

BLOCK 1440 LOT 27 QUALIFICATION CODE 208613 ADDRESS (SITE) 414 Texas Rd PERMIT 2005 0516



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION
1. Proposed Work Site at: 414 Texas Rd.
2. Name of Owner in Fee: E & H Management LLC
Tel. 732-972-9100 e-mail greggers@wetlan.com
Address 414 Texas Rd. Marlboro 07751
3. Ownership in Fee: Public ☒ Private ☒
4. Principal Contractor: **CORBIN ELECTRICAL SERVICES** Tel. **(732) 536-0444**
Address **35 VANDERBURG ROAD** e-mail **info@corbinelectric.com**
MARLBORO, NJ 07746
License No. OR, if new home, Builder Reg. No. 6419 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason 13VH06690800
Federal Emp. ID No. 22-3121404 FAX: **(732) 536-8547**
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun **MARC SHEINER**
Tel. **(732) 536-0444** FAX: **732-536-8547**

V. FEE SUMMARY (for office use only)

1. Building	\$	Update	Update
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

1. Number of Stories		(office use only)
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 _____	

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 _____
Lost, 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 _____

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)

☐ Building	Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Re-submission Dates	Re-viewer
☒ Electrical								
☐ Plumbing								
☐ Fire Protection								
☐ Elevator								
TOTAL COST								

III. PLAN REVIEW (optional)

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

1. ☐ Elevators/Escalators/Lifts/	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells	12. ☐ Fire Alarm
2. ☐ Partial Releases	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks	13. ☐ Responder
3. ☐ Prototype Processing	6. ☐ High Pressure Boilers	10. ☐ Swimming Pools, Spas and Hot Tubs	Comm System
	7. ☐ Pressure Vessels	11. ☐ LP Gas Tanks	

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 **CORBIN ELECTRICAL SERVICES, INC.**

Address **35 VANDERBURG ROAD**

MARLBORO, NJ 07746

Telephone **(732) 536-0444**

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 Township, NJ 07746
732-536-0200 X1800



PERMIT UPDATE

3/23/26

Date Update Issued
Permit #
Date Permit Issued

2025-0516-1A

IDENTIFICATION Block	Lot	Qualification Code
Work Site Location	27	
Owner in Fee	Contractor	
Address	Address	
Tel.	Tel.	
	Lic. No. or Bids. 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:

Relocate service
+ change of contractor

Estimated Cost of Work \$ 800.00

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.

Construction Official

Date

U.C.C. F190 (rev. 1/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE

PAYMENTS (Office Use Only)

Building	_____
Electrical	160
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
State Permit Surcharge Fee	2
Cert. of Occupancy	_____
Other	_____
Total	162
Check No.	_____
Cash	_____
Collected by	OCF



CONSTRUCTION PERMIT

Date Issued 3/11/25
Permit # 20250514

DR# 358573200

208613

20250514

IDENTIFICATION Block 146 Lot 27 Qualification Code _____
Work Site Location 414 Texas Rd. Morganville, NJ 07751 Contractor CORBIN ELECTRICAL SERVICES
Address 414 Texas Rd. Morganville, NJ 07751 Address 35 VANDERBURG ROAD
Tel. (732) 972-9100 Tel. (732) 536-0444 Lc. No. or Bids. Reg. No. 6419
Marlboro, NJ 07746 22-3121404

Is hereby granted permission to perform the following work:

- | | | |
|--|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ MECHANICAL |
| (Subchapter 8 only) | | ☐ OTHER _____ |

DESCRIPTION OF WORK:

200 Temp Service

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.

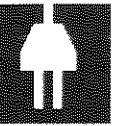
Estimated Cost of Work \$ 1,000

Construction Official [Signature] Date 03-11-25

PAYMENTS (Office Use Only)	
Building _____	280
Electrical _____	
Plumbing _____	
Fire Protection _____	
Elevator Devices _____	
Mechanical _____	
Other _____	
DCA State Permit Fee _____	2
Cert. of Occupancy _____	
Total _____	282
Check No. <u>17927</u>	
Cash _____	
Collected by <u>KL</u>	<u>3/11/25</u>



ELECTRICAL SUBCODE TECHNICAL SECTION



DR# 358 573 206

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 26 Lot 27 Qualification Code _____

Work Site Location 414 Texas Rd. Moravia, NY 13151

Owner in Fee: EFT Management, LLC

Tel. 732-972-9100 e-mail greg@wellaan.com

Address 414 Texas Rd. Moravia, NY 13151

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

Address 35 Vanderbilt Road 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 \$ 1,000

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: _____ Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____ Failure _____ Approval _____ Initial _____

☐ Rough _____

☐ Barrier-Free _____

☐ Trench _____

☐ Temp. Serv. _____

☐ Constr. Serv. _____

☐ TCO _____

☐ Other _____

☐ Service _____

☐ Final _____

☐ Barrier-Free _____

☐ Temp. Cut-In-Card Date Issued _____

☐ Final Cut-In-Card Date Issued _____

☐ Annual Pool Inspection _____

☐ Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here:

Print name here:

STEVEN CORBIN

☒ Licensed Electrical Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

200A Temp Service.

QTY. SIZE ITEMS

☐ 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 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 80

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

200

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