BLOCK 43 LOT 8.01 QUALIFICATION CODE FA ADDRESS (SITE) 22 W. Railroad Ave. Jamesburg PERMIT NO. JB-16-08138

CONSTRUCTION PERMIT APPLICATION

METER PAN & WIRING

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

I. IDENTIFICATION

1. Proposed Work Site at: 22 W. Railroad Ave. Jamesburg, NJ 08831
2. Name of Owner in Fee: Katheryn A. Septak
   Tel. (732) 521-1019 e-mail decorate54@yahoo.com
   Address 23 Hillside Ave. Jamesburg, NJ 08831 (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Electrical Edge Tel. (732) 446-6666
   Address PO Box 6970 Monroe, NJ 08831 e-mail electedge@comcast.net
   License No. OR, if new home, Builder Reg. No. 13423 Exp. Date 2018
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. 223481510 FAX: (732) 446-9994
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Dennis Wood
   Tel. (732) 446-6666 FAX: (732) 446-9994

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical	65		
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	$ 41-		

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	3000.				8-10-16	DR			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	3000.00								

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: B/R-2
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Closed 9-16-16

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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 Electrical Edge

Address PO Box 6970
Monroe, NJ 08831

Telephone 732-446-6666

Signature

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

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

B/R-2

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 8/24/16

Permit # JB-16-08138

IDENTIFICATION Block 43 Lot 8.01 Qualification Code

Work Site Location 22 W Railroad Avenue Jamesburg, NJ 08831

Owner in Fee Katheryn Septak

Address 23 Hillside Ave Jamesburg, NJ

Tel. ( )

Contractor Electrical Edge

Address 4 Jurgelsky Rd. Monroe, NJ 08831

Tel. (732) 446-6666

Lic. No. or Bldrs. Reg. No. 13423

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:

Replace meter pan + all associated wiring

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 $ 3K

Construction Official J Blair Date 8/3

J Blair 8/3

PAYMENTS (Office Use Only)

Building

Electrical 65-

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 6-

Cert. of Occupancy

Other

Total 71-

Check No. 7031

Cash

Collected by DG

(see reverse side)

UCC F170 (rev. 01/04)

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

Reorder call: (732) 534-3000

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 8/24/16
Date Issued
Permit # JB-16-08138

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

Block 43 Lot 8.01 Qualification Code

Work Site Location 22 West Railroad Avenue
Jamesburg, NJ 08831

Owner in Fee: Katheryne A. Septak

Tel. (732) 521-1019 e-mail decorate54@yahoo.com

Address 23 Hillside Ave Jamesburg, NJ 08831
street municipality zip code

Contractor: Electrical Edge Tel. (732) 446-6666

Address PO BOX 6970 e-mail electedge@comcast.net
Monroe, NJ 08831

Contractor License No. 13423 Exp. Date 2018

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

Federal Emp. ID No. 223481510 FAX: (732) 446-9994

B. ELECTRICAL CHARACTERISTICS

Use Group Present: Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3k

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: 8/10/16 Approved by: DR

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 8-24-16
Approved by: DR

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8-24-16	DR
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 sign/Contractor sign and seal here:

Print name here: Dennis Wood

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace meter pan + all associated wiring.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		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. 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 1/4 HP	
		KW Transformer/Generator	
1		AMP Service	65
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ .5
TOTAL FEE	$

U.S.C. Form rev. 11/98

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Hammonton NJ 08037
(609)567-3653

CERTIFICATE

1208 - JAMESBURG BORO

Date Issued: 09/16/2016
Permit # 16-08138
Certificate: 1608138.1

IDENTIFICATION

Block 43 Lot 8.01 Qualifier

Work Site Location 22 WEST RAILROAD AVENUE
JAMESBURG, NJ 08831

Owner in Fee SEPTAK,KATHERYN A.
Address PO BOX 299
JAMESBURG, NJ 08831

Telephone (732) 521-1019
Contractor ELECTRICAL EDGE, INC
Address PO BOX 6970
MONROE TWP, NJ 08831

Telephone (732) 446-6666 FAX
Lic No/Bldrs Reg No. 13423 Fed. Emp. No.223486560

Home Imprv. Reg No. / Exempt
Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group I/B
Maximum Live Load
Construction Class VB
Max. Occupancy Load
Description of Work/Use
Replace meter pan and all associated wiring.

☐ **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.

☒ **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 the 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

☐ **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 (0 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

_____ .

Daniel M. Gry
CONSTRUCTION OFFICIAL

Fee $0.00
Paid [$0.00]
Collected by:

Check No.

PermitsNJ

PNJF260 rev. (5/2013)
Printed On: 09/16/2016 13:45

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852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

CONSTRUCTION PERMIT

Date Issued 05/25/2016
Permit # 16-08075

IDENTIFICATION Block 43 Lot 8.01 Qualifier

Work 1Site	22 WEST RAILROAD AVENUE	Contractor	JS WAGNER ELECTRIC LLC
	JAMESBURG, NJ 08831	Address	488 STAGECOACH RD
Owner in Fee	SEPTAK,KATHERYN A.		CLARKSBURG, NJ 08510
Address	PO BOX 299	Telephone	(609) 936-1978
	JAMESBURG, NJ 08831	Lic./Reg. No.	15398
Telephone	(732) 521-1019		

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SERVICE RECONNECT

Closed

Closed

V. FEE SUMMARY (Office Only)

1. Building	$0.00
2. Electrical	$129.00
3. Plumbing	$0.00
4. Fire Protection	$0.00
5. Mechanical	$0.00
6. Elevator	$0.00
7. Plan Review	$0.00
8. Subtotal	$129.00
9. DCA State Fee	$1.00
10. Subtotal	$130.00
11. Certificate	$0.00
12. Subtotal	$130.00
13. Exemption	$0.00
TOTAL	$130.00

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.

Estimated Cost of Work for Selected Subcode(s) $200

Construction Official Date

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulation 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 to 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 the following:

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.

Closed

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 any other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provisions 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.

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received: 05/25/2016
Permit No.: 16-08075
Date Issued: 05/25/2016
Version: Base

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

Block 43 Lot 8.01 Qualification Code

Work Site Location 22 WEST RAILROAD AVENUE
Owner in Fee SEPTAK,KATHERYN A.
Address PO BOX 299, JAMESBURG, NJ 08831
Owner Telephone (732) 521-1019 E-mail
Contractor JS WAGNER ELECTRIC LLC
Address 488 STAGECOACH RD, CLARKSBURG, NJ 08510
Contractor Tel. (609) 936-1978 E-mail
Contractor License No. 15398 Exp Date
Home Imprv. Reg No.
Exempt Reason: Licensed Trade
Federal Emp ID No. 42-1651842 FAX (609) 223-2633
Responsible Person
Telephone

Closed

B. ELECTRICAL CHARACTERISTICS

Use Group Present ICC B Proposed ICC B
[ ] Pole/Pad # [ ]Temporary [ ] Other
Buillding Occupied As Utility Co

Est. Cost of Elec. Work $200

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required
[ ] Underslab Utilities
[ ] Electric Plans
Joint Plan Review Required: [ ] Building [ ] Plumb [ ] Fire [ ] Mech [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: May 25, 2016
Approved by: DOUGLAS ROBINSON
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCL [X] CA
Date: June 1, 2016
Approved by: DOUGLAS S. ROBINSON

INSPECTIONS Type:	Dates (Month/Day) Failure	Approval	Initial
Rough			
Rough, Barrier-Free			
Trench			
Temporary Service			
Construction Service			
TCO			
Other			
Service		06/01/16	DSR
Final		06/01/16	DSR
Final, Barrier-Free			
Temp. Cut-in-Card Issued Date			
Final Cut-in-Card Issued Date			
Grounding and Bonding Certification Date			

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SERVICE RECONNECT

Closed

Qty/Size and/or Cost	Items	Fee Amount
1	Service: >225 but <=1,000 amps	$129.00
	Administrative Fee	$0.00
	Total Subcode Fee	$129.00
		$129.00

PNJF120U (rev. 10/2018)
Printed On: 02/23/2021 15:59

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Hammonton NJ 08037
(609)567-3653

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received: 05/25/2016
Permit No.: 16-08075
Date Issued: 05/25/2016
Version: Base

Closed

JOB SUMMARY

INSPECTIONS

Type	Result	Date	Initials	Inspector's Comments
Rough				
Temporary Service				
Construction Service				
Service				
TCO				
Other				
Final				
Rough				
Rough, Barrier-Free				
Trench				
Temporary Service				
Construction Service				
TCO				
Other				
Service	Passed	06/01/16	DSR	
Final	Passed	06/01/16	DSR	
Final, Barrier-Free				
Other Inspection -Local Requirement				
Special Inspection -Class I Building				
Periodic Inspection				
Courtesy Inspection				
Pool Bonding				
Deck Mat				
Above Ceiling				
Post CO				
Partial Rough				
Compliance Inspection, Notice of Violation				

Closed

Closed

PNJF120U (rev. 10/2018)
Printed On: 02/23/2021 15:59

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(609)567-3653

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received:	05/25/2016
Permit No.:	16-08075
Date Issued:	05/25/2016
Version:	Base

JOB SUMMARY

INSPECTIONS

Type	Result	Date	Initials	Inspector's Comments
Compliance Inspection, Unsafe Structure				
Compliance Inspection, Imminent Hazard				
Solar Panel				

Closed

Closed

Closed

PNJF120U (rev. 10/2018)
Printed On: 02/23/2021 15:59

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

CERTIFICATE

1208 - JAMESBURG BORO

Date Issued: 06/09/2016
Permit # 16-08075
Certificate: 1608075.1

IDENTIFICATION

Block 43 Lot 8.01 Qualifier

Work Site Location 22 WEST RAILROAD AVENUE
JAMESBURG, NJ 08831

Owner in Fee SEPTAK,KATHERYN A.
Address PO BOX 299
JAMESBURG, NJ 08831

Telephone (732) 521-1019
Contractor JS WAGNER ELECTRIC LLC
Address 488 STAGECOACH RD
CLARKSBURG, NJ 08510

Telephone (609) 936-1978 FAX (609) 223-2633
Lic No/Bldrs Reg No. 15398 Fed. Emp. No.421651842
Licensed Trade

Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group ICC/B
Maximum Live Load
Construction Class
Max. Occupancy Load
Description of Work/Use
SERVICE RECONNECT

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 the 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

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 (0 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

Fee $0.00
Paid [$0.00] Check No.
Collected by:

CONSTRUCTION OFFICIAL

BLOCK 43 LOT 8.01 QUALIFICATION CODE _____ ADDRESS (SITE) 22 W. Railroad Ave PERMIT NO. JB-14-08092

CONSTRUCTION PERMIT APPLICATION

2-UST DEMO'S

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

I. IDENTIFICATION

1. Proposed Work Site at: 22 W. Railroad Ave, Jamesburg
2. Name of Owner in Fee: Jerry Septak
   Tel. (908) 902-9844 e-mail _____
   Address Same (street, municipality, zip code)
3. Ownership in Fee: Public Private ✓
4. Principal Contractor GWS Contractors, Inc. Tel. Phone - 732-297-4847
   Address 105 Fresh Ponds Road e-mail Fax - 732-297-4389
   Jamesburg, NJ 08831
   License No. OR, if new home, Builder Reg. No. 13VH01250300 Exp. Date 10/31/14
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-215-4428 FAX: (732) 297-4389
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Eric Davis
   Tel. (732) 297-4847 FAX: (732) 297-4389

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	302.		
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	$ 302.00		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____ N/A
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									
☐ Plumbing									
☑ Fire Protection	4200				6/10/14	DG.			
☐ Elevator									
TOTAL COST	4,200								

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)* U
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☑ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

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 GWS Contractors, Inc.
Address 105 Fresh Ponds Road
Jamesburg, NJ 08831
Phone - 732-297-4847
Telephone (____) Fax - 732-297-4389
Signature

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

DEMO
2-UST

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 6/23/14

Permit # 5B-14-08092

IDENTIFICATION Block 43 Lot 8.01 Qualification Code

Work Site Location 22 W. Railroad Ave
James Burg NJ

Owner in Fee Perry Septak

Address

Tel. (908) 902-9844

Contractor GWS Contractors

Address 105 Fresh Ponds Rd
James Burg NJ

Tel. (732) 297 4847

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [X] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: Uncover, cut + clean remove (2) 550 gallon TANK + Dispose of Tank

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 $ 4,200

Daniel M. Guy
Construction Official

6/23/14
Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection 302.
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total 302.00
Check No. 14102
Cash
Collected by DG.

(see reverse side)

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

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

ACTION OFFICE SUPPLIES, INC (800) 298-1000

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 6/23/14

Date Issued
Permit # JB-14-08092

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

Block 43 Lot 8.01 Qualification Code

Work Site Location 22 West Railroad Ave
James Burg NJ

Owner in Fee: Ms. Septak

Tel. (908) 902-9844 e-mail

Address Same

Contractor: GWS Contractors, Inc. Tel. Phone - 732-297-4847
Address 105 Fresh Ponds Road e-mail Fax - 732-297-4389
Jamesburg, NJ 08831

Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-2154428 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:

Total Cost of Fire Protection Work $ 4,200

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 6/26/14
Approved by: DC
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

2 UST Tanks 8274 DP

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.

Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Uncover, cert + clean & remove (2) 550 gallon UST. And dispose of Tank

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks DEMO	2	302
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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		
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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $	
Minimum Fee $	302
State Permit Surcharge Fee $	
TOTAL FEE $	

U.C.C. F140 (rev. 12/07) Internet version

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

COVED

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 6/23/14

Date Issued Permit # JB-14-08092

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

Block 43 Lot 8-01 Qualification Code

Work Site Location 22 West Railroad Ave
James Burg NJ

Owner in Fee: Ms. Sopfaky

Tel. (908) 504-9844 e-mail

Address Same

Contractor: GWS Contractors, Inc. municipality Tel. Phone - 732-297-4847

Address 105 Fresh Ponds Road e-mail Fax - 732-297-4389

Jamesburg, NJ 08831

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 22-2154148 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $ 4,200

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 6/16/14
Approved by: DG
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCC [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
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.

Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Uncover, cut + clean + remove (2) 550 gallon UST. And Dispose of Tank

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks DEMO	2	302
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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		
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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $	
Minimum Fee $	302
State Permit Surcharge Fee $	
TOTAL FEE $	

U.C.C. F140 (rev. 12/07) Internet version

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

BLOCK 43 LOT 8.01 QUALIF /CODE _____ ADDRESS (SITE) 22 WEST RAILROAD PERMIT NO. JB-11-08060

c closed in PNJ GA slip

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: JB DOLLAR STORE #
2. Name of Owner in Fee: Jose B. Flores
   Tel. (732) 656-0268 e-mail _____
   Address: 22 WEST RAILROAD AVE (street) SAMPSBURG (municipality) 08831 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: ADT SECURITY SERVICES Tel. (732) 346-6151
   Address 21 NORTHFIELD AVE, EDISON, NJ 08837 e-mail _____
   License No. OR, if new home, Builder Reg. No 34AL00001700 Exp. Date 01-31-2011
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 581814102 Fax (732) 346-6134
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel (732) 346-6151 FAX (732) 346-6134

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$			
2. Electrical		58-		
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	$	58-		

E

CA

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 Distrubed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes _____ no _____		

IIa. PROPOSED WORK:

- ☑ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ 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	249-				5.9.11	BC			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS	249								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
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: M
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
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. ☐ Undergroound Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks

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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 ADT SECURITY SERVICES

Address 21 NORTHFIELD AVENUE
EDISON, NJ 08837

Telephone (732) 346-6151

Signature _____

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

UCC/F-100
Professional Printing
(856) 468-7933

(M)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued: 5/9/11

Permit # JB-11-09660

IDENTIFICATION Block 43 Lot 8.01 Qualification Code

Work Site Location JB DOLLAR STORE

Owner in Fee Jose B. Flores

Address 22 WEST RAILROAD AVE

SAYREVILLE, NJ 08831

Tel. (732) 656-0768

Contractor ADT SECURITY SERVICES

Address 21 NORTHFIELD AVENUE

EDISON, NEW JERSEY 08837

Tel. (732) 346-6151

Lic. No. or Bldrs. Reg. No. 34AL00001700

Federal Emp. ID No. 581814102

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Burular Alarm

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-

Construction Official

5/9/11

Date

PAYMENTS (Office Use Only)

Building

Electrical 58-

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total 58-

Check No. 1050

Cash

Collected by JH

(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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 5/9/11
Date Issued
Control #
Permit # TR-11-80160

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

Block 43 Lot 3.01 Qualification Code

Non-Res. Applicant Job Dollar Store

Contact Person Jose [illegible]

Tel 732 [illegible] 0760 e-mail

Address [illegible] Township [illegible] Zip Code

Contractor ADT SECURITY SERVICES Tel 732 346 6151

Address 21 NORTHFIELD AVENUE

EDISON, NEW JERSEY 08837 e-mail

Contractor License No. 34AL00001700 Exp. Date 1/31/1

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

Federal Emp. ID No. 58-1814102 FAX 732 346-[illegible]

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed

[ ] Pole Pad # [ ] Temporary [ ] Other

Building Construction Utility Co.

Estimated Cost of Electrical Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] Not Plans Required

[ ] Needs Additional Details (Specify)

Date Approved By

[ ] Electric Plans Approved

Date Approved By

Other Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date

Approved By

SUBCODE APPROVAL for CERTIFICATE

[ ] TC [ ] CCO [X] CA

Date 5-16-11

Approved By (BC)

INSPECTIONS	Failure	Dates (Month Day) Failure	Approved	Initial
Rough				
Barrier-Free				
Footings				
Temp. Serv.				
Constr. Serv.				
TCC				
Other				
Service				
Final			5-16-11	(BC)
Barrier-Free				
Temp. Out-in-Card Date Issued				
Final Out-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 I am authorized to make this application, and perform the work listed on this application.

Applicant sign Contractor sign and seal here

Print name here

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr't [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Burglar Alarm

QTY.SIZE	ITEMS	FEE (Office Use Only)
	Lighting Fixture	
	Receptacles	
	Switches	
	Detectors	
	Light Poles	
	Motors—Fract. HP	
	Emergency & Exit Lights	
	Communications Points	
	Alarm Devices F.A.C. Panel	
	TOTAL NUMBERS	$
	Pool Permit with U/A Lights	
	Storable Pool Spa Hot Tub	
	KW Elec. Rang 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	

Complete

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

UCC F-120
(rev. 11/09)
Professional Printing
(856) 468-7933

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/9/11
Date Issued
Control #
Permit # JB-11-09060

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

Block _____ Lot _____ Qualification Code _____

Addr. Site Location: JB DOLLAR STORE

Owner or Rep: JOSE B. FLORES

Tel: 732 654-0768 e-mail _____

Address: 22 WEST RAILROAD AVE SAMESBURG 08831
street municipality zip code

Contractor: ADT SECURITY SERVICES Tel. (732) 346-6151

Address: 21 NORTHFIELD AVENUE
EDISON, NEW JERSEY 08837 e-mail _____

Contractor License No. 34AL00001700 Exp. Date 1/31/11

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

Federal Emp. ID No. 58-1814102 FAX: (732) 346-6134

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____

[ ] Pole Fac # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work $ 249-

JOB SUMMARY (Office Use Only)

Plans REV BY: 5.9.11 BC

[X] No Plans Required

[ ] Florida-Licensed Utilities Approved

Date _____ Approved By _____

[ ] Electric Plans Approved

Date _____ Approved By _____

Joint Plan Review Required

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

SUBCODE APPROVAL for PERMIT

Date _____

Approved By _____

SUBCODE APPROVAL for CERTIFICATE

[ ] TC [ ] TCO [ ] FC

Date _____

Approved By _____

INSPECTIONS	Failure	Dates (Month Day) Failure	Approval	Initials
Underground				
Slab				
Barrier-Free				
Trench				
Temp. Serv.				
Center 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 I am authorized to make this application, and perform the work listed on this application.

Applicant sign/Contractor sign and seal here _____

Print name here: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Burglar Alarm

QTY.SIZE	ITEMS	FEE (Office Use Only)
	Lighting Fixture	
	Receptacles	
	Switches	
	Detectors	
	Light Poles	
	Motors—Fract. HP	
	Emergency & Exit Lights	
	Communications Point	
8	Alarm Devices FA (Panel)	
8	TOTAL NUMBERS	$ 45-
	Pool Permit with UW Lights	13-
	Storable Pool Spa Hot Tub	
	KW Elec. Rang 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 1/4 HP	
	KW Transformer/Generator	
	AMP Service	
	AMP Subpanels	
	AMP Motor Control Center	
	KW Elec. Sign/Outline Light	

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	58-

UCC/F-120
(rev. 11-09)
Professional Printing
(856) 468-7933

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

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

CERTIFICATE

1208 - JAMESBURG BORO

Date Issued: 05/19/2011
Permit # 11-08060
Certificate: 1108060.1

IDENTIFICATION

Block 43 Lot 8.01 Qualifier

Work Site Location 22 WEST RAILROAD AVENUE
JAMESBURG, NJ 08831

Owner in Fee JB DOLLAR STORE
Address 22 WEST RAILROAD AVE
JAMESBURG, NJ 08831

Telephone (732) 656-0768
Contractor ADT SECURITY SERVICE
Address 21 NORTHFIELD AVE
EDISON, NJ 08837

Telephone (732) 346-6151 FAX
Lic No/Bldrs Reg No. 34AL0000170 Fed. Emp. No.
Licensed Trade
Home Imprv. Reg No. / Exempt
Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group I/M
Maximum Live Load
Construction Class VB
Max. Occupancy Load
Description of Work/Use
BURGLAR ALARM

☐ **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.

☒ **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 the 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

Reason for TCO:

☐ **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 (0 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

_____ .

CONSTRUCTION OFFICIAL

Fee $0.00
Paid [$0.00] Check No.
Collected by:

PermitsNJ

PNJF260 rev. (11/2009)
Printed On: 05/19/2011 14:08

BLOCK 43 LOT 8.01 QUALIFICATION CODE _____ ADDRESS (SITE) 22 W. Railroad PERMIT NO. JB.06.08.135

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 22 W Railroad
2. Name of Owner in Fee: Sefak Realty Tel. (732) 521-1019
   Address 54 Lincoln Ave (street) Lumberton (municipality) 08948 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Electrical Edge Inc Tel. (732) 446-6666
   Address PO Box 6970
   License No. OR, if new home, Builder Reg. No. 13423 Exp. Date 07
   Federal Employee No. 223 484 510 000 FAX: (732) 446-9994
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun [signature]
   Tel. (732) 446-6666 FAX: (732) 446-9994

2006-00149 00149-06

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$			
2. Electrical		46-		
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	$	46-		

E 5/18/06 CA

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. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ Electrical	350				8-2-06	BC			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	350								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: R-5
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

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

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.vii:

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 Electrical Edge Inc

Address PO Box 6970
Monroe NJ 08831

Telephone (732) 446-6660

Signature

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

R-5

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 8-2-06

Permit # JB-06-08-135

IDENTIFICATION Block 43 Lot 8.01 Qualification Code

Work Site Location 22 W Randolph

Owner in Fee Sypek Realty

Address 54 Lincoln Ave Jamesburg NJ

Tel. ( ) 521-0022

Contractor Electrical Edge Inc

Address PO Box 6970 Monroe NJ

Tel. (732) 446-6666

Lic. No. or Bldrs. Reg. No. 13423

Is hereby granted permission to perform the following work:

[ ] BUILDING
[✓] ELECTRICAL
[ ] ELEVATOR DEVICES
[ ] PLUMBING
[ ] FIRE PROTECTION
[ ] ASBESTOS ABATEMENT (Subchapter 8 only)
[ ] LEAD HAZARD ABATEMENT
[ ] DEMOLITION
[ ] OTHER

DESCRIPTION OF WORK:

meter replacement

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 $ 350

Construction Official

8-2-06
Date

PAYMENTS (Office Use Only)

Building
Electrical 46-
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total 46-
Check No. 2786
Cash
Collected by BC

(see reverse side)

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

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

TOWNSHIP OF ~~PLAINSBORO~~ Jamesburg
541 Plainsboro Road
Plainsboro, NJ 08536
(609) 799-2700
Fax: (609) 799-8831

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-7-16
Control #
Permit # ID-06-09-135

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

Block 43 Lot 8.01
Work Site Location 23 W. Railroad

Owner in Fee/Occupant Derek Pratt
Address [illegible]
Jamesburg NJ
Tele. (732) 521-1019
Contractor [illegible] Elec. Inc
Address PO Box 1490
Monroe Twp NJ 08831
Tele. ( ) [illegible] Fax ( ) [illegible]
Lic. No. 11423
Federal Emp. No [illegible]

B. ELECTRICAL CHARACTERISTICS

Use Group Present: Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ [illegible]

JOB SUMMARY (Office Use Only)

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

INSPECTIONS Type.	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv				
TCO				
Other				
Service			8-2	BC
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 8-2 BC

SUBCODE APPROVAL
[ ] CO [ ] COO [X] CA
Date: 8-2-06
Approved by: B. Chase

C. CERTIFICATION [illegible] DATE

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 [illegible] Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	complete
		Receptacles	
		Switches	
		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. 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	
1	[illegible]	[illegible]	LC

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

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

1 White = Inspector Copy
2 Canary = [illegible] Copy
3 Pink = Office Copy
4 Gold = A[illegible] Copy

TOWNSHIP OF ~~PLAINSBORO~~ Jamesburg
541 Plainsboro Road
Plainsboro, NJ 08536
(609) 799-2700
Fax: (609) 799-8531

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 8.2.06
Date Issued
Control #
Permit # JB.06.08.135

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

Block 43 Lot 8.01
Work Site Location 22 W. Railroad

Owner in Fee/Occupant Deptak Realty.
Address 54 Lincoln ave.
Jamesburg NJ
Tele. (732) 521-1019
Contractor Electrical Edge, Inc
Address PO Box 6970
Monroe Twp NJ 08831
Tele. (732) 446-6666 Fax (732) 446-9994
Lic. No. 13423
Federal Emp. No. 223 481 510 / 000

B. ELECTRICAL CHARACTERISTICS

Use Group Present: Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 350.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 8.2.06
Approved by: B. Chase

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

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

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		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. 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 1½ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	100a	meter socket replacement	46.

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 46.

UCC #130
(Rev. 1998)

* White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

OLCE - Central Regional Office
101 South Broad Street PO Box 821
Trenton, NJ 08625-0821
(609) 324-1295

CERTIFICATE

Date Issued 08/18/2006
Permit # 06-08135

IDENTIFICATION

Block 43 Lot 8.01 Qualifier

Work Site Location 22 WEST RAILROAD AVENUE
JAMESBURG, NJ 08831

Owner in Fee/Occupant SEPTAK,KATHERYN A.
Address 23 HILLSIDE AVE
JAMESBURG, NJ 08831

Telephone

Contractor ELECTRICAL EDGE, INC
Address PO BOX 6970
MONROE TWP, NJ 08831

Telephone (732) 446-6666 FAX

Lic. No. or Bldrs. Reg. No. 13423 Fed. Emp. No. 223486560

Home Imprv. Reg No. / Exempt Reason - Licensed Trade

Home Warranty No.

Type of Warranty Plan [ ] State [ ] Private

Use Group R-5

Maximum Live Load 0

Construction Class

Maximum Occupancy Load 0

Description of Work/Use
METER REPLACEMENT

[ ] 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 the 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.

Reason for TCO:

[ ] 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 (0 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

Robert E. Wood
CONSTRUCTION OFFICIAL

Fee $0.00
Paid [$0.00] Check No.
Collected by:

U.C.C. F260(12/2005)

0

Enforcing Olce -southern
Agency:Regional Office
Jamesburg Boro, Middlesex (1208)

REVISE, CLOSE OR DELETE NOTICE & ORDER

No Notices or Orders were found for the block/lot selected!

Select By One of the Following

Application Number [ ] - [ ]
Permit Number [ ] - [ ]

Parcel

Block [43] . [ ]
Lot [8] . [01]
Qualifier [ ]

Worksite

Address [ ]
[ ]
City [ ]

Notice & Order Number [ ]

Search

Work Site Information

Street Address **22 WEST RAILROAD AVENUE JAMESBURG 08831**
Owner **DONNA WEBER**
Block/Lot/Qualifier **43/8.01**

Search Results: 1 Parcel Found For Block 43, Lot 8.01

Street Address	Municipality	Block	Lot	Qualifier
22 WEST RAILROAD AVENUE	JAMESBURG 08831	43	8.01	NA