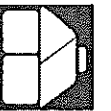




BUILDING SUBCODE TECHNICAL SECTION



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

Block 183 Lot 23 Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel. (908) 420-1779

Contractor _____

Fel. () _____

Federal Emp. No. _____

FAX () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☐ No Plans Required	12/18/00	AK	Footing				
☒ All			Footing Bonding				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Truss Sys./Bracing				
Joint Plan Review Required:			Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation				
SUBCODE APPROVAL			Finishes - Base Layer				
☐ CO ☐ CCO ☐ CA			Finishes - Final				
Date: 12/27/03			Energy				
Approved by: AK			Mechanical				
			TCO				
			Other				
			Final visually				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$ 2000.
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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

Extended New Deck
in rear of house.

Date Received
Control #

Date Issued 10-19-06
Permit # 06-518

TYPE OF WORK:

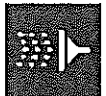
- ☐ New Building
- ☒ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign _____
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$ 56



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received 7-11-05
Date Issued
Control # 05-310
Permit #

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

Block 183 Lot 23
Work Site Location 26 LINCOLN AVE "UNIT C"
Owner in Fee H. Kellner & J. Bitran
Address 14 Danby St. East Brunswick NJ 08816
Tele. (908) 420-1779
Contractor ANTHONY MACERI
Address 503 DEWEY AVENUE CLIFFSIDE PARK, NEW JERSEY 07010
Tele. (201) 945-0242 Fax (201) 945-9160
Lic. No. B106986
Federal Emp. No. 153-52-0511

B. PLUMBING CHARACTERISTICS

Use Group Present 4" Proposed 4"
Building Sewer Size 4" Public Sewer ✓ Private Septic ✓
Water Service Size 1" Public Water ✓ Private Well ✓
Est. Cost of Plumbing Work \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
[] No Plans Required		Slab				
Joint Plan Review Required:						
[] Building	[] Electric	Rough	<u>Slab</u>		<u>Slab</u>	<u>mm</u>
[] Fire	[] Elevator	Water			<u>Slab</u>	<u>mm</u>
[] Plumbing Plans Approved		Sewer			<u>Slab</u>	<u>mm</u>
Date: <u>8/30/05</u>		Fixtures				
Approved by: <u>mm</u>		Gas Equipment			<u>Slab</u>	<u>mm</u>
		Gas Piping				
SUBCODE APPROVAL		Solar				
[] CO [] CCO [] CA		TCO				
Date: <u>8/30/05</u>						
Approved by: <u>mm</u>					<u>Slab</u>	<u>mm</u>

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.

Signature Anthony Maceri
Signature — Contractor's Seal

☒ Licensed Plumbing Contractor [] Exempt Applicant

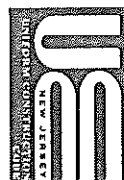
D. TECHNICAL SITE DATA (List of all fixtures.)

NO.
FIXTURE/EQUIPMENT
Water Closet
Urinal/Bidet
Bath Tub
Lavatory
Shower
Floor Drain
Sink
Dishwasher
Drinking Fountain
Washing Machine
Hose Bibb
Water Heater
Fuel Oil Piping
Gas Piping
Steam Boiler
Hot Water Boiler
Sewer Pump
Interceptor/Separator
Backflow Preventer
Greasetrap
Sewer Connection
Water Service Connection
Stacks
Other
Other
Other

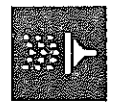
Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$

FEE (Office Use Only)
\$

Wit C.



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued 7-11-05
Control #
Permit # 05-310

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

Block 183 Lot 23
Work Site Location 26 Lincoln Ave

Owner in Fee ARNES Keller
Address 2 Claustar St.

First Brunswick NJ.
Tele. (732) 238-4576
Contractor DOAL PLUMBING INC.

Address 47 REID ST.
SO. RIVER, NJ 08882

Tele. (732) 254-1922 Fax (732) 254-1848

Lic. No. 5349
Federal Emp. No. 222210456

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer X Private Septic
Water Service Size Public Water X Private Well
Est. Cost of Plumbing Work \$ 9,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Approval	Initial
Joint Plan Review Required:		Slab		3-1-05	m
[] Building [] Electric		Rough			
[] Fire [] Elevator		Water			
[] Plumbing Plans Approved		Sewer			
Date: 6-15-05		Fixtures			
Approved by: m		Gas Equipment			
SUBCODE APPROVAL		Gas Piping			
[] CO [] CCO [] CA		Solar			
Date:		TCO			
Approved by:					

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.

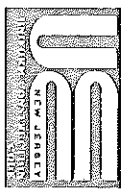
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	\$ 60-
2	Urinal/Bidet	
	Bath Tub	30-
	Lavatory	
	Shower	15-
1	Floor Drain	
	Sink	90-
5	Dishwasher	15-
1	Drinking Fountain	
	Washing Machine	15-
	Hose Bibb	15-
	Water Heater	
	Fuel Oil Piping	15-
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Grastrap	65-
	Sewer Connection	65-
	Water Service Connection	130
	Stacks	130
	Other HVAC	
	Other A/C	
	Other	

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$ 460-



**FIRE
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 183 Lot 23

Work Site Location HIGHT AND PLY ALLIE

Owner in Fee PHILIP HELLER

Address 2 ELAUSTREE CT

Tele. (232) 238-1596

Contractor 5 PRPL E (ELECTRIC)

Address 1683 PERKINS RD

City MORRIS TWP.

Tele. (732) 521-1466 Fax (732) 521-1926

Lic. No. 7530

Federal Emp. No. 22-3656188

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Const. Class Present _____ Proposed _____

Heating Systems [] New [] Existing [] HVAC

Type: [] Gas [] Oil [] Electric [] Solar

[] Other _____

Location: _____

Total Cost of Fire Protection Work \$ 580.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Electric [] Elevator

[X] Fire Plans Approved

Date: 6.15.05

Approved by: LD

SUBCODE APPROVAL

[] CO [] LSP [] CA

Date: 6/30/05

Approved by: LD

INSPECTIONS

Type: _____

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Final _____

Other _____

Date Received 7-11-05
Date Issued 7-11-05
Control # 05-310
Permit # 05-310

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: [] Flammable Liquid [] Combustible Liquid

[] LPG [] LNG Capacity _____ Fuel _____

Alarm Systems [] 110V Interconnected _____

[] System _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tamper, low/high air) _____

Signaling Devices (i.e., horns/strobes, bells) _____

Other Devices CO Det _____

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 _____

CO₂ Suppression _____

Foam Suppression _____

Halon Suppression _____

Other _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Gas [] or Oil [] Fired Appliances _____

Other _____

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ 46-

DCA Training Fee \$ _____

TOTAL FEE \$ 138

Signature _____

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

C. CERTIFICATION IN LIEU OF OATH

Signature _____

U.C.C. F140
(rev. 3/99)

1 White = Inspector Copy
2 Green = Office Copy
3 Pink = Office Copy
4 Hard = Applicant Copy

Change of Contractor
update

FIRE 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 183 Lot 23
Work Site Location 26 LINCOLN AVE
Owner in Fee B & L HOMES LLC
Address 14 DORRY ST
EAST BRUNSWICK 08816
Tele. () 908-420-1773
Contractor SOLE ELECTRIC INC.
Address 201 HILLSIDE AVE.
PISCATAWAY NJ 08854
Tele. () (732) 235-0062 Fax ()
Lic. No. LIC. NO. 15642
Federal Emp. No. FEDERAL EMP. NO. 223556203

B. FIRE PROTECTION CHARACTERISTICS

Use Group	Present	Proposed	Fire Alarm System
Constr. Class	Present	Proposed	New ☐ Existing ☐
Heating Systems	☐ New ☐ Existing ☐	☐ HVAC	Location of Panel:
Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar	☐ Other	☐	Fire Suppression/Standpipe System
			New ☐ Existing ☐
			Location of Main Control Valve:

Total Cost of Fire Protection Work \$ 500-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Type:	Failure Approval Initial
Joint Plan Review Required:	Alarm System	
☐ Building ☐ Plumbing	Suppression Sys.	
☐ Electric ☐ Elevator	Standpipe	
☐ Fire Plugs Approved	Fire Pump	
Date: <u>01/20/04</u>	Pre-Eng. System	
Approved by: <u>[Signature]</u>	Mechanical	
SUBCODE APPROVAL	Smoke Control	
☐ CCO ☐ CA	TCO	
Date: <u>01/20/04</u>	Final	
Approved by: <u>[Signature]</u>	Other	

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 [Signature]



Date Received
Date Issued
Control #
Permit # 05-310

D. TECHNICAL SITE DATA

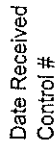
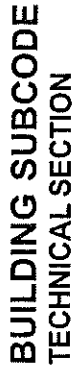
DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks
Type: ☐ Flammable Liquid ☐ Combustible Liquid
☐ LPG ☐ LNG Capacity _____ Fuel _____
Alarm Systems ☒ 110v Interconnected NUMBER
☐ System
Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____
Supervisory Devices (i.e., tamper, low/high air) _____
Signaling Devices (i.e., horn/strobes, bells) _____
Other Devices CO
TOTAL 2
Suppression Systems 11
Fire Pump _____ GPM Type _____
Dry Pipe/Alarm Valves _____
Pre-action Valves _____
Sprinkler Heads (Dry and Wet) _____
Standpipes _____
Pre-engineered Systems _____
Wet Chemical _____
Dry Chemical _____
CO₂ Suppression _____
Foam Suppression _____
Halon Suppression _____
Other _____
Kitchen Hood Exhaust System _____
Smoke Control System _____
Gas ☒ or Oil ☐ Fired Appliances 2
Other _____

FEE (Office Use Only)

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$



Date Issued 7-14-05
Permit # 05-310

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

Block 183 Lot 23 Qualification Code _____
Work Site Location 26 LINCOLN AVE 4P.

Owner in Fee BARNES Kellen
Address 2640 STERNA CT
EAST RIVERSIDE NJ.
Tel. (202) 238-1576
Contractor EST'S GENERAL CONTRACT CO. INC.
Address 24 WESTBURY CT
MONTH TOWN NJ.

Tel. (732) 238-1576 FAX () _____
Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	6/23/05	PAC	Type:	Approval
[] All			Footing Bonding	11/7/05 PAC
[] Footing			Foundation	11/7/05 PAC
[] Foundation			Slab	3/45/06 PAC
[] Frame			Frame	3/12/06 PAC
[] Other			Truss Sys./Bracing	
			Barrier-Free	
Joint Plan Review Required:			Insulation	5/22/06 PAC
[] Elec.	[] Plumb.	[] Fire [] Elevator	Finishes-Base Layer	
			Finishes-Final	
SUBCODE APPROVAL			Energy	
[] CO	[] CCO	[] CA	Mechanical	
Date:	9/13/06		TCO	
Approved by:	PAC		Other	
			Final	8/31/06
			Barrier-Free	9/13/06 PAC

3. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	
No. of Stories			1. New Bldg. \$ <u>142,500</u>
Height of Structure			2. Rehabilitation \$ _____
Area — Largest Floor			3. Total (1 + 2) \$ _____
New Bldg. Area/All Floors	<u>2513</u>		
Volume of New Structure	<u>26,600</u>		
Total Land Area Disturbed			

C. CERTIFICATION IN LIEU OF OATH

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 town home
3 stories -

TYPE OF WORK:

☒	New Building
☐	Addition
☐	Rehabilitation
☒	Roofing
☒	Siding
☐	Fence
☐	Sign
☐	Pool
☐	Asbestos Abat.
☐	Lead Haz. Abat.
☐	Other
☐	Demolition

FREE (Office Use Only)

ft

52

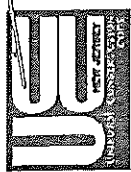
1

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

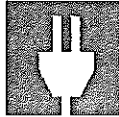
U.C.C. F110
(rev. 07/03)

2 Canary = Office Copy
4 Hard = Applicant Copy

Change of Contractor / updates



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 183 Lot 23 Qualification Code _____

Work Site Location 26 Lincoln Ave

Owner in Fee Highland Park NJ

Address B812 Homes LLC

East Brunswick NJ 08816

14 Darby St

Tel (908) 420 1778 SOLE ELECTRIC INC.

Contractor 201 HILLSIDE AVE.

Address PISCATAWAY NJ 08854

Tel (732) 235 0002 ()

Contractor License No. LIC. NO. 15642

Federal Emp. No. FEDERAL EMP. NO. 223556203

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: 4/20/06 Pat

Approved by: _____

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: 8/31/06

Approved by: Pat

Barrier-Free

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

Dates (Month/Day)

Failure _____

Approval 5/10/06 Pat

Initial Pat

INSPECTIONS

Type:

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's Signature/Contractor's Seal and Signature _____

[X] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY SIZE ITEMS

25 Lighting Fixtures

48 Receptacles

24 Switches

9 Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Ranges/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 400 AMP

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

1.2 kW 546V221

1.4 kW in CRO

FEE (Office Use Only)

\$ _____

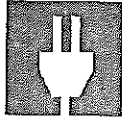
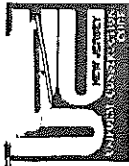
Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

4411-C



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 183 Lot 23 Qualification Code _____
Work Site Location 26 KINGSTON AVE
HIGHTLAND PH
Owner in Fee BARNES Keller
Address 2 CLAUSTER CT.
FAIRFAX ALABAMA 36206
Tel (205) 338-1526
Contractor SPRING & CO. LLC
Address 1682 PERRYVILLE RD
MOBILE AL 36688
Tel (772) 521-1466 FAX (772) 521-1928
Contractor License No. 7530
Federal Emp. No. 22-3656100

B. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 3,000.00

Date Received
Control #

Date Issued 7-11-05
Permit # 05-310

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 in this application.

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

SIZE ITEMS
90 Lighting Fixtures
605 Receptacles
25 Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

120 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
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
HVAC

FEE (Office Use Only)

\$ 138

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure Approval Initial
Joint Plan Review Required:			Rough	
☐ Building	☐ Plumbing		Barrier-Free	
☐ Fire	☐ Elevator		Trench	
☐ Elec. Plans Approved			Temp. Serv.	
Date: <u>6/14/05</u>			Constr. Serv.	
Approved by: <u>PAH</u>			TCO	
			Other	
			Service	
			Final	
			Barrier-Free	
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued	
☐ CO ☐ CCO ☐ CA			Final Cut-in-Card Date Issued	
Date:			Annual Pool Inspection	
Approved by:			Date of Grounding and Bonding	
			Certification	

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$ 417