



CONSTRUCTION PERMIT APPLICATION

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DEC 13 2015

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

I. IDENTIFICATION

1. Proposed Work Site at: 48 Colonial Dr

2. Name of Owner in Fee: Richard Brody
Tel. [redacted] e-mail njpermits@defenderdirect.com

Address 48 Colonial Dr street Public Clark municipality 07066 zip code

3. Ownership in Fee: Public Private X

4. Principal Contractor: Defender Security Company Tel. (609) 297-8103
Address 27 Horseneck Road, Suite 2 e-mail njpermits@defenderdirect.com
Fairfield, NJ 07004

License No. OR, if new home, Builder Reg. No. 34BF00021800 Exp. Date 01/31/2017

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 352042072 FAX: (317) 564-2547

5. Architect or Engineer [redacted] Contact [redacted]
Address [redacted] e-mail [redacted]
Tel. [redacted] FAX: [redacted]

6. Responsible Person in Charge once Work has Begun Kayman Bacon
Tel. (609) 297-8103 FAX: (317) 564-2547

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARAC

1. Number of Stories 1

2. Height of Structure 10 ft.

3. Area — Largest Floor 1000 sq. ft.

4. New Building Area 1000 sq. ft.

5. Volume of New Structure 10000 cu. ft.

6. Max. Live Load 40 psf

7. Max. Occupancy Load 100 psf

8. If Industrialized Building: State Approved HUD

9. Total Land Area Disturbed 1000 sq. ft.

10. Flood Hazard Zone 1

11. Base Flood Elevation 10 ft.

12. Wetlands yes no no

III. PROPOSED WORK

☒ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. - Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

III. SUBCODES
(Check all that apply)

	Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
☐ Building								
☒ Electrical	<u>249,000</u>							
☐ Plumbing								
☐ Fire Protection								
☐ Elevator								
TOTAL COST	<u>\$0</u>							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: State Approved

2. Use Group, Proposed: Single-Family Detached

3. Change in Use Group, Indicate Present: None

4. No. of dwelling units: 1 Total Units 1 Income-restricted 0

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: None

2. Use Group, Proposed: None

3. Change in Use Group, Indicate Present: None

C. MIXED USE - List secondary use(s): None

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/Standpipes

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LP Gas Tanks

12. ☐ Fire Alarm



CONSTRUCTION PERMIT

Date Issued

Permit #

1/20/16
16-042

IDENTIFICATION Block

Work Site Location

Lot

Qualification Code

Contractor

Address

Owner in Fee

Address

Tel. (

is hereby granted permission to perform the following work:

- | | | |
|--|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
- (Subchapter 8 only)

DESCRIPTION OF WORK: Minor Work: low-voltage Burglar Alarm install

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 \$ 249.00

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)

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT



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 180 Lot 14 Qualification Code _____
Work Site Location 48 Colma Rd

Owner in Fee: Robert B. D. E.

Tel. _____ e-mail nipermit@defenderdirect.com

Address 98 Colma Rd street Clark municipality C7066

Contractor: Defender Security Company Tel. (609) 297-8103 zip code _____

Address 27 Horseneck Road, Suite 2 e-mail nipermit@defenderdirect.com
Fairfield, NJ 07004

Contractor License No. 34BF00021800 Exp. Date 01/31/2017

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

Federal Emp. ID No. 352042072 FAX: (317) 564-2547

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 249.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Under-slab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire [] Elev.

SUBCODE APPROVAL PERMIT

Date: _____ Approved by: Michael

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CGO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Dates (Month/Day)

Type: _____

Failure

Failure

Approval

Initial

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final

Barrier-Free

Temp. 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 sign/Contractor sign and seal here: _____
Print name here: John D. Sorrell

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Low Voltage Burglar Alarm:

QTY. SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

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TOTAL NUMBERS

Pool Permit/with UV 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

FEES (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$