

BLOCK 146 LOT 27 QUALIFICATION CODE ADDRESS (SITE) 414 Texas Rd

Marlboro Township
Construction Dept.
1979 Township Drive
Marlboro Township, NJ 07746
732-536-0200 X1800



CONSTRUCTION PERMIT APPLICATION

200202

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

I. IDENTIFICATION

1. Proposed Work Site at:

2. Name of Owner in Fee:

Tel. 732 794 1500

Address 316 Tennot Rd

3. Ownership in Fee: Public ☐ Private ☐

4. Principal Contractor: Gardner Construction Company Inc.

Address 316 Tennot Rd

License No. OR, if new home, Builder Reg. No. 13VH00194700

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 13VH00194700

5. Architect or Engineer: DANIEL F. FERRARO

Address 1904 PAUL STAKES RD

Tel. 732 974 0198

6. Responsible Person in Charge once Work has Begun

Tel. 732 306 6988

FAX: KRISKRO

Est. Cost

Plans Rec'd by

Date Rec'd

Rejection Date

Approval Date

Re-viewer

Approval

Rejection

Re-viewer

Approval

Rejection

Re-viewer

Approval

Rejection

Re-viewer

Approval

IIa. PROPOSED WORK

☐ Minor Work

☐ Repair

☐ Asbestos Abat. -Subch. 8

☐ New Building

☐ Alteration

☐ Lead Hazard Abatement

☐ Radon Remediation

☐ Demolition

☐ Reconstruction

☐ Annual Permit

☐ Demolition

☐ Reconstruction

☐ Annual Permit

☐ Demolition

☐ Reconstruction

☐ Annual Permit

IIb. SUBCODES

☐ Building

☐ Electrical

☐ Plumbing

☐ Fire Protection

☐ Elevator

☐ Asbestos Abat. -Subch. 8

☐ Lead Hazard Abatement

☐ Radon Remediation

☐ Demolition

☐ Reconstruction

☐ Annual Permit

☐ Demolition

☐ Reconstruction

☐ Annual Permit

☐ Demolition

☐ Reconstruction

III. PLAN REVIEW (optional)

☐ Elevators/Escalators/Lifts/

☐ Dumbwheels/Moving Walks

☐ High Pressure Boilers

☐ Refrigeration Systems

☐ Cross-Connections/Backflow Preventers

☐ Hazardous Uses/Plates of Assembly

☐ Smoke Control Systems in Open Wells

☐ Underground Storage Tanks

☐ Swimming Pools, Spas and Hot Tubs

☐ Fire Alarm

☐ Fire Alarm

☐ Fire Alarm

☐ Fire Alarm

☐ Fire Alarm

☐ Fire Alarm

☐ Fire Alarm

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

☐ Elevators/Escalators/Lifts/

☐ Dumbwheels/Moving Walks

☐ High Pressure Boilers

☐ Refrigeration Systems

☐ Cross-Connections/Backflow Preventers

☐ Hazardous Uses/Plates of Assembly

☐ Smoke Control Systems in Open Wells

☐ Underground Storage Tanks

☐ Swimming Pools, Spas and Hot Tubs

☐ Fire Alarm

☐ Fire Alarm

☐ Fire Alarm

☐ Fire Alarm

☐ Fire Alarm

☐ Fire Alarm

☐ Fire Alarm

V. FEE SUMMARY (for office use only)

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

Update

Update

Update

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories

2. Height of Structure

3. Area - Largest Floor

4. New Building Area

5. Volume of New Structure

6. Max. Live Load

7. Max. Occupancy Load

8. If Industrialized Building: State Approved

9. Total Land Area Disturbed

10. Flood Hazard Zone

11. Base Flood Elevation

12. Vents

Update

Update

Update

Update

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

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 permit 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 GARDEN IRRIGATION COMPANY INC

Address 316 TENNESSEE 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.

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



CONSTRUCTION PERMIT

Date Issued 5/20/25
Permit # 70251074

IDENTIFICATION Block 146 Lot 27 Qualification Code _____
Work Site Location 414 Texas Rd Contractor GRADED & RELIGATION COMPANY INC

Owner in Fee 414 Texas Rd LLC Address 316 TOWNSET RD MARLBOROUGH NJ
Address NO. 07746 Tel. (732) 794 1300

Tel. (732) 794 1300 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 | ☐ OTHER _____ |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

Temp Const Trailer
20250516
CTemp sealer

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 \$ 182

Construction Official

Date

PAYMENTS (Office Use Only)	
Building	<u>80</u>
Electrical	<u>100</u>
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>2</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>182</u>
Check No.	_____
Cash	_____
Collected by	<u>[Signature]</u>



BUILDING SUBCODE TECHNICAL SECTION



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

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

Owner in Fee: 414 Texas Rd LLC

Tel. 732 794 1500 e-mail grogers@vnet.law.com

Address 316 Townsend Rd Morristown NJ 07951 zip code _____

Contractor: GREGG & ROGERS Tel. _____

Address 5 CORNWALLIS CT, MARLBORO NJ e-mail grogers@vnet.law.com

Contractor License No. or Builder Registration No. 13VH0004700 Exp. Date 3/31/2026

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type	Failure	Failure	Approval	Initial
☒ No Plans Required	<u>05/14/05</u>	<u>SR</u>	<u>Footing</u>				
☐ All			<u>Footings/Bonding</u>				
☐ Footings/Foundations			<u>Foundation</u>				
☐ Structural/Framework			<u>Slab</u>				
☐ Exterior			<u>Frame</u>				
☐ Interior			<u>Truss Sys./Bracing</u>				
☐ Joint Plan Review Required:			<u>Barrier-Free</u>				
☒ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			<u>Insulation</u>				
☒ SUBCODE APPROVAL FOR PERMIT			<u>Finishes -Base Layer</u>				
Date: <u>05/12/05</u>			<u>Finishes -Final</u>				
Approved by: _____			<u>Energy</u>				
SUBCODE APPROVAL FOR CERTIFICATE			<u>Mechanical</u>				
☐ CO ☐ CCO ☐ CA			<u>TCO</u>				
Date: _____			<u>Other</u>				
Approved by: _____			<u>Final</u>				
			<u>Barrier-Free</u>				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories			If Industrialized Building:		
Height of Structure		ft.	State Approved		HUD
Area — Largest Floor		sq. ft.	Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors		sq. ft.	1. New Bldg.	\$	
Volume of New Structure		cu. ft.	2. Rehabilitation	\$	
Max. Live Load			3. Total (1+2)	\$	<u>500-0</u>
Max. Occupancy Load					

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

Temp Construction
Builder

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☒ Other temp trailer
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
TOTAL FEE \$	<u>51</u>

209292

Date Received
Control #

Date Issued

Permit #

20251074

5/20/25



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 146 Lot 24 Qualification Code _____

Work Site Location Morganville, NJ 07751

Owner in Fee: 132-912-9100 Tel. 912-912-9100 e-mail progers@western.com

Address 414 Texas Rd. Marlboro 07751 zip code

Contractor: Corbin Electric Services, Inc. Tel. 732 536-0444 zip code

Address 35 Vanderburg Road Marlboro, NJ 07746 e-mail Info@corbinelectric.com

Contractor License No. 6419 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 22-3121404 FAX: 732 536-8547

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] 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: 05-19-21

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____ Failure _____ Failure _____ Approval _____ Initial _____

[] Rough Barrier-Free

Date: _____

[] Trench

Date: _____

[] Temp. Serv.

Date: _____

[] Constr. Serv.

Date: _____

[] TCO

Date: _____

[] Other

Date: _____

[] Service

Date: _____

[] Final

Date: _____

[] Barrier-Free

Date: _____

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:

STEVEN CORBIN

[X] Licensed Electrical Contractor

[] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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 UV 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

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 101