BLOCK 673.11 LOT 11 QUALIF /CODE _____ ADDRESS (SITE) 707 Barberry Dr PERMIT NO. 03-5059

called 11/6

C67-70

CONSTRUCTION PERMIT APPLICATION

MML 1-12

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

I. IDENTIFICATION

1. Proposed Work Site at: 707 Barberry Dr.
2. Name of Owner in Fee: Wolenski Tel [redacted]
   Address: 707 Barberry Dr Brick 08723
   street municipality zip code
3. Ownership in Fee: Public _____ Private D
4. Principal Contractor: TEAM ELECTRIC CORPORATION Tel. (732 786-9231
   NJ Lic. #12157A
   Address 77 Pension Rd. Suite #19
   Manalapan, New Jersey 07726
   License No. OR, if new home, Builder Reg. No. 12157A Exp. Date _____
   Federal Employee No. 22-3397119 Fax (732 786-9235
5. Architect or Engineer _____ Tel. ( )
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) _____ Fax ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	3		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 43		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
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 ____ sq. ft.	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	1900				11503	WM			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional) 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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
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 ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

UCC/PRO F-100 (REV3/96)
Professional Printing
(856) 468-7933

LDS BR 10502264

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.

(X) Check if contractor.

Agent Name **TEAM ELECTRIC CORPORATION**
NJ Lic. #12157A
Address **77 Pension Rd. Suite #19**
Manalapan, New Jersey 07726
Telephone (732) 786-9231
Signature _____

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

UCC/PRO F-100 (REV3/96)
Professional Printing
(856) 468-7933

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	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ 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	
☐									
☐									

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

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
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.				

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued
Control #
Permit #

NTIFICATION Block 673.11 Lot 11

rk Site Location 707 Barberry Dr
Brick NJ 08723

ner in Fee Wolenski

dress 707 Barberry Dr
Brick NJ 08723

e. [redacted]

Contractor TEAM ELECTRIC CORPORATION
Address 77 PENSION ROAD SUITE 19
MANALAPAN, NJ 07726
Tele. (1-800) 599-8326 FAX (732) 786-9235
Lic. No. or Bidrs. Reg. No. 12157A
Federal Emp. No. 22-3397119

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

SCRIPTION OF WORK:

150 Amp Emergency Service

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

imated Cost of Work $ 1900—

PAYMENTS **(Office Use Only)**

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occ.
Other
Total
Check No.
Cash
Collected By:

Date

CONSTRUCTION OFFICIAL

(see reverse side)

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

UCC/PRO170 (REV

REQUIRED INSPECTIONS

struction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. T
ncy will carry out such periodic inspections during the progress of work as are necessary to insure that work installed confor
ne approved plans and the requirements of the Uniform Construction Code.

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

equired inspections for all subcodes for one and two family dwellings are the following:

. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections sh
be made in accordance with the requirements of the building subcode;

. Foundations and all walls up to grade level prior to back filling;

. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rou
piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulati
installations;

. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devic
and fixtures; mechanical systems equipment.

equired special inspections. The applicant by accepting the permit will be deemed to have consented to these requiremen

final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issu
ny violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

complete copy of approved plans must be kept on the job site.

u do not understand any of this information, please ask.

UCC/PRO170 (RE
Professional Prin
(856) 468-793

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/12/2003
Control #
Permit # 03-5059

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 673.11 Lot 11 Qual

Work Site Location 707 BARBERRY DRIVE
SERVICE
Owner in Fee KOLEMSKI
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor TEAM ELECTRIC INC
Address 77 PENSION RD SUITE #19
MANALAPAN, NJ 07726-
Telephone (732)786-9231
Lic. No. or Bldrs. Reg. No. EI12157
Federal Emp. No. 22-3397119

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SERVICE

PAYMENTS (Office Use Only)

Building	0
Electrical	40
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	3
Cert. of Occupancy	0
Other	
Total	43
Check No.	1419
Cash	
Collected By	TL

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 $ 1,900

Construction Official

11/12/2003
Date

B.C.C. P170 (rev. 3/96) BJ UCCARS 5.24K

11/12/03 9:46AM 00000#5186
##04 SERV.004
#5059
ELECTRIC $40.00
DCA $3.00
**TOTAL $43.00
CHECK $43.00
CHANGE $0.00

ELECTRICAL SUBCODE TECHNICAL SECTION

C8 Minor

EMERGENCY

Date Received
Date Issued 11-12-03
Control #
Permit # 03-5059

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

Block 6731 Lot 11
Work Site Location 707 BARBERRY DRIVE
BRICK, NJ 08723
Owner in Fee/Occupant WOLENSKI
Address SAME
Tele. [redacted]
Contractor TEAM ELECTRIC CORPORATION
Address 77 PENSION ROAD SUITE 19
MANALAPAN, NJ 07726
Tele. (1-800) 599-8326 Fax (732) 786-9235
Lic. No. 12157A
Federal Emp. No. 22-3397119

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1900

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 11503
Approved by: WM

SUBCODE APPROVAL
[ ] CO [ ] CCO [T] CA
Date: 12/30/03
Approved by: SB

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			12/30/03	SB
Final	12-2-03	12-22-03	12/30/03	SB

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 12/31/03 SB

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.

Michael Polish
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	150	AMP Service	40
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	3
DCA Training Fee	$	
TOTAL FEE	$	43

UCC/PRO F-120 (REV3/96)
Professional Printing
(856)468-7933

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

12-2-03

1) PANEL CLEARANCE, — 30 SIDE TO SIDE, ~~PANEL~~ 3' FRONT.

2) PANEL IN CLOSE CLOSET.

3) SEAL TOP OF SOIL

12-22-03 — SUPPORT & STRAIN WIRE GROUND RODS
— NOW REVERSIBLE CRIMP ON GROUND WIRE
STAPLE RANDOM NOAL PANEL
BLANK COVER IN J BOX

12/30/03 ABOVE CORRECTED

ELECTRICAL SUBCODE TECHNICAL SECTION

EMERGENCY

Date Received
Date Issued 11-12-03
Control #
Permit # C3-5059

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

Block 6731 Lot 11
Work Site Location 707 BARBERRY DRIVE
BRICK NJ 08723
Owner in Fee/Occupant WOLENSKI
Address SAME
Tele. [redacted]
Contractor TEAM ELECTRIC CORPORATION
Address 77 PENSION ROAD SUITE 10
MANALAPAN, NJ 07726
Tele. (1-800) 669-0920 Fax (732) 703-9235
Lic. No. 12897A
Federal Emp. No. 22-3397119

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1900

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 11-5-03
Approved by: MM

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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

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	150	AMP Service	40
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	3
DCA Training Fee	$	43
TOTAL FEE	$	

UCC/PRO F-120 (REV3/96)
Professional Printing
(856)468-7933

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