# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received
Control #

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

**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 Michael & Maya Kellner

Address 26 LINCOLN AVE
Highland Park NJ 08904

Tel. (908) 420 1779

Contractor _____

Address _____

Tel. (_____) _____ FAX (_____) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No _____

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [✓] All | 10/18/06 | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 12/27/13
Approved by: [illegible]

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final Visually | | | 11/22/13 | [illegible] |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ Ft.

Area — Largest Floor _____ Sq. Ft.

New Bldg. Area/All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

**Est. Cost of Bldg. Work:**

1. New Bldg. $ _____
2. Rehabilitation $ 2000.
3. Total (1+ 2) $ _____

**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]

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Elevated New Deck in rear of house.

TYPE OF WORK:

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

FEE (Office Use Only)

$ _____
56

| | |
|---|---|
| Administrative Surcharge | $ _____ |
| Minimum Fee | $ _____ |
| State Permit Surcharge Fee | $ _____ |
| TOTAL FEE | $ 56 |

# 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 133 Lot 23
Work Site Location 26 LINCOLN AVE "UNIT C"
Owner in Fee M. Kellner & J. Bifran
Address 14 Darby St.
East Brunswick NJ 08816
Tele. (908) 420-1779
Contractor ANTHONY MACERI
Address 503 DEWEY AVENUE
CLIFFSIDE PARK, NEW JERSEY 07010
Tele. (201) 945-0272 Fax (201) 945-8160
Lic. No. Bi06986
Federal Emp. No. 153-52-0511

**B. PLUMBING CHARACTERISTICS**

Use Group Present _____ Proposed _____
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
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 7-15-05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8/30/06
Approved by:

| INSPECTIONS Type: | Failure | Failure | Dates (Month/Day) Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | 5/5/06 | | 5/10/06 | |
| Water | | | 6/26/06 | |
| Sewer | | | 6/27/06 | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | 5/5/06 | |
| Solar | | | | |
| TCO | | | | |
| Final | | | 8/30/06 | |

**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.

Anthony Maceri
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) |
|---|---|---|
| | 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 | $ | |

Unit 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 BARNES Keller
Address 7 GLOUSTER CT
EAST BRUNSWICK NJ.
Tele. ( 732 ) 238-1576
Contractor DUAL PLUMBING INC.
Address 47 REID ST.
SO. RIVER, NJ 08882
Tele. ( ) 732-254-1922 Fax ( ) 732-254-1848
Lic. No. 5349 11854
Federal Emp. No. 222210456

**B. PLUMBING CHARACTERISTICS**

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

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6-15-05
Approved by: ~~m~~

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

| INSPECTIONS Type: | Failure | Failure | Dates (Month/Day) Approval | Initial |
|---|---|---|---|---|
| Slab | | | 3-1-06 | ~~m~~ |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| Solar | | | | |
| TCO _____ | | | | |
| | | | | |
| | | | | |

**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- |
| | Urinal/Bidet | |
| 2 | Bath Tub | 30- |
| | Lavatory | |
| 1 | Shower | 15- |
| | Floor Drain | |
| 6 | Sink | 90- |
| 1 | Dishwasher | 15- |
| | Drinking Fountain | |
| 1 | Washing Machine | 15- |
| 1 | Hose Bibb | 15- |
| 1 | Water Heater | 15- |
| | Fuel Oil Piping | |
| 1 | Gas Piping | 15- |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| 1 | Sewer Connection | 65- |
| 1 | Water Service Connection | 65- |
| | Stacks | |
| 2 | Other HVAC | 130 |
| 2 | Other A/C | 130 |
| | Other | |

| | | |
|---|---|---|
| Administrative Surcharge | $ | |
| Minimum Fee | $ | |
| DCA Training Fee | $ | |
| TOTAL FEE | $ | 660 — |

U.C.C. F130
(rev. 3/96)

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

C.O.'s 4 of 7

# FIRE 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
Highland Pk
Owner in Fee Barnes Keller
Address 2 Gloucester ct
East Brunswick N.J.
Tele. (732) 238-1576
Contractor Spirit Electric
Address 1682 Perrineville Rd
Monroe Twp.
Tele. (732) 521-1466 Fax (732) 521-1926
Lic. No. 7530
Federal Emp. No. 22-3656100

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ 500.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: ____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: ____

**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: MD

SUBCODE APPROVAL
[ ] CO [ ] COD [ ] CA
Date: 8/30/05
Approved by: DJ

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm System | | | | |
| Suppression Sys. | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | | | | |
| Smoke Control | | | | |
| TCO | | | | |
| Final | | | 8/31/05 | DJ |
| 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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:

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

| | | FEE (Office Use Only) |
|---|---|---|
| **Storage Tanks** | | |
| Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____ | | ____ |
| Alarm Systems [✓] 110v Interconnected [ ] System | NUMBER | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | 6 | ____ |
| Supervisory Devices (i.e., tampers, low/high air) | ____ | |
| Signaling Devices (i.e., horn/strobes, bells) | ____ | ____ |
| Other Devices CO Det | 3 | ____ |
| TOTAL | 9 | 46- |
| **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 | ____ | ____ |
| Halon Suppression | ____ | ____ |
| Other ____ | ____ | ____ |
| Kitchen Hood Exhaust System | ____ | ____ |
| Smoke Control System | ____ | ____ |
| Gas [✓] or Oil [ ] Fired Appliances | 2 | 92 |
| Other ____ | ____ | 1 |

| | | |
|---|---|---|
| Administrative Surcharge | $ | ____ |
| Minimum Fee | $ | 46- |
| DCA Training Fee | $ | ____ |
| TOTAL FEE | $ | 138 |

U.C.C. F140
(rev. 3/96)

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

Change of Contractor update

# FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
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
HIGHLAND PK
Owner in Fee B & K HOMES LLC
Address 14 DARBY ST
EAST BRUNSWICK 08816
Tele. ( ) 908-420-1779
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. 223566203

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ 500-

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: ____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: ____

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 8/30/06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8/30/06
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm System | | | | |
| Suppression Sys. | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | | | | |
| Smoke Control | | | | |
| TCO | | | | |
| Final | | | | |
| 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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:

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

| | | FEE (Office Use Only) |
|---|---|---|
| Storage Tanks | | |
| Type: [ ] Flammable Liquid [ ] Combustible Liquid | | |
| [ ] LPG [ ] LNG Capacity ____ Fuel ____ | | |
| Alarm Systems [9] 110v Interconnected NUMBER | | |
| [ ] System | | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | | |
| Other Devices CO | 2 | |
| TOTAL | 11 | |
| 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 | | |
| Halon Suppression | | |
| Other ____ | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Gas [X] or Oil [ ] Fired Appliances | 2 | |
| Other ____ | | |

| | | |
|---|---|---|
| Administrative Surcharge | $ | |
| Minimum Fee | $ | |
| DCA Training Fee | $ | |
| TOTAL FEE | $ | |

U.C.C. F140
(rev. 3/96)

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

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received
Control #

Date Issued 7-17-05
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 H.P.

Owner in Fee BARNES Kellen
Address 2 GLOUSTER CT
EAST BRUNSWICK NJ.
Tel. (732) 238-1576
Contractor EST'S GENERAL CONT CO. INC.
Address 24 WESTBRIAR CT MONMOUTH JCT 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

- [ ] No Plans Required
- [X] All — 6/23/05
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 9/13/06
Approved by: [initials]

INSPECTIONS — Dates (Month/Day)

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | 10/3/05 | | 11/7/05 | |
| Footing Bonding | | | 11/4/05 | |
| Foundation | | | 11/21/05 | |
| Slab | | | 3/15/06 | |
| Frame | | | 5/12/06 | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | 5/22/06 | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | 8/31/06 | | 9/13/06 | |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors 2513 Sq. Ft.
Volume of New Structure 26,600 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

**Est. Cost of Bldg. Work:**
1. New Bldg. $ 142,500
2. Rehabilitation $ _____
3. Total (1+ 2) $ _____

**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 Edward J. [illegible]

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

New town Home
3 Stories -

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

FEE (Office Use Only)
$ 852

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ 852

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

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

Change of Contractor / updates

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received
Control #

Date Issued
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
Highland Park NJ

Owner in Fee B&L Homes LLC

Address East Brunswick NJ 08816
14 Darby St

Tel (908) 420 1779 OLE ELECTRIC INC.

Contractor

Address 201 HILLSIDE AVE.
PISCATAWAY NJ 08854

Tel ( ) (732) 235-0082 ( )

Contractor License No. LIC. NO. 15642

Federal Emp. No. FEDERAL EMP. NO. 223566203

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3000

**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 [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 25 | | Lighting Fixtures | |
| 48 | | Receptacles | |
| 24 | | Switches | |
| 9 | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| 10 | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | | |
| | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| 1 | 8.8 | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| 1 | 1.1 | KW Dishwasher | |
| | | HP Garbage Disposal | |
| 2 | 30A | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| 1 | 400 | AMP Service 400 AMP | |
| 1 | 200 | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| 1 | 1.2 KW | JACUZZI | |
| 1 | 1.4 KW | MICRO | |

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

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 4/20/06 Initial: P.A.V

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 8/31/06

Approved by: P.A.V

INSPECTIONS — Dates (Month/Day)

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | 5/5/06 | BV |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | 6/6/06 | P.A.V |
| Final | | | 8/31/06 | D.V.D |
| Barrier-Free | | | | |

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

UNIT - C

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received
Control #

Date Issued 7-11-05
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 HIGHLAND PK

Owner in Fee BARNES Keller

Address 2 GLOUSTER ct. EAST BRUNSWICK NJ.

Tel (732) 238-1526

Contractor SPRING ELECTRIC

Address 1682 PERRINEVILLE RD MONROE Twp.

Tel (732) 521-1466 FAX (732) 521-1926

Contractor License No. 7530

Federal Emp. No. 22-365 6100

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3,000.00

**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 [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 30 | | Lighting Fixtures | |
| 65 | | Receptacles | |
| 25 | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| 120 | | TOTAL NUMBERS | $ 138 |
| | | 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 | |
| 1 | 1 | KW Dishwasher | 32 |
| | | HP Garbage Disposal | |
| 2 | 2 | KW Central A/C Unit | 92 |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| 1 | 200 | AMP Service | 63 |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| 1 | | HVAC | 92 |
| | | | |

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 417

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 6/14/05

Approved by: PAT V

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

| INSPECTIONS Type: | Dates (Month/Day) 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