

BL3

~~SECRET~~

1427.02 LOT NO.

C14-47

843 balde de

PERMIT NO

10-3354

**Powerplus Savers Club**

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work-site at: Brick Township *843 Barked dr*
2. Name of Owner in Fee: Jersey Central Power & Light Tel. (1-800) 527-0053
Address: 310 Madison Avenue *DOUGLAS HOFFMAN 08724*
Morristown, NJ 07960
3. Ownership in Fee: Public Private
4. Principal Contractor: DMC Electric Tel. (908) 920-3000
Address: 145 Route 46 West Wayne, NJ 07470
License No. 8292A Exp. Date 01/00/00
Federal Emp. No. 4-2635704 Social Security No.
5. Architect or Engineer Tel. ()
Address
6. Responsible Person
In Charge of Work Tel. ()

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. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ sq. ft.
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

1. ☒ Minor work
(single trade)
 2. ☐ Small Job (\$5,000
and no prior approvals)
 3. ☐ New Building
 4. ☐ Addition
 5. ☐ Alteration
 6. ☐ Fire Protection
 7. ☐ Plumbing
 8. ☒ Electrical
 9. ☐ Elevator Devices
 10. ☐ Asbestos Abatement
 11. ☐ Demolition
- TOTAL COSTS**

Est. Cost

OPTIONAL (for office use only)[illegible]

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

- | | | |
|---|--|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly |
| 2. ☐ High Pressure Boilers | 4. ☐ Refrigeration Systems | 7. ☐ Sprinklers |
| | 5. ☐ Cross-Connections/Backflow
Preventers | 8. ☐ Smoke Control Systems in Open Wells |
| | | 9. ☐ Underground Storage Tanks |

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO
- No of dwelling units: _____
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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(e)1.vii:

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 have been given, including such certification as the construction official may require.

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 New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 have been given, including such certification as the construction official may require.

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 **HONEYWELL DMC SERVICES, INC.**

Address **150 BRICK BLVD.**

BRICK, NJ 08723

Telephone **(908) 920-3000**

Signature

Dianna L. Pfeiffer

Date _____

OFFICE DATE RECEIVED: _____

VII. PRIOR APPROVALS CHECKLIST (OFFICE USE ONLY)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ NJ Department of Community Affairs									
☐ NJ Department of Transportation									
☐ NJ Department of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 08/17/2000
Control #
Permit # 00-3354

IDENTIFICATION Block 1427.02 Lot 1 Qual
Work Site Location 843 BAKER DR
OWNER PLUS SAVERS A/C
Owner in Fee HOFFMAN, DOUGLAS
Address SAME
BRICK, NJ 08724-
Telephone ()

Contractor DMC ELECTRIC
Address 145 ROUTE 46 WEST
WAYNE, NJ 07470-
Telephone (908) 920-3000
Lic. No. or Bldgs. Reg. No. 8292A
Federal Emp. 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:
OWNER PLUS SAVERS A/C PROGRAM

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 \$ 500

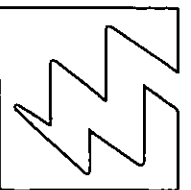
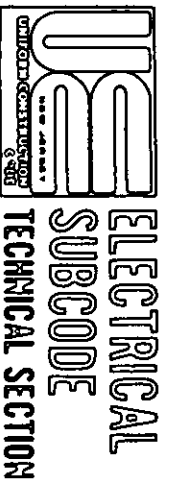
Construction Official [Signature] Date 08/17/2000

O.C.C. 1170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	11
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	11
Check No.	14678
Cash	
Collected By	AJP

Powerplus Savers Club



Date Received
Date Issued
Control #
Permit #

08-17-00
00-3354

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

Block: 2.18 1487
Work Site Location: 843 Base de 087ad

Owner in Fee: Feffersey Central Power & Light Douglas B. Hoffman
Address: 310 Madison Avenue
Morristown, NJ 07960

Tele: () 1-800-527-0053

Contractor: DMC Electric

Address: 145 Route 46 West
Wayne, NJ 07470

Telephone: 920-3000

Lic. No.: 8292A

Federal Emp. No. 4-2635704 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____

() Pole/Pad # _____ () Temporary () Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 440.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

(X) No Plans Required

Joint Plan Review Required:

() Bldg. () Plumb.

() Fire () Elevator

() Elec. Plans Approved

Date: 9900

Approved by: [Signature]

() CO () CCO () CA

Date: _____

Approved by: _____

INSPECTIONS:

Type: _____

Rough _____

Temporary _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Line Dept. _____

Dates (Month/Day)
Failure Failure Approval Initial

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.

() Licensed Electrical Contractor

() Exempt Applicant

[Signature]
Signature-Contractor Seal

D. TECHNICAL SITE DATA: INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR GPU ENERGYS

NO. SIZE ITEM

Fixtures (1)

Receptacles (2)

Switches (3)

Total 1 + 2 + 3

Kw Range

Kw Oven(s)

Kw Surface Unit

hp Dishwasher

hp Garbage Disposal

Kw Dryer

Kw A/C Unit

Burglar Alarms

Intercoms Panels

Smoke Detectors

hp Whirlpool/spa

Pool Bonding

hp Pool Filter Motor

Pool Lights

Kw Water Heater(s)

Kw Central heat:
oil, gas or elec.

Kw Baseboard Heat Units

Thermostats

hp Heat Pump

hp Pump(s)

Amp Motor Control Center/Sub Panels

Signs

Light Standards

hp Motors—Fractional H.P.

hp Motors—All Others

Kw Transformers

Kw Generators

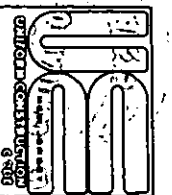
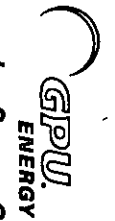
Amp Service Entrance

FEE (Office Use Only)

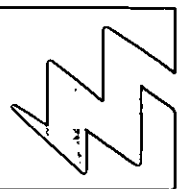
Paid () Check # _____ Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____

1-White= Inspector 2-Canary= Office 3-Pink= Office 4-Gold= Applicant

Powerplus Savers Club



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

08-17-00
00-3354

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

Block/CC 2118 1497
Work Site Location/Block Township 845 Date dr 08/24/00

Owner in Feedersey Central Power & Light Douglas B. Hoffman
Address 310 Madison Avenue
Morristown, NJ 07960

Tele. () 1-800-527-0053
Contractor DMC Electric

Address 145 Route 44 West
Wayne, NJ 07470

Telephone 920-3000
Lic. No. 82926
Federal Emp. No. 4-2635704 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 440.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
	Type:	Failure Failure Approval Initial
☒ No Plans Required	Rough	
Joint Plan Review Required:	Temporary	
[] Bldg. [] Plumb.	Constr. Serv.	
[] Fire [] Elevator	TCO	
[] Elec. Plans Approved	Other	
Date: 8/24/00	Service	
Approved by: [Signature]	Final	
[] CO [] CCO [] CA	Temp. Cut-in-Card Date Issued	
Date: _____	Final Cut-in-Card Date Issued	
Approved by: _____	Line Dept.	

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.

[] Licensed Electrical Contractor [] Exempt Applicant

Signature/Contractor Seal

D. TECHNICAL SITE DATA: INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR GPU ENERGYS

NO.	SIZE	ITEM
		Fixtures (1)
		Receptacles (2)
		Switches (3)
		Total 1 + 2 + 3
		Kw Range
		Kw Oven(s)
		Kw Surface Unit
		hp Dishwasher
		hp Garbage Disposal
		Kw Dryer
		Kw A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
		hp Whirlpool/spa
		Pool Bonding
		hp Pool Filter Motor
		Pool Lights
		Kw Water Heater(s)
		Kw Central heat:
		oil, gas or elec.
		Kw Baseboard Heat Units
		Thermostats
		hp Heat Pump
		hp Pump(s)
		Amp Motor Control Center/Sub Panels
		Signs
		Light Standards
		hp Motors—Fractional H.P.
		hp Motors—All Others
		Kw Transformers
		Kw Generators
		Amp Service Entrance

Paid [] Check # _____	Administrative Surcharge	\$ _____
	Minimum Fee	\$ _____
	DCA Training Fee	\$ _____
Collected by: _____	TOTAL FEE	\$ _____

FEE (Office Use Only)

1-White= Inspector 2-Canary= Office 3-Pink= Office 4-Gold= Applicant

DMC Services, Inc.
150 Brick Blvd.
Brick, New Jersey 08723

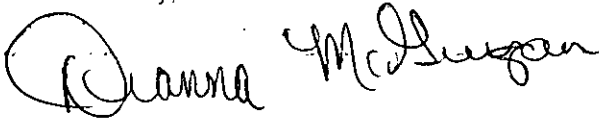
July 19, 2000

Dear Construction Code Officer,

Enclosed are Electric Permit Applications that GPU Energy is filing on behalf of our customers who participated in the Appliance Cycling Program.

If you have any questions or comments regarding the mentioned program, please feel free to contact us at 1-800-527-0053.

Sincerely,

A handwritten signature in cursive script, reading "Dianna McGuigan". The signature is written in dark ink and is positioned to the right of the word "Sincerely,".

Dianna McGuigan
DMC
Program Coordinator
GPU RAC Program