BLOCK 25 LOT 8 QUALIF /CODE _____ ADDRESS (SITE) 1438 Huron PERMIT NO. _____

BUSINESS # 0157829
BURGLAR LICENSE # 34BA00045400
FIRE LICENSE # 34FA00038600

CONSTRUCTION PERMIT APPLICATION

26623

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

I. IDENTIFICATION

1. Proposed Work Site at: _____
2. Name of Owner in Fee: _____ Elder Recinos (732) 325-9316
   Tel. (_____) _____ 1438 Huron Road
   Address: _____ North Brunswick NJ 08902
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: BRINK'S HOME SECURITY Tel. (732) 805-9432
   Address 14B WORLDS FAIR DRIVE, SOMERSET, NJ 08873 e-mail _____
   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. 06-1077936 Fax (732) 805-9438
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX (_____) _____
6. Responsible Person in Charge once Work has Begun BRINK'S HOME SECURITY
   Tel (732) 805-9432 FAX (732) 805-9438

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 0	32	74
2.	Electrical		5	
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 37		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 2	
2.	Height of Structure 25 ft.	
3.	Area—Largest Floor 1600 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 Distrubed _____ 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	105.00				6/4/09	MF			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS	105.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: R-3
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Former:
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. DO YOU WANT: (optional)

1. ☐ Partial Releases

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Undergroound Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS NOB-B 10312132

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.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 Brink's Home Security

Address 14B Worlds Fair Drive
Somerset, NJ 08873

Telephone ( ) Phone 732-805-9432
Fax 732-805-9438

Signature Federal ID # 06-1077934

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

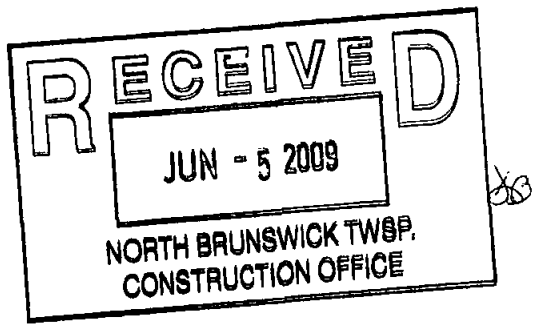
OFFICE DATE RECEIVED: _____

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. _____	_____	_____	_____	_____


RECEIVED
JUN - 5 2009
NORTH BRUNSWICK TWSP.
CONSTRUCTION OFFICE

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

CERTIFICATE
IDENTIFICATION

Date Issued: 03/18/2010
Control #: 26623
Permit #: 20090574

Block: 25 Lot : 8 Qualification Code:

Work Site Location: 1438 HURON ROAD
NORTH BRUNSWICK

Owner in Fee: ELDER RECINOS

Address: 1438 HURON ROAD
NORTH BRUNSWICK NJ 08902

Telephone: 732 325-9316

Agent/Contractor: BRINKS HOME SECURITY

Address: 14B WORLDS FAIR DRIVE
SOMERSET NJ 08873

Telephone:

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.: 6-1077936

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:
ALARM

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.: 251102684
Collected by: DB

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued:

Permit #

IDENTIFICATION Block 25 Lot 8 Qualification Code

Work Site Location 1438 Huron Road North Brunswick NJ 08902

Owner in Fee Elder Recinos

Address Same

Tel. (732) 325-9316

Contractor BRINK'S HOME SECURITY

Address 14B WORLDS FAIR DRIVE SOMERSET, NEW JERSEY 08873

Tel. (732) 805-9432

Lic. No. or Bldrs. Reg. No. BURGLAR #34 BA00045400

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:

BURGLAR ALARM

Estimated Cost of Work: $105.00

(and)

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 $

Construction Official

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

Check No.

Cash

Collected by

(see reverse side)

UCC/170 (REV. 01/04)
Professional Printing
(856) 468-7933

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

UCC/170 (REV. 01/04)
Professional Printing
(856) 468-7933

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

Permit Number: 20090574
Permit Date: 06/22/2009
Update Number:
Control Number: 26623
Application Date: 06/05/2009

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 25 Lot: 8 Qualification Code:
Work Site Location: 1438 HURON ROAD NORTH BRUNSWICK

Owner In Fee: ELDER RECINOS
Address: 1438 HURON ROAD
NORTH BRUNSWICK NJ 08902

Telephone: (732) - 325-9316

Use Group(s): R-5

Contractor: BRINKS HOME SECURITY
Address: 14B WORLDS FAIR DRIVE
SOMERSET NJ 08873

Telephone: () -

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

Federal Emp. No.: 6-1077936

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:

ALARM

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	105.00
Cost of Demolition:	0.00
Total Cost:	$105.00

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

6-22-09
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	$37.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$37.00**
All Fees Waived:	No

Amount to be Paid:	**$37.00**
Check Number:	251102684
Check amount:	$37.00

Collected by: DB
Receipt No:
Total Cash Amount:
Total Check Amount: $37.00
Total CC Amount:
Grand Total: $37.00

Note:

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

Control Number: 26623
Application Date: 06/05/2009

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 25 Lot: 8 Qualification Code:

Work Site Location: 1438 HURON ROAD NORTH BRUNSWICK

Owner In Fee: ELDER RECINOS
Address: 1438 HURON ROAD
NORTH BRUNSWICK NJ 08902

Telephone: (732) - 325-9316

Use Group(s): R-5

Contractor: BRINKS HOME SECURITY
Address: 14B WORLDS FAIR DRIVE
SOMERSET NJ 08873

Telephone: () -

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

Federal Emp. No.: 6-1077936

090574

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:

ALARM

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	105.00
Cost of Demolition:	0.00
Total Cost:	$105.00

PAYMENTS (Office Use Only)	
Building	
Electrical	$37.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$37.00**
All Fees Waived:	No

Amount to be Paid: **$37.00**

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 6/10/09

THOMAS PAUN Date

Construction Official

Note:

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

Control Number: 26623
Application Date: 06/05/2009

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 25 Lot: 8 Qualification Code:

Work Site Location: 1438 HURON ROAD NORTH BRUNSWICK

Owner In Fee: ELDER RECINOS
Address: 1438 HURON ROAD
NORTH BRUNSWICK NJ 08902

Telephone: (732) - 325-9316

Use Group(s): R-5

Contractor: BRINKS HOME SECURITY
Address: 14B WORLDS FAIR DRIVE
SOMERSET NJ 08873

Telephone: () -

Lic. No. / Bldrs. Reg. No.: 13674

Federal Emp. No.: 36-1077936

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:

ALARM

ESTIMATED COST OF WORK:

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

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.

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

Amount to be Paid:

THOMAS PAUN
Construction Official

Date

Note:

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 25 Lot 8 Qualification Code

Work Site Location 1438 Huron Road
North Brunswick NJ 08902

Owner in Fee: Elder Recinos

Tel. ( ) (732) 325-9316 e-mail

Address Same
street municipality zip code

Contractor: BRINK'S HOME SECURITY Tel. (732) 805-9432

Address 14B WORLDS FAIR DRIVE
SOMERSET, NEW JERSEY 08873

Contractor License No. BURGLAR #34 BA00045400 Exp. Date

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

Federal Emp. ID No. 06-1077936 FAX: (732) 805-9438

B.ELECTRICAL CHARACTERISTICS

Use Group: Present R-3 Proposed R-3

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ $105.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.

Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixture	
		Receptacles	
		Switches	
		Detectors	36
		Light Poles	
		Motors—Fract. HP	10
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel Burglar	
7		TOTAL NUMBERS	$
7		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Rang/Receptacle	46
		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	
		LOW VOLTAGE PLUG IN	
		Administrative Surcharge $	
		Minimum Fee $	
		State Permit Surcharge Fee $	
		TOTAL FEE $	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Date Initial

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 6/8/09

Approved by: NF

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Dates (Month/Day) 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				

UCC/F-120
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy
3. Pink-Office Copy 4. White Tag-Office Copy

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

06/08

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 06/05/2009 Date Issued: 06/22/2009

TOWNSHIP OF NORTH BRUNSWICK Control #: 26623 Permit #: 20090574

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

Block: 25 Lot: 8 Qualification Code:

Work Site Location: 1438 HURON ROAD

Owner in Fee: ELDER RECINOS

Address: 1438 HURON ROAD
NORTH BRUNSWICK NJ 08902

Telephone: (732)-325-9316

Contractor: BRINKS HOME SECURITY

Address: 14B WORLDS FAIR DRIVE
SOMERSET NJ 08873

Telephone:

Fax:

Contractor License No.: _ Federal Emp. No.: 61077936

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 $105.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $105.00

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

Irrigation Cert. No. _____

[ ] Exempt Applicant

_____

Applicant's Signature/Contractor's seal and Signature

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&Exit Lights
		Communication Points
7		Alarm Devices/F.A.C. Panel
		TOTAL NUMBER 7
		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 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

FEE (Office Use Only)

$36.00

Administrative Surcharge	$5.00
Minimum Fee	$43.00
State Permit Surcharge Fee	
TOTAL FEE	$37.00

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 06/05/2009 Date Issued: 06/22/2009

TOWNSHIP OF NORTH BRUNSWICK

Control #: 26623 Permit #: 20090574

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

Block: 25 Lot: 8 Qualification Code:

Work Site Location: 1438 HURON ROAD

Owner in Fee: ELDER RECINOS

Address: 1438 HURON ROAD
NORTH BRUNSWICK NJ 08902

Telephone: (732)-325-9316

Contractor: BRINKS HOME SECURITY

Address: 14B WORLDS FAIR DRIVE
SOMERSET NJ 08873

Telephone:

Fax:

Contractor License No.: _ Federal Emp. No.: 61077936

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 $105.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $105.00

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: 3/18/10

Approved by: _____

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
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Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final			3/18/10	
Barrier-Free				
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		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Htr./Air Handler
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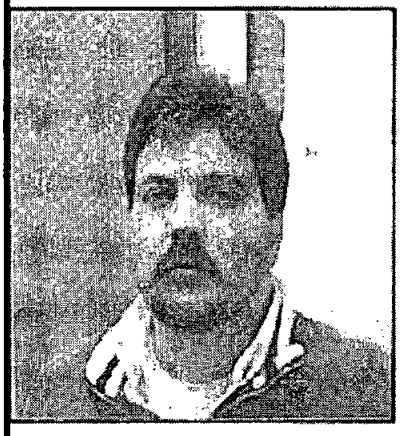

State of New Jersey

BURGLAR ALARM
LICENSE
34BA00045400
EXPIRES: 8/31/2010
DOB: 3/12/1964

STEVEN KENNEDY

State of New Jersey

FIRE ALARM
LICENSE
34FA00038600
EXPIRES: 8/31/2010
DOB: 3/12/1964

STEVEN KENNEDY

n9n574