BLOCK 143 LOT 18.4711 QUALIFICATION CODE _____ ADDRESS (SITE) 4711 Boice Dr PERMIT NO. 0900929

2010

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 4711 Boice Dr No Bruns
2. Name of Owner in Fee: Relford
   Tel. (732-309-8892) e-mail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: PSE & G Tel. (732) 220-6233
   Address 150 HOW LANE, NEW BRUNSWICK, NJ 08901 e-mail Pat.Kent@PSEG.com
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun PATRICK KENT
   Tel. (732) 524-7108 FAX: (732) 524-7108

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 34		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	5		
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ 3		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 42		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical	1475				8/27/9	(AM)			
☐ Plumbing	1475	N/A							
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

LDS NOB-B 10312401

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 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 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 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 [redacted] Public Service Electric & Gas
Appliance Service Business
Address [redacted] 150 How Lane
New Brunswick, NJ 08902
[redacted]

Telephone [redacted]

Signature Ken Machin

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. 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									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
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. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732-247-0922

CERTIFICATE
IDENTIFICATION

Date Issued: 03/12/2010
Control #: 27072
Permit #: 20090929

Block: 143 Lot : 18.4711 Qualification Code:

Work Site Location: 4711 BOICE DRIVE
NORTH BRUNSWICK

Owner in Fee: RELFORD STUART

Address: 4711 BOICE DRIVE
NORTH BRUNSWICK NJ 08902

Telephone: 732 309-8892

Agent/Contractor: PSE&G

Address: 150 HOW LANE
NEW BRUNSWICK NJ 08901

Telephone: 732 220-6233

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
AC-CONDENSOR

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Thomas Paun
THOMAS PAUN Construction Official

Fees: $0.00
Paid[X]Check No.: 5608
Collected by: DB

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Permit Number: 20090929
Update Number:
Control Number: 27072
Application Date: 08/26/2009
Permit Date: 09/02/2009

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 143 Lot: 18.4711 Qualification Code:

Work Site Location: 4711 BOICE DRIVE NORTH BRUNSWICK

Owner In Fee: RELFORD STUART
Address: 4711 BOICE DRIVE
NORTH BRUNSWICK NJ 08902

Telephone: (732) - 309-8892

Use Group(s): R-5

Contractor: PSE&G
Address: 150 HOW LANE
NEW BRUNSWICK NJ 08901

Telephone: (732) - 220-6233

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:
AC-CONDENSOR

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	1,475.00
Cost of Demolition:	0.00
Total Cost:	$1,475.00

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.

THOMAS PAUN (DB)
Construction Official

9-2-09
Date

PAYMENTS (Office Use Only)

Building	
Electrical	$39.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$3.00
DCA Minimum	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$42.00**
All Fees Waived:	No

Amount to be Paid:	**$42.00**
Check Number:	5608
Check amount:	$42.00

Collected by:	DB
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$42.00
Total CC Amount:	
Grand Total:	$42.00

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 27072
Application Date: 08/26/2009

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 143 Lot: 18.4711 Qualification Code:

Work Site Location: 4711 BOICE DRIVE NORTH BRUNSWICK

Owner In Fee: RELFORD STUART
Address: 4711 BOICE DRIVE
NORTH BRUNSWICK NJ 08902

Telephone: (732) - 309-8892

Use Group(s): R-5

09929

Contractor: PSE&G
Address: 150 HOW LANE
NEW BRUNSWICK NJ 08901

Telephone: (732) - 220-6233

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:
AC-CONDENSOR

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	1,475.00
Cost of Demolition:	0.00
Total Cost:	$1,475.00

PAYMENTS (Office Use Only)	
Building	
Electrical	$39.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$3.00
DCA Minimum	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$42.00**
All Fees Waived:	No

Amount to be Paid: **$42.00**

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.

Thomas Paun
THOMAS PAUN
Construction Official

Date 8/27/09

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 27072
Application Date: 08/26/2009

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 143 Lot: 18.4711 Qualification Code:

Work Site Location: 4711 BOICE DRIVE NORTH BRUNSWICK

Owner In Fee: RELFORD STUART
Address: 4711 BOICE DRIVE
NORTH BRUNSWICK NJ 08902

Telephone: (732) - 309-8892

Use Group(s): R-5

Contractor: PSE&G
Address: 150 HOW LANE
NEW BRUNSWICK NJ 08901

Telephone: (732) - 220-6233

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [X]PLUMBING [ ] DEMOLITION

[X]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER

[ ]ELEVATOR DEVICES [ ]MECHANICAL

[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:
AC-CONDENSOR

090926

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$0.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	
All Fees Waived:	No

Amount to be Paid:

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.

THOMAS PAUN
Construction Official

Date

Note:

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 143 Lot 18471

Work Site Location 4711 Boice Dr
North Brunswick, NJ

Owner in Fee/Occupant Relford

Address 4711 Boice Dr
North Brunswick, NJ

Tele. (732) 309-8892

Contractor **Romar Electrical Contractors Inc.**

Address **205 South Newman Street**
Hackensack, NJ 07601

Tele. (**1-866**) **729-7662** Fax (**201**) **343-0344**

Lic. No. **14023A**

Federal Emp. No. **223 782792**

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 5/27/9

Approved by: AM

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1	15amp	Switches	
		Detectors	
		Light Poles	
		Motors -- Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$ 36
		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	10
		HP Garbage Disposal	
1	2ton	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	46
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

U.C.C. F120
(rev. 3/96)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

ELECTRICAL SUBCODE TECHNICAL SECTION
TOWNSHIP OF NORTH BRUNSWICK

Date Received: 08/26/2009 Date Issued: 09/02/2009
Control #: 27072 Permit #: 20090929

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 143 Lot: 18.4711 Qualification Code:
Work Site Location: 4711 BOICE DRIVE
Owner in Fee: RELFORD STUART
Address: 4711 BOICE DRIVE
NORTH BRUNSWICK NJ 08902
E-mail:
Telephone: (732) 309-8892
Contractor: PSE&G
ATTN:
Address: 150 HOW LANE
NEW BRUNSWICK NJ 08901
Telephone: (732) 220-6233
Fax:
E-mail:
Home Improvement Registration No. or Exemption Reason:
Contractor License No.: Exp Date:
Federal Emp. No.:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed
[ ]Pole/Pad # [ ]Temporary [ ] Other
Building Occupied as Utility Co.
1. New Building $0.00 2. Rehabilitation $1,475.00
3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $1,475.00

Job Summary(Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec.Plans Approved
Date:
Approved by:

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 Issue				
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.

[ ] Licened Electrical Contractor
[ ] Certified Landscape Irrigation Contractor
[ ] Exempt Applicant

Applicant's Signature/Contractor's seal and Signature

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER 1	$36.00
		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	2.00	KW Central A/C Unit	$10.00
		HP/KW Space Htr./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	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	$5.00
Minimum Fee	
State Permit Surcharge Fee	$3.00
TOTAL FEE	$42.00

U.C.C.F120(rev. 7/03)

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original and three photocopies

ELECTRICAL SUBCODE TECHNICAL SECTION

TOWNSHIP OF NORTH BRUNSWICK

Date Received: 08/26/2009 Control #: 27072

Date Issued: 09/02/2009 Permit #: 20090929

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 143 Lot: 18.4711 Qualification Code:

Work Site Location: 4711 BOICE DRIVE

Owner in Fee: RELFORD STUART

Address: 4711 BOICE DRIVE
NORTH BRUNSWICK NJ 08902

E-mail:

Telephone: (732) 309-8892

Contractor: PSE&G
ATTN:

Address: 150 HOW LANE
NEW BRUNSWICK NJ 08901

Telephone: (732) 220-6233
Fax:

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date: Federal Emp. No.:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $1,475.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $1,475.00

Job Summary(Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec.Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 3/12/10

Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final			3/12/10	
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
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.

[ ] Licened Electrical Contractor
[ ] Certified Landscape Irrigation Contractor
[ ] Exempt Applicant

Applicant's Signature/Contractor's seal and Signature

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER 1	$36.00
		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	2.00	KW Central A/C Unit	$10.00
		HP/KW Space Htr./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	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	$5.00
Minimum Fee	
State Permit Surcharge Fee	$3.00
TOTAL FEE	$42.00

U.C.C.F120(rev. 7/03)

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original and three photocopies

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 143 Lot 18 Qualification Code

Work Site Location 4711 Boice Dr

Owner in Fee: Relford

Tel. (732) 309-8893 e-mail

Address
street municipality zip code

Contractor: PSE & G Tel. (732) 220-6233

Address 150 HOW LANE e-mail Pat.Kent@pseg.com

NEW BRUNSWICK, NJ 08901

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: (732) 524-7108

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 $ 1475

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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				

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.

Ken Madkins
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace Condensor

QTY.	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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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