K 146 LOT 27 QUALIFICATION CODE 213015 ADDRESS (SITE) 414 Texas Rd PERMIT NO.

oro Township
truction Dept.
Township Drive
oro Township, NJ 07746
36-0200 X1800

CONSTRUCTION PERMIT APPLICATION

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

ENTIFICATION

oposed Work Site at: 414 Texas Rd Unit #1

ame of Owner in Fee: 414 Texas Rd LLC

l. 732-794-1500 e-mail Grogers@wetlawn.com

ldress 414 Texas Rd (street) Marlboro (municipality) 07757 (zip code)

wnership in Fee: Public ____ Private ____

incipal Contractor: 414 Texas Rd LLC Tel. 732 794-1500

ldress 316 Tepent Rd e-mail Grogers@wetlawn.com

Morganville NJ 07751

cense No. OR, if new home, Builder Reg. No. ____ Exp. Date ____

ome Improvement Contractor Registration No. or Exemption Reason ____

ederal Emp. ID No. ____ FAX: ____

rchitect or Engineer ____ Contact ____

ldress ____ e-mail ____

l. ____ FAX: ____

esponsible Person in Charge once Work has Begun Mulville Electric

l. 732 363 8954 FAX: ____

V. FEE SUMMARY (for office use only)

		Update	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	$		

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. Max. Live Load ____
7. Max. Occupancy Load ____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ____ sq. ft.
10. Flood Hazard Zone ____
11. Base Flood Elevation ____ ft.
12. Wetlands yes ____ no ____

Tenant Fitout + Ballroom

ROPOSED WORK

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

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 ____

SUBCODES

(k all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical					04.22.26	TG			
☐ Plumbing									
☐ Fire Protection				4/21/26					
☐ Elevator									
TOTAL COST									

FOR OFFICE USE ONLY (Optional)

LAN REVIEW (optional)

YOU WANT:
☐ Partial Releases
☐ 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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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. 5:23-2.15(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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 414 Texas Rd LLC

Address 316 Tirant Rd

Morganville NJ 07751

Telephone 732 794-1500

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

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

213015

Marlboro Township
Construction Dept.
1979 Township Drive
Marlboro Twp., NJ 07746
(732) 536-0200 X-1800

CONSTRUCTION PERMIT UPDATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 146 Lot 27 Qualification Code

Work Site Location 414 Texas Rd unit 7
Morganville NJ 07751

Owner in Fee 414 Texas Rd LLC

Address 316 Tennent Rd
Morganville NJ 07751

Tel. (732) 794-1500

Contractor 414 Texas Rd LLC

Address 316 Tennent Rd
Morganville NJ 07751

Tel. (732) 794-1500

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 Mechanical

DESCRIPTION OF WORK: Tenant Fit out Unit 7
Commercial Bathroom + owner space

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 $ 55,000

Construction Official

Date

PAYMENTS (Office Use Only)

Building	450
Electrical	380
Plumbing	125 + 175 = 300
Fire Protection	155
Elevator Devices	
Other	
DCA State Permit Fee	85
Cert. of Occupancy	193
Other	
Total	1,363
Check No.	
Cash	
Collected by	

(see reverse side)

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Marlboro Township
Construction Dept.
1979 Township Drive, Marlboro Twp., NJ 07746
(732) 536-0200 X-1800

7 2/3015

Date Received
Control #

Date Issued
Permit #

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

Block 146 Lot 27 Qualification Code

Work Site Location 414 Texas Rd unit 7
Morganville NJ 07751

Owner in Fee: 414 Texas Rd LLC

Tel. 732 794-1500 e-mail Grogers@wetlawn.com

Address 414 Texas Rd Marlboro 07757
street municipality zip code

Contractor: 414 Texas Rd LLC Tel. 732 794-1500

Address 316 Tenent Rd e-mail Grogers@wetlawn.com
Morganville NJ 07751

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

Home Improvement Contractor Registration No. or Exemption Reason

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: Gregg Rogers

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit out Owner space
&
BATHROOM
Unit #7

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] 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:	Failure	Dates (Month/Day) 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 31B Proposed ~~R3~~ R3 **Constr. Class** Present 2B Proposed 2B

No. of Stories 1

Height of Structure 30' ft.

Area — Largest Floor 2316 sq. ft.

New Bldg. Area/All Floors 2809 sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load 5

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 10,000
2. Rehabilitation $
3. Total (1+ 2) $ 10,000 0

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [x] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [x] Other BATHROOM
- [ ] Demolition

FEE (Office Use Only)

$ 450

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 19
TOTAL FEE $ 469

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Unit 7A

213015

Date Received
Control #

Date Issued
Permit #

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

Block 146 Lot 27 Qualification Code

Work Site Location 414 Texas Road Unit 7A
Morganville NJ 07751

Owner in Fee Greag Rogers

Tel. (732) 3638954 e-mail mlivewire77@AOL.com

Address 414 Texas Rd Marlboro 07751
street municipality zip code

Contractor: Tel. ( )

Address Mikulka Group 732-383-8954
341 Route 539
Cream Ridge, NJ 08514

Contractor License No. Exp. Date

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

Federal Emp. ID No. 15453 3/31/2027)

B. ELECTRICAL CHARACTERISTICS

Use Group Present 473851645 Proposed

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

Building Occupied as ~~Public~~ COMM. Utility Co. JCP&L

Est. Cost of Elec. Work $ 15,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Peter Mikulka

Print name here: Peter Mikulka

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Commercial Fit out ; owner space

QTY	SIZE	ITEMS	FEE (Office Use Only)
21		Lighting Fixtures	
12		Receptacles	
3		Switches	
4		Detectors	
		Light Poles	
		Motors—Fract. HP	
3		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
43		TOTAL NUMBERS	$ 80
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	6	KW Elec. Water Heater	100
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	30A	RTU	200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans ~~Approved~~ Reviewed
Date: 04-22-26 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 04-22-26
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

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 28
TOTAL FEE	$ 428

PLUMBING SUBCODE
TECHNICAL SECTION

UNIT MA 213015

Marlboro Township Construction Dept
1979 Township Drive, Marlboro Twp, NJ 07746
(732) 536-0200 X-1800

Date Received
Control #

Date Issued
Permit #

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

Block 146 Lot 27 Qualification Code

Work Site Location 414 Texas Rd Unit 7A
Morganville NJ

Owner in Fee: 414 Texas Rd LLC

Tel. 732 654 6065 e-mail GROGERS@wetlawn.com

Address 414 Texas Rd Morganville
street municipality zip code

Contractor: Lin Hvac Tel. 917 364 9337

Address 98 Tennent Rd e-mail
Morganville NJ

Contractor License No. 19HC00554300 Exp. Date 6/28

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 364635737 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer Private Septic ✓

Water Service Size 1" Public Water Private Well

Est. Cost of Plumbing Work $ 10,000

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] 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				
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: Bin Lin

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
RTU / HVAC & Owner Space

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

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 125

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

PLUMBING SUBCODE
TECHNICAL SECTION

UNIT 7

213015

Date Received
Control #

Date Issued
Permit #

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

Block 146 Lot 27 Qualification Code

Work Site Location 414 TEXAS ROAD UNIT 7
MORGANVILLE NJ.

Owner in Fee: 414 Texas Rd LLC

Tel. (732) 654 6065 e-mail GROGERS@wetlawn.com

Address 414 Texas Rd Morganville NJ
street municipality zip code

Contractor: 356 PLUMBING LLC Tel. 732 499-6699

Address 11 FLAMINGO DR e-mail 356plumbingandheating@
Howell NJ 07731 gmail.

Contractor License No. 9287 Exp. Date 6.17

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 4" Public Sewer Private Septic V

Water Service Size 1" Public Water Private Well

Est. Cost of Plumbing Work $ ~~4,000~~ 5,000 ~~15,000~~

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: BRIAN SCOTT GUBISNT

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FIT-out of Owner Space

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 20
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	20
	Shower	
1	Floor Drain	20
1	Sink	20
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	75
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	20
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other VENT.	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 175

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] 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				
Final				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Marlboro Township
Construction Dept. 213015
1979 Township Drive, Marlboro Twp., NJ 07746
(732) 536-0200 X-1800

Date Received
Control #

Date Issued
Permit #

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

Block 146 Lot 27 Qualification Code

Work Site Location 414 Texas Rd Morganville NJ 07751

Owner in Fee: Gregg Rogers

Tel. 732 363 8954 e-mail mlivewire77@AOL.com

Address 414 Texas Rd Marlboro (municipality) 07751

Contractor: Milkulka Electric Tel. 732 363 8954

Address 341 Route 535 e-mail mlivewire77@AOL.com

Cream Ridge NJ 08514

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. 15453 Exp. Date 3/31/27

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 473851645 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed

Constr. Class: Present 2B Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 5,000

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/Contractor sign here: Peter V. Milkulka

Print name here: Peter V Milkulka [ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Commercial Fit out. Owner Space

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)	4	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	3	
Other Devices		
TOTAL	7	75
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	1 RTU	80
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		10
TOTAL FEE $		165

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				

U.C.C. F140 (rev. 02/11) Internet version

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