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

Block 67 Lot 19 Qualification Code

Work Site Location 59 Roosevelt Ave. (Stadium)
Carteret NJ 07008

Owner in Fee: Carteret Bd of Ed.

Tel. (732) 541-8960 e-mail

Address 59 Roosevelt Ave Carteret NJ 07008
street municipality zip code

Contractor: J. T. Electric Tel. (732) 341-0177 cell

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
[ ] No Plans Required	10/18	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] 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
Constr. Class 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.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 3,000
3. Total (1+ 2) $

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
Installing drop ceiling

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
[ ] Demolition

FEE (Office Use Only)

$	
	60
	10%
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

U.C.C. F110
(rev. 7/06)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued
Permit # 19-0399

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

Block 104 Lot 1 Qualification Code

Work Site Location 100 Washington Ave
Carteret NJ 07008

Owner in Fee: Carteret Bd of Education

Tel. (732) 541-8960 e-mail

Address 599 Roosevelt Ave Carteret NJ 07008 (street, municipality, zip code)

Contractor: Bd of Ed. Tel. (732) 541-0172

Address e-mail

Contractor License No. 34EI01531200 Exp. Date 2/21

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 $ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[✓] No Plans Required 7/16/19

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] 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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Installing Led lights in … Installing … to A/c, … switches, and recept for … etc.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
14		Lighting Fixtures	
8		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
28		TOTAL NUMBERS	$ 130
		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	5 ton	KW Central A/C Unit	75.00
		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 $ 205

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

UCC NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued
Permit # 19-0399

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 Roosevelt Ave. (H.S. Stadium)

Owner in Fee: ______

Tel. ( ) ______ e-mail ______

Address ______ (street, municipality, zip code)

Contractor: ______ Tel. ( ) ______

Address ______ e-mail ______

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): ______

Federal Emp. ID No. ______ FAX: ( ) ______

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ______ Proposed ______ Fire Alarm System: [ ] New OR [ ] Existing

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

Heating System: [ ] New OR [ ] Existing [✓] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other ______ Location of Main Control Valve: ______

Location: ______

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity ______

Total Cost of Fire Protection Work $ ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 7-30-19

Approved by: ______

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

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				
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. ______

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Installing (4) heat sensors in new drop ceiling + 1 strobe outside building

Water Supply Source ______

Method of Alarm/Suppression System Supervision ______

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	5	35.—
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [✓] Gas or [ ] Oil	1	35.—
Fireplace Venting/Metal Chimney	1	35.—
Other		

Administrative Surcharge $ ______

Minimum Fee $ ______

State Permit Surcharge Fee $ ______

TOTAL FEE $ ______

Call for rough fire inspection

U.C.C. F140 (rev. 7/06)

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

BOROUGH OF CARTERET NEW JERSEY

Date Received
Control #

Date Issued
Permit # 19-0399

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

Block 181 Lot 1 Qualification Code ______

Work Site Location 1 R Roosevelt Ave. (H.S. Stadium)
Carteret NJ 07008

Owner in Fee: Carteret Bd. of Education

Tel. (732) 541-8960 e-mail [illegible]@carteretschools.org

Address 599 Roosevelt Ave. Carteret NJ 07008
street municipality zip code

Contractor: Bd. of Ed. Tel. (732) 241-0172

Address ______ e-mail ______

Contractor License No. ______ Exp. Date ______

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

Federal Emp. ID No. ______ FAX: ( ) ______

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 $ ~~[illegible]~~ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: ______

Approved by: ______

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

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

C. CERTIFICATION IN LIEU OF OATH

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

[signature]

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Run gas pipe to new HVAC unit + replace water heater

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	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks	
	Other	
	Other	

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