

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued	11/3/2017
Control Number	C-36541
Permit Number	20162655
Permit Issue Date	10/12/2016
Certificate Number	20162655

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location:	Block: 2.08	Lot: 24	Qual:
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Owner in Fee: [REDACTED]

Owner Address: [REDACTED]

Telephone: [REDACTED]

Contractor DEFENDER SECURITY COMPANY

Address 27 HORSENECK ROAD, SUITE 2 295 US 46 WEST SUITE 207 FAIRFIELD NJ 07004

Telephone: (609) 297-8103 Fax: [REDACTED]

License Number or Builders Registration Number: 347BF00021800 Federal Emp. Number:
34fa00032000
34BA00037000

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: BURGLAR ALARM SYSTEM

Certificate Comments:

☐ **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 inspection.

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work☐ Partial or limited time period (years); see file☐ **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

☐ Temporary Certificate of Occupancy

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:


Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



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 2.08 Lot 2.08 24-qualification Code 10-2017

Work Site Location [redacted]

Owner In Fee: [redacted]

Tel. [732] 567-0090 mail njpermits@defenderdirect.com

Address 51 Arlyn Dr Howell 07731 zip code

Contractor: Defender Security Company municipality

Address 27 Horseneck Road, Suite 2 Tel. (609) 297-8103
Fairfield, NJ 07004 e-mail njpermits@defenderdirect.com

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

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

Federal Emp. ID No. [redacted] 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 \$ 249,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Partial -Underslab Utilities Approved

Date: 10-3-2016 Approved by: [signature]

☐ Electric Plans Approved

Date: 10-3-2016 Approved by: [signature]

Joint Plan Review Required:

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL/PERMIT

Date: 10-3-2016

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

Date: 10-3-2016

Approved by: [signature]

INSPECTIONS

Type: 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

Dates (Month/Day)

Failure

Approval

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial