BLOCK 146 LOT 27 QUALIFICATION CODE _____ ADDRESS (SITE) 414 Texas Rd PERMIT NO. 2026 0733

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

CONSTRUCTION PERMIT APPLICATION

212155

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

I. IDENTIFICATION

1. Proposed Work Site at: 414 Texas Road
2. Name of Owner in Fee: Michael Rosenberg
   Tel. _____ e-mail _____
   Address 414 Texas Rd (street) Marlboro (municipality) 07751 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. 732-363-8954
   Address Mikulka Group, 341 Route 539, Cream Ridge, NJ 08514 e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. 15455 Exemption Reason 3/31/2027
   Federal Emp. ID No. _____ FAX: _____
5. Architect or Engineer 473851645 Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Peter V Mikulka
   Tel. 732 363 8954 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Prc			
5. Elevato			
6. Subtota			
7. Less 20			
8. Subtotal			
9. State Pe			
10. Subtotal			
11. Cert. of			
12. Other			
13. TOTAL			

TENANT FIT-OUT FINAL

_____ FINAL BUILDING
_____ FINAL ELECTRIC
_____ FINAL FIRE
_____ FINAL PLUMBING
_____ BOARD OF HEALTH
_____ MERCANTILE

OK Zoning

VI. BUILDING/ (only)

1. Number
2. Height of
3. Area — L
4. New Build
5. Volume of
6. Max. Live
7. Max. Occ
8. If Industri
9. Total Land
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

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)*

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building				1-29-26		M	4.1.26		F
☐ Electrical						/	05-25-26		T
☒ Plumbing				1-27-26		RF	4-1-26	3-4-26	RF
☐ Fire Protection				1-29-26			4.1.26		
☐ Elevator									
TOTAL COST									

FOR OFFICE USE ONLY (Optional)

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 _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPG or 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 Milcilla Electric

Address 341 Route 539
Cream Ridge NJ 08514

Telephone 732 363 8954

Signature Peter V. Nol

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 212155

Date Issued 4-15-26

Permit # 2026-0733

IDENTIFICATION Block 146 Lot 27 Qualification Code

Work Site Location 414 Texas

Owner in Fee Michael Rosenberg

Address 3469 Tennent Rd Manalapan NJ 07726

Tel.

Contractor Mitchell Group

Address 361 Rt 539 Cream Ridge NJ 08514

Tel. (732) 363-8934

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

DESCRIPTION OF WORK: Tenant fitout Unit 1-5 for Pickleball Change of Use To A3

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 $ 1,100,000.00

Construction Official

04-14-26
Date

PAYMENTS (Office Use Only)

Building	801 + 15,950 = 16,751
Electrical	2,210
Plumbing	9951 + 1125 = 1855
Fire Protection	906
Elevator Devices	
Other	
DCA State Permit Fee	1691
Cert. of Occupancy	3147
Other	
Total	25,819
Check No.	1205
Cash	
Collected by	NM

U.C.C. F170 (rev. 01/04)

(see reverse side)

BUILDING SUBCODE
TECHNICAL SECTION

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

Date Received / Control # 4-15-26

Date Issued / Permit # 2026-0733

212155

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: Michael Rosenberg

Tel. e-mail

Address 414 Texas Rd (street) Marlboro (municipality) 07751 (zip code)

Contractor: Mikulka Group 732-363-8854

Address 341 Route 539 e-mail
Cream Ridge, NJ 08514

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

Home Improvement Contractor Registration No. or Exemption Reason 15453 3/31/2027

Federal Emp. ID No. 473851645 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All 4-22-26
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 04-22-26
Approved by:

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	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 B / F-1 Proposed A3
No. of Stories 1
Height of Structure 30' ft.
Area — Largest Floor 25,000 sq. ft.
New Bldg. Area/All Floors 28,617 sq. ft.
Volume of New Structure 750,000 cu. ft.
Max. Live Load
Max. Occupancy Load ~~49~~ 119

Constr. Class Present Type 1B Sprinklered Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 550,000

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

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: Peter V. Mikulka

Print name here: Peter V Mikulka

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Commercial fit out

Unit # 1-5
Pickel Ball Facility
change of use from B/S1 to A3

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [✓] 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
- [✓] Other Comm. Fit out
- [ ] Demolition

1 change of use

9 RTU

FEE (Office Use Only)

$	
	13,750
	200
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	1,950
TOTAL FEE $	

BUILDING SUBCODE
TECHNICAL SECTION

212155

Date Received / Control # 4-15-26

Date Issued / Permit # 2026-0733

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
Mopleawood NJ

Building Owner Michael Rosenberg
Address SAME

Tel.

Contractor HN's HVAC LLC
Address 98 Forest Dr
Morganville NJ 07751
Tel. (732) 488-3133 FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No 364 678 737 000

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Ductwork
5 Pgs Attached
Unit 1-5

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
- [ ] No Plans Required
- [x] All — 3/26/26
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	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				

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

FEE (Office Use Only)
$ 80

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 80
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present R3 Proposed A3
Constr. Class Present 1 1/5 Proposed
No. of Stories 1
Height of Structure 30 Ft.
Area—Largest Floor 25,000 Sq. Ft.
New Bldg. Area/All Floors 25,617 Sq. Ft.
Volume of New Structure 750,000 Cu. Ft.
Total Land Area Distributed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 50,000
2. Rehabilitation $
3. Total (1+2) $ 50,000

U.C.C. F110
(rev. 07/03)

1. White = Inspector Copy
2. Canary = Office Copy
3. Pink = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4-15-26
Control # 2/2/55
Date Issued
Permit # 2026-0733

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

Block 746 Lot 27 Qualification Code

Work Site Location 414 Texas Road Marlboro NJ 07751

Owner in Fee: Michael Rosenberg

Tel. e-mail

Address 414 Texas Rd (street) Marlboro (municipality) 07751 (zip code)

Contractor:

Address Mikulka Group
341 Route 539
Cream Ridge, NJ 08514

Tel. 732-363-8954 e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 15453 3/31/2027

Federal Emp. ID No. 473851645 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present A-3 Proposed

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

Building Occupied as COMM Utility Co.

Est. Cost of Elec. Work $ 150,000

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 V. Mikulka

Print name here: Peter V Mikulka

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Commercial Fit out. Unit 1-5

QTY.	SIZE	ITEMS	FEE (Office Use Only)
96		Lighting Fixtures Specs attached	330
34	56	Receptacles	
5		Switches	
33		Detectors	
		Light Poles	
2		Motors—Fract. HP BATH EXHAUST	
9		Emergency & Exit Lights	
		Communications Points	
11		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	
1	TBL	KW Central A/C Unit SPECS ATTACHED	
		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	80
4	12	KW Elec. Sign/Outline Light HAND DRYERS	1800
9		HVAC RTU	
		Administrative Surcharge $	
		Minimum Fee $	285
		State Permit Surcharge Fee $	
		TOTAL FEE $	2495

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved Revised

Date 03-25-26 Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 03-26-26

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	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

PLUMBING SUBCODE
TECHNICAL SECTION

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

Date Received 4-15-26
Control # 212155
Date Issued
Permit # 2026-0733

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

Owner in Fee: Mike Rosenberg

Tel. e-mail

Address 341 Rt 539 Cream Ridge NJ 08514
street municipality zip code

Contractor: Lin's HVAC/R Tel. 732 688 3723

Address 98 Tennent Rd e-mail
Morganville NJ 07751

Contractor License No. 5543 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 36-4 638 737 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present A-3 Proposed

Building Sewer Size Public Sewer Private Septic X

Water Service Size 6" Public Water Private Well

Est. Cost of Plumbing Work $ 90,000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am author[illegible] 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 Pl[illegible] Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Commercial Fit [illegible] (9) New HVAC RTU Unit 1-5

QTY.	FIX[illegible]/EQUIPMENT	FEE (Office Use Only) $
	[illegible] Closet	
	[illegible]al/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	
9	Other HVAC RTU	1125

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 1125

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
Plumbing Plans Approved
Date: 4-16-26 Approved by: RE
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4-16-26
Approved by: Richard

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

INSPECTIONS Type:	Dates (M[illegible]ay) Failure	Fail[illegible]	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipme[illegible]				
Gas Piping				
LPGas [illegible]				
Fuel Oil [illegible]ping				
Sc[illegible]				
[illegible]				
Final				

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

PLUMBING SUBCODE
TECHNICAL SECTION

212155

Date Received
Control # 4-1526

Date Issued
Permit # 2026-0733

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 Moorestown

Owner in Fee: The Club at Marlboro

Tel. 732 946 4370 e-mail INFO@855Milkweed.com

Address 414 Texas Rd (street / municipality)

Contractor: BSC Plumbing LLC Tel. 732 899-6619

Address 11 Flamingo Dr. Howell NJ 07731 e-mail bscplumbingandheating@gmail.com

Contractor License No. 9207 Exp. Date 6.27

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present 4 Proposed

Building Sewer Size 4" Public Sewer X Private Septic

Water Service Size 2" Public Water X Private Well

Est. Cost of Plumbing Work $ ~~60,000~~ 150,000

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 GILBERT

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: TENANT FIT-OUT Unit 1-5

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
6	Water Closet	120
2	Urinal/Bidet	40
	Bath Tub	
6	Lavatory	120
~~5~~ 4	Shower	100
2	Floor Drain	40
2	Sink	40
	Dishwasher	
2	Drinking Fountain	
	Washing Machine	
1	Hose Bibb	40
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
1	Water Service Connection	60
3	Stacks VENTS	75
3	Other AAV	125
5	(PWM)	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 995

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date 4/7/26 Approved by: RK
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/7/26
Approved by: Kelly

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

Date Received 4-15-26
Control # 21155
Date Issued
Permit # 2026-0733

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

Block 140 Lot 27 Qualification Code

Work Site Location 414 Texas Road
Morganville Rd NJ 07751

Owner in Fee: Mirha O Rosenberg

Tel. e-mail

Address 414 Texas Rd Marlboro 07751
street municipality zip code

Contractor: Mikulla Electric Tel.

Address 341 Route 539 e-mail
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 5/31/27

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 473851645 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present A-3 Proposed

Constr. Class: Present 11B 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 $ 40,000

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. Mikulla

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Commercial Fit out - Unit 1-5

Water Supply Source Utility

Method of Alarm/Suppression System Supervision monitor

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	33	186
Supervisory Devices (i.e., tampers, low/high air)	9	
Signaling Devices (i.e., horn/strobes, bells)	10	
Other Devices		
TOTAL		
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	9	720
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		906
TOTAL FEE $		

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: 4-1-26

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				
TCC				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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