BLOCK 211 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 405 SHORE RD PERMIT NO. 19-00186

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 405 SHORE RD
2. Name of Owner in Fee: JOHN CANNIZZARO
   Tel. (732) 861 7740 e-mail pluto987@aol.com
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: JOHN CANNIZZARO Tel. (____) _____
   Address 26 HILLCREST RD e-mail pluto987@aol.com
   HOLMDEL, NJ 07733
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (____) _____
5. Architect or Engineer WELTZ ARCHITECTURE Contact JOSEPH MOLINARI
   Address P.O. BOX 241 RUMSON, NJ 07760 e-mail jmolinari-216@juno.com
   Tel. (732) 6871355 FAX: (____) _____
6. Responsible Person in Charge once Work has Begun JOHN CANNIZZARO
   Tel. (732) 861 7740 FAX: (N/A)

V. FEE SUMMARY (for office use only)

		Update A	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	2160	

$3719
#150
9-5-19
dues
Paid
2160
A151

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 2
2. Height of Structure 34'-9 3/4" ft.
3. Area — Largest Floor 1434 sq. ft.
4. New Building Area 2471 sq. ft.
5. Volume of New Structure 44,454 cu. ft.
6. Max. Live Load 40
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed 3675 sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building	154007				5-15-19	VJC			
☐ Electrical	8560				5-8-19	JK			
☐ Plumbing	5875				6/12/19	JC			
☐ Fire Protection	525				5/15/19	VJC			
☐ Elevator									
TOTAL COST	168,697								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)1.ix:

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 Aug 28, 2019

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. 5:23-2.15(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 _____

Address _____

_____

Telephone _____

Signature _____

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

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

U.C.C. F100-2 (rev. 9/2014)

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			X						
☐ Planning Board									
☐ Zoning Board			X						
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department			X						
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X			
☐			X	X	X	X	X	X	
☐			X	X	X	X	X	X	

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

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

X. CERTIFICATES ISSUED (office use only)

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

U.C.C. F100-3 (rev. 12/07)

received
9-18-19

PERMIT UPDATE

Date Update Issued 9-23-19
Control # 6496
Permit # 19-00186-B
Date Permit Issued 9-5-19

IDENTIFICATION Block FZ 211 Lot ~~21~~ 12

Work Site Location 405 SHORE RD
UNION BEACH

Owner in Fee JOHN CANNIZZARO
Address 26 HILLCREST RD
HOLMDEL, NJ 07733
Tel. (732) 867 1265

Contractor ELECTRIC CONNECTION
Address 268 SEABREEZE AVE
MIDDLETOWN, NJ 07748
Tel. (732) 495 7767
Lic. No. or Bldrs. Reg. No. 11761
Fed. Emp. No. 141-58-5220

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

100 AMP TEMP ELECTRIC SERVICE

Estimated Cost of Work $ 250-

Construction Official

9/23/19
Date

PAYMENTS (Office Use Only)

Building	
Electrical	150
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1
Cert. of Occupancy	
Other	
Total	151
Check No.	100001
Cash	
Collected by	MM

UCC/PRO 190
Professional Printing
(856) 468-7933

1. WHITE-INSPECTOR COPY 2. CANARY-OFFICE COPY 3. PINK-OFFICE COPY 4. GOLD- APPLICANT COPY

DR 34428 6193

Date Received 9-18-19
Control # 6496
Date Issued 9-23-19
Permit # 19-00186

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 211 Lot 12 Qualification Code

Work Site Location 405 SHORE RD
UNION BEACH N.J

Owner in Fee: JOHN CANNIZZARO

Tel. (732) 867 1265 e-mail pluto987@aol.com

Address 26 HILLCREST RD HAZLET NJ 07733
street municipality zip code

Contractor: ELECTRIC CONNECTION Tel. (732) 495-7767

Address 268 SEABREEZE AVE e-mail badcw72@aol.com
MIDDLETOWN NJ 07748

Contractor License No. 11261 Exp. Date 2021

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

Federal Emp. ID No. 14-158-5200 FAX: ( ) SAME

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 250-

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: 9-19-19
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:

Print name here: JOHN M CONNIZZARO

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
100 AMP TEMP SERVICE

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	
1	100	~~AMP Service~~	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	100	TEMP SERVICE	150

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	1
TOTAL FEE $	151

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

BOROUGH OF UNION BEACH
650 Poole Avenue
Union Beach, NJ, 07735
(732)526-8687 FAX *(732)217-1288*

Permit No. 1900186B
Control No. 6496
Date 9/23/2019

Construction Permit Notice

Parcel No:..... 211/12

Work Site Location 405 SHORE RD

Authorized for

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

Description of Work: UPDATE: 100 AMP TEMP SERVICE - ELECTRIC CONNECTION

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: (732)526-8687 EXT. _____

PLEASE POST & CALL FOR INSPECTIONS

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received 8-12-14
Control # 6446
Date Issued 9-5-19
Permit # 19-00186*A

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

Block 211 Lot 12 Qualification Code

Work Site Location 405 SHORE RD

Owner In Fee: JOHN CANNIZZARO

Tel. (732) 861 7740 e-mail

Address 26 HILLCREST RD (street) HOLMDEL (municipality) NJ 07733 (zip code)

Contractor: BRICK HEATING & COOLING Tel. (732) 477 3300

Address 465 BRICK BLVD, BRICK, NJ 08723 e-mail craiglaw@bricktownshiphvac.com

Contractor License No. or Builder Registration No. 19HC.005 20700 X Exp. Date 6/30/16

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

Federal Emp. ID No. 21-070-3175 FAX: (732) 477-0205

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 [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 5000

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:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALLATION OF 2 GAS FIRED WARM AIR HEATING SYSTEMS WITH COMM AIR CONDITIONING

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
2	Hot Air Furnace	100
	Oil Tank	
	LPG Tank	
	Fireplace	
2 AC	Other	150

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $ 10

TOTAL FEE $ 260

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[X] Mechanical Plans Approved
Date: 8/26/14 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 9/2/14
Approved by:
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				

BOROUGH OF UNION BEACH
650 Poole Avenue
Union Beach, NJ, 07735
(732)526-8687 FAX (732)217-1288

Permit No. 1900186 A
Control No. 6446
Parcel(Block/Lot) 211/12
Date 9-5-19

Construction Permit

Work Site Location 405 SHORE RD

Owner in Fee..... CANNIZZARO, JOHN
Address..... 405 SHORE ROAD
UNION BEACH, NJ 07735
Phone..... (732)966-5251

Contractor... BRICK HEAING & COOLING
Address..... 465 BRICK BLVD
BRICK, NJ 08723
Phone..... (732)477-3300
Lic No..... 19HC00520700- 6/30/20
Fed Emp No. 21-070-3175

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:

HVAC UPDATE TO NSFD: 2 FURNACES AND 2 AIR CONDITIONERS - BRICK HEATING & COOLING

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: $5,000

Construction Official 9/4/19 Date

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	$0
Electrical	0
Plumbing	250
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	10
Certificate of Occupancy	0
Other	0
Total	$260

Check#/Cash..... 100005
Paid $260 9-23-19
Collected By ..... MM

Total Administrative Fee: $0

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

BOROUGH OF UNION BEACH
650 Poole Avenue
Union Beach, NJ, 07735
(732)526-8687 FAX *(732)217-1288*

Permit No. 1900186A
Control No. 6446
Date 9/23/2019

Construction Permit Notice

Parcel No..... 211/12

Work Site Location 405 SHORE RD

Authorized for

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

Description of Work: HVAC UPDATE TO NSFD: 2 FURNACES AND 2 AIR CONDITIONERS - BRICK HEATING & COOLING

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: (732)526-8687 EXT. _____

PLEASE POST & CALL FOR INSPECTIONS

BOROUGH OF UNION BEACH
650 Poole Avenue
Union Beach, NJ, 07735
(732)526-8687 FAX *(732)217-1288*

Permit No. **1900186**
Control No. **5889**
Parcel(Block/Lot) **211/12**
Date 9-5-19

Construction Permit

Work Site Location 405 SHORE RD

Owner in Fee..... CANNIZZARO, JOHN
Address..... 405 SHORE ROAD
UNION BEACH, NJ 07735
Phone..... (732)966-5251

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:

BUILD NSFD, SUPERIOR WALL FOUND, 4 BDRM, 2- 1/2 BATHS, FAM RM, COVERED PORCH, FIREPLACE, 2 CAR GARAGE - FRAMAR ENT/BELLA CUSTOM

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: $169,485

Construction Official 9/4/19 Date

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	$1511
Electrical	695
Plumbing	700
Fire Protection	325
Elevator Devices	0
Mechanical	0
State Training Fee	165
Certificate of Occupancy	323
Other	0
Total	$3719
Check#/Cash	150
Paid	3,719
Collected By	MM

Total Administrative Fee: $0

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

BOROUGH OF UNION BEACH
650 Poole Avenue
Union Beach, NJ, 07735
(732)526-8687 FAX *(732)217-1288*

Permit No. **1900186**
Control No. **5889**
Date **9/05/2019**

Construction Permit Notice

Parcel No:..... **211/12**

Work Site Location **405 SHORE RD**

Authorized for

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

Description of Work: **BUILD NSFD, SUPERIOR WALL FOUND, 4 BDRM, 2- 1/2 BATHS, FAM RM, COVERED PORCH, FIREPLACE, 2 CAR GARAGE - FRAMAR ENT/BELLA CUSTOM**

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: (732)526-8687 EXT. _____

PLEASE POST & CALL FOR INSPECTIONS

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 5889
Date Issued 9-5-19
Permit # 19-00186

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

Block 211 Lot 12 Qualification Code

Work Site Location 405 SHORE RD

Owner in Fee: JOHN CANNIZZARO

Tel. (732) 861 7740 e-mail pluto987@aol.com

Address 26 HILLCREST RD (street) HOLMDEL (municipality) 07733 (zip code)

Contractor: OWNER Tel. ( )

Address SAME AS ABOVE 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: ( )

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: JOHN CANNIZZARO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW HOME AS PER PLANS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	8-28-19	VJG
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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 R5 Proposed R5
Constr. Class Present VB Proposed VB
No. of Stories 2
Height of Structure 34'-9¾" ft.
Area — Largest Floor 1,434 sq. ft.
New Bldg. Area/All Floors 2,471 sq. ft.
Volume of New Structure 44,454 cu. ft.
Max. Live Load 40
Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 168,697

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)
$ 1511

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 1511

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8-8-19
Control # 5889
Date Issued 9-5-19
Permit # 19-00186

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

Block 211 Lot 12 Qualification Code
Work Site Location 405 SHORE RD

Owner in Fee: JOHN CANNIZZARO
Tel. (732) 861 7740 e-mail
Address 26 HILLCREST RD HOLMDEL NJ 07733
street municipality zip code

Contractor: First Desire Plumbing Tel. (732) 684-6225
Address 63 Greensmill RD e-mail
Howell NJ. 07740

Contractor License No. 11963 Exp. Date 6/21
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 150253328 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed R5
Building Sewer Size Public Sewer Private Septic
Water Service Size 3/4" Public Water Private Well
Est. Cost of Plumbing Work $ 6,675

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 8/21/19 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/21/19
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
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:
Print name here:
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
3	Water Closet	75
	Urinal/Bidet	
2	Bath Tub	50
4	Lavatory	100
1	Shower	25
	Floor Drain	
1	Sink	25
	Dishwasher	25
1	Drinking Fountain	25
1	Washing Machine	50
2	Hose Bibb	50
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	75
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	100
1	Water Service Connection	100
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 100
TOTAL FEE	$

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8-8-19
Control # 5889
Date Issued 9-5-19
Permit # 19-00186

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

Block 211 Lot 12 Qualification Code

Work Site Location 405 SHORE RD

Owner in Fee JOHN CANNIZZARO

Tel. (732) 861 7740 e-mail

Address 26 HILLCREST RD HOLMDEL NJ 07733
(street, municipality, zip code)

Contractor: ELECTRIC CONNECTION Tel. 732 495-7767

Address 2607 SEABREEZE AVE e-mail
MIDDLETOWN NJ 07748

Contractor License No. 11761 Exp. Date 2021

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

Federal Emp. ID No. 141-56-5222 FAX: ( ) SAME

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 8455

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: [illegible] VIERA

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

D. TECHNICAL SITE DATA NEW HOME

QTY.	SIZE	ITEMS	FEE (Office Use Only)
71		Lighting Fixtures	
75		Receptacles	
45		Switches	
10		Detectors	
		Light Poles	
		Motors Max. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
201		TOTAL NUMBERS	$ 320
		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	
1		KW Dishwasher	35
		HP Garbage Disposal	
2		KW Central A/C Unit	150
2		HP/KW Space Heater/Air Handler	80
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	110
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Permittee is responsible for Meter location, elevation, and landing where required

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 695

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: 9.5.19

Approved by: JH

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 5889
Date Issued
Permit #

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

VOIDED CONTRACTOR FRANK MARTINES

Block 211 Lot 12 Qualification Code

Work Site Location 405 SHORE RD

Owner in Fee: JOHN CANNIZZARO

Tel. (732) 861 7740 e-mail

Address 26 HILLCREST RD HOLMDEL NJ 07733

Contractor: M.A.B. ELEC. CONT. (street) (municipality) Tel. 732 684-7100 (zip code)

Address 1743 PHEASANT HOLLOW LANE e-mail
TOMS RIVER, N.J. 08755

Contractor License No. 10958 Exp. Date 3/16

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present R3 Proposed R5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

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: Mark Bitera

Print name here: MARK BITERA

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW HOME

QTY.	SIZE	ITEMS	FEE (Office Use Only)
71		Lighting Fixtures	
25		Receptacles	
45		Switches	
10		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
201		TOTAL NUMBERS	$ 320
		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	
1		KW Dishwasher	35
		HP Garbage Disposal	
2	25	KW Central A/C Unit	150
2		HP/KW Space Heater/Air Handler	80
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	110
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 695

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date: 2-7-17 Approved by: JH

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

SUBCODE APPROVAL for PERMIT
Date: 2-7-17
Approved by: JH

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

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 5889
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 211 Lot 12 Qualification Code

Work Site Location 405 SHORE RD

VOID BY CONTRACTOR FRANK MEMO

Owner in Fee: JOHN CANNIZZARO

Tel. (732) 861 7740 e-mail

Address 26 HILLCREST RD HOLMDEL NJ 07733
street municipality zip code

Contractor: D. Kelly Plumbing, LLC Tel. (732) 245-1468

Address 5 Woolley St

Monmouth Beach NJ 07750 e-mail

Contractor License No. 13022 Exp. Date 6/30/17

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group: Present R5 Proposed R5

Building Sewer Size Public Sewer Private Septic

Water Service Size 3/4" Public Water Private Well

Est. Cost of Plumbing Work $ 5,875

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Plumbing Plans Approved
Date: 5/30/17 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 5/30/17
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
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 I am authorized to make this application, and perform the work listed on this application.

Applicant Sign / Contractor Sign AND Seal here:

Print name here: David Kelly

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

DESCRIPTION OF WORK

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
3	Water Closet	75
	Urinal/Bidet	
2	Bath Tub	50
4	Lavatory	100
1	Shower	25
	Floor Drain	
1	Sink	25
1	Dishwasher	25
	Drinking Fountain	
1	Washing Machine	25
2	Hose Bibb	50
1	Water Heater	50
	Fuel Oil Piping	
1	Gas Piping	75
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	100
1	Water Service Connection	100
	Stacks	
	Garbage Disposal	
	Other	

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	700

UCC/F-130
(rev. 11/09)
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 211 Lot 12 Qualification Code

Work Site Location 405 SHORE RD
UNION BEACH

Owner in Fee JOHN CANNIZZARO

Address 26 HILLCREST RD
HOLMDEL, NJ 07733

Tel. (732) 861 7740

Contractor HOMEOWNER

Address

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

NEW HOME AS PER PLANS

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 $ 168,697.-

Construction Official

Date

PAYMENTS (Office Use Only)

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

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8-8-19
Control # 5889
Date Issued 9-5-19
Permit # 19-00186

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

Block 211 Lot 12 Qualification Code

Work Site Location 405 SHORE RD

Owner in Fee: JOHN CANNIZZARO

Tel. (732) 861 7740 e-mail

Address 26 HILLCREST RD HOLMDEL NJ 07733

Contractor: ELECTRIC CONNECTION (street, municipality) Tel. (732) 496-7767 (zip code)

Address MIDDLETOWN NJ. 07748 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 R5 Proposed R5

Constr. Class: Present VB Proposed VB

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 $ 350

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

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: JOHN VIERA

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[7] 110v Interconnected		
[5] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		75
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL 10		
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		250
Fuel-Fired Appliances [7] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		325
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] 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				

FIRE SUBCODE

ADDITIONAL SECTION

VOID BY CONTRACTOR FRANK MARTINES

Date Received
Control # 5889
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 211 Lot 12 Qualification Code

Work Site Location 405 SHORE RD

Owner in Fee: JOHN CANNIZZARO

Tel. (732) 861 7740 e-mail

Address 26 HILLCREST RD HOLMDEL NJ 07733
street municipality zip code

Contractor: M.A.B ELEC CONT Tel. (732) 684-7000

Address 1743 PHEASANT HOLLOW LANE
TOMS RIVER, N.J. e-mail MABELECNJ@GMAIL.COM

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 R5 Proposed R5
Constr. Class: Present VB Proposed VB
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 $

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

Fire Alarm System: [ ] New *or* [ ] Existing
Location of Panel:

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 2/7/17 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: Approved by:

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

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

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

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

C. CERTIFICATION IN LIEU OF OATH

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

Sign here Mark Butera

Print name here: MARK BUTERA

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[7] 110v Interconnected		
[3] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		75
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices 10		
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	5	250
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	325

UCC/F-140
(rev. 11/09)
Professional Printing
(856) 468-7933