

BLOCK

446

LOT

27

QUALIFICATION CODE

ADDRESS (SITE)

414 Texas Rd

PERMIT NO.

20251755



CONSTRUCTION PERMIT APPLICATION

210205

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: 414 Texas Rd, LLC

Tel. (732) 794-1500

e-mail grogers@wetlawn.com

Address 316 Tennent Rd

Marlboro

07751

3. Ownership in Fee: Public

Private Y

zip code

4. Principal Contractor: Pickwick Well Drilling, Inc

Tel.

(732) 938-5300

Address 10 Water St, Farmingdale, NJ 07727

e-mail

Pwish@pickwickwelldrilling.com

License No. OR, if new home, Builder Reg. No. M13762

Exp. Date 06/30/2026

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223209970

FAX:

5. Architect or Engineer

Address

Contact

Tel.

FAX:

6. Responsible Person in Charge once Work has Begun

Ben Primost

Tel. (732) 938-5300

FAX:

IIa. PROPOSED WORK☒ Minor Work☐ Repair☐ Asbestos Abat. -Subch. 8☐ New Building☐ Alteration☐ Lead Hazard Abatement☐ Addition☐ Renovation☐ Radon Remediation☐ Demolition☐ Reconstruction☐ Annual Permit**IIb. SUBCODES**

(Check all that apply)

☐ Building☒ Electrical☐ Plumbing☐ Fire Protection☐ Elevator**FOR OFFICE USE ONLY (Optional)**

Est. Cost

Plans Recd by

Date Recd

Reflection Date

Approval Date

Re-viewer

Approval

Rejection

Re-viewer

150

8/6/05 JP

TOTAL COST \$150

III. PLAN REVIEW (optional)

DO YOU WANT:

☐ Partial Releases☐ Protective Processing**IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?**1. ☐ Elevators/Escalators/Lifts/2. ☐ Dumbwaiters/Moving Walks3. ☐ High Pressure Boilers4. ☐ Refrigeration Systems5. ☐ Cross-Connections/Backflow Preventers6. ☐ Hazardous Uses/Places of Assembly7. ☐ Smoke Control Systems in Open Wells8. ☐ Underground Storage Tanks9. ☐ Swimming Pools, Spas and Hot Tubs10. ☐ Comm System11. ☐ Fire Alarm12. ☐ Fire Alarm13. ☐ Fire Alarm14. ☐ Fire Alarm15. ☐ Fire Alarm**VI. BUILDING/SITE CHARACTERISTICS**

(office use only)

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. Wetlands

Well Pump

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group, Proposed: Select Group

3. Change in Use Group, Indicate Present: Select Group

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: Select Group

3. Change in Use Group, Indicate Present

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

D. Construct. Classification: Present

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

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.

(X) Check if contractor.

Agent Name Pickwick Well Drilling, Inc

Address 10 Water St, Farmingdale, NJ 07727

Telephone (732) 938-5300

Signature [Signature] M13762

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

Permit #

8/6/25
2102005
70251755

IDENTIFICATION Block 444
Work Site Location 414 Twp Rd 21

Lot 27

Qualification Code

Owner in Fee 414 Twp Rd 21
Address 316 Twp Rd 21

Contractor

Pleasure West Daily Inc

Tel. (732) 776-1100

Lic. No. or Bldrs. Reg. No.

419762

I am 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:

Install submersible pump & electric fan for well

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 \$ 100

Construction Official

Date

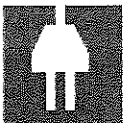
05-06-25

PAYMENTS (Office Use Only)

Building	_____
Electrical	<u>80</u>
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>1</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>81</u>
Check No.	_____
Cash	_____
Collected by	<u>*5005</u>



ELECTRICAL SUBCODE TECHNICAL SECTION



2102405

Date Received
Control #
Date Issued
Permit #

8/15
20251755

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@wellawn.com

Address 316 Tennent Rd Marlboro ZIP code 07751

Contractor: Pickwick Well Drilling, Inc marlboro Tel. (732) 938-5300

Address 10 Water St, Farmingdale, NJ 07727 e-mail Pwsh@pickwickwelldrilling.com

Contractor License No. M13762 Exp. Date 06/30/2026

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223209970 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present PS Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Under-slab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 8/15/25

Approved by: JP

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Dates (Month/Day)

Type: _____ Failure _____ Approval _____ Initial _____

[] Rough _____ Failure _____ Approval _____ Initial _____

[] Barrier-Free _____ Failure _____ Approval _____ Initial _____

[] Trench _____ Failure _____ Approval _____ Initial _____

[] Temp. Serv. _____ Failure _____ Approval _____ Initial _____

[] Constr. Serv. _____ Failure _____ Approval _____ Initial _____

[] TCO _____ Failure _____ Approval _____ Initial _____

[] Other _____ Failure _____ Approval _____ Initial _____

[] Service _____ Failure _____ Approval _____ Initial _____

[] Final _____ Failure _____ Approval _____ Initial _____

[] Barrier-Free _____ Failure _____ Approval _____ Initial _____

[] Temp. Cut-in-Card Date Issued _____

[] Annual Pool Inspection _____

[] Date of Grounding and Bonding _____

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:

Benjamin Primost

[] Licensed Electrical Contractor

[X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Install pump and electric line for well

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/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Subm. pump

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$