

BLOCK 149

LOT 12

QUALIFICATION CODE

ADDRESS (SITE)

340 Lorillard Avenue

PERMIT NO.

#5648

18-00004



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 340 Lorillard Avenue, Union Beach, NJ 07735

2. Name of Owner in Fee: Daneene Clancy
Tel. (732) 687-9868 e-mail clancyd723@aol.com
Address: 340 Lorillard Avenue, Union Beach, NJ 07735

3. Ownership in Fee: Public Private municipality zip code

4. Principal Contractor: Suntuity Solar LLC Tel. 7329792400 x 7145
Address 2137 Route 35N e-mail njpermitting@suntuity.com
Holmdel, NJ 07733

License No. OR, if new home, Builder Reg. No. 13VH09300100 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 474486414 FAX: 7329792401

5. Architect or Engineer: Richard Gordon, PE Contact _____
Address PO Box 264 Farmville VA 23901 e-mail grichardpe@aol.com
Tel. 4343155759 FAX: _____

6. Responsible Person in Charge once Work has Begun _____
Tel. 7329792400 FAX: _____

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$		
2. Electrical	\$		
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	\$		

VI. BUILDING/SITE CHARACTERISTICS

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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☒ Building	1500				12/17	USG			
☒ Electrical	4000				12/17	TH			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST		\$5,500							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: Select Group

3. Change in Use Group, Indicate Present: Select Group

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: Select Group Select Group

3. Change in Use Group, Indicate Present: Select Group

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

(X). Check if contractor.

Agent Name Suntuity Solar LLC

Address 2137 Route 35N

Holmdel, NJ 07733

Telephone 7329792400 Ext. 7145

Signature [Signature]

III. () LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

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

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only - optional)	
Name of Code & Edition	Name of Code & Edition
Building	Energy
Electrical	Barrier Free
Plumbing	Flood Hazard
Fire Protection	As Built Elevation Cert.
Mechanical	Other

X. CERTIFICATES ISSUED (office use only)	
DATE ISSUED	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

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.									
☐									
☐									

#5648



CONSTRUCTION PERMIT

Date Issued

1/8/18

Permit #

18-00004

IDENTIFICATION Block 149 Lot 12 Qualification Code _____

Work Site Location 340 Lorillard Avenue,
Union Beach, NJ 07735 Contractor Suntuity Solar LLC

Owner in Fee Daneene Clancy Address 2137 Route 35N
Address 340 Lorillard Avenue, Holmdel, NJ 07733
Union Beach, NJ 07735 Tel. (732) 979-2400 x7145

Tel. (732) 6879868 Lic. No. or Bldrs. Reg. No. 13VH09300100

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:

Roof Mounted PV Solar

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 \$ \$5500.00

Construction Official

Date

12/27/17

PAYMENTS (Office Use Only)

Building 100
 Electrical 395
 Plumbing _____
 Fire Protection _____
 Elevator Devices _____
 Other _____
 DCA State Permit Fee 10
 Cert. of Occupancy _____
 Other _____
 Total 505
 Check No. 11110
 Cash _____
 Collected by MM

(see reverse side)

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

Roof top solar, plans already in
your office

- 603 Ocean Ave

- All remains same with plans
except site plan & electrical

One line

Original Plan had 50
modules. New plan to
be 40 modules.



BUILDING 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 149 Lot 12 Qualification Code _____

Work Site Location 340 Lorillard Avenue,
Union Beach, NJ 07735

Owner in Fee: Daneene Clancy

Tel. (732) 687-9868 e-mail clancyd723@aol.com

Address 340 Lorillard Avenue, Union Beach, NJ 07735

Contractor: Suntuity Solar LLC Tel. 7329792400 x 7145

Address 2137 Route 35N e-mail njpermitting@suntuity.com

Holmdel, NJ 07733

Contractor License No. or Builder Registration No. 13VH09300100 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 474486414 FAX: 7329792401

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
			Type: Failure Failure Approval Initial
☐ No Plans Required			
☒ All	<u>12/28/17</u>	<u>WJG</u>	Footings
☐ Footings/Foundations			Footings Bonding
☐ Structural/Framework			Foundation
☐ Exterior			Slab
☐ Interior			Frame
Joint Plan Review Required:			Truss Sys./Bracing
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free
SUBCODE APPROVAL for PERMIT			Insulation
Date: _____			Finishes -Base Layer
Approved by: _____			Finishes -Final
SUBCODE APPROVAL for CERTIFICATE			Energy
☐ CO ☐ CCO ☒ CA			Mechanical
Date: <u>1/24/18</u>			TCO
Approved by: <u>TJD</u>			Other
			Final
			Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: State Approved _____ HUD _____

Height of Structure _____ ft. Est. Cost of Bldg. Work:

Area — Largest Floor _____ sq. ft. 1. New Bldg. \$ 1500

New Bldg. Area/All Floors _____ sq. ft. 2. Rehabilitation \$ _____

Volume of New Structure _____ cu. ft. 3. Total (1+ 2) \$ 1,500

Max. Live Load _____

Max. Occupancy Load _____

U.C.C. F110 (rev. 11/09)
Internet version

Date Received
Control # 5648
Date Issued 1/8/18
Permit # 18-00004

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.

Sign here: Melissa Harris

Print name here: Melissa Harris

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of a roof mounted solar system.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ 100

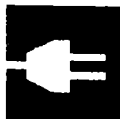
State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 100

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



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 149 Lot 12 Qualification Code _____
Work Site Location 340 Lorillard Avenue

Owner in Fee: Daneene Clancy
Tel. 732 687-9868 e-mail clancyd723@aol.com
Address 340 Lorillard Avenue Union Beach 07735

Contractor: Suntuity Electric, LLC Tel. (732) 979-2400
Address 2137 Route 35 N e-mail njpermitting@suntuity.com
Holmdel, NJ 07733

Contractor License No. 34EB01572800 Exp. Date 03/31/2018
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 452907793 FAX: (732) 979-2401

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as residence Utility Co. JCP&L
Est. Cost of Elec. Work \$ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)			
☒ No Plans Required		Type:	Failure	Failure	Approval	Initial	
☐ Partial -Underslab Utilities Approved		Rough					
Date: _____ Approved by: _____		Barrier-Free					
☐ Electric Plans Approved		Trench					
Date: _____ Approved by: _____		Temp. Serv.					
Joint Plan Review Required:		Constr. Serv.					
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.		TCO					
SUBCODE APPROVAL for PERMIT		Other					
Date: <u>12-19-17</u>		Service					
Approved by: <u>[Signature]</u>		Final					
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free					
☐ CO ☐ CCO ☐ CA		Temp. Cut-in-Card Date Issued					
Date: _____		Final Cut-in-Card Date Issued					
Approved by: _____		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: Vincent Vellucci

Print name here: Vincent Vellucci

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Installation of solar PV system

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/+ HP	_____
<u>26</u>	<u>215</u>	KW inverters	_____
<u>1</u>	<u>60</u>	AMP Service	_____
_____	_____	AMP solar disconnect	_____
_____	_____	AMP Motor Control Center	_____
<u>1</u>	<u>7.41</u>	KW Elec. Sign/Outline Light	_____
_____	_____	KW PV Solar	_____

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 5648 1/8/18
Control #
Date Issued
Permit # 18-00004

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

Block 149 Lot 12 Qualification Code
Work Site Location 340 Lorillard Avenue

Owner in Fee: Daneene Clancy

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Holmdel, NJ 07733

Contractor License No. 34EB01572800 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 452907793 FAX: (732) 979-2401

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as residence Utility Co. JCP&L

Est. Cost of Elec. Work \$ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Underslab Utilities Approved

Date: Approved by:

[] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL FOR PERMIT

Date: 12-19-17

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO X CA

Date: 1-23-18

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

Failure

Approval

Initial

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: Vincent Vellucci

Print name here: Vincent Vellucci

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Installation of solar PV system

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	
<u>26</u>	<u>.215</u>	KW inverters	
		AMP Service	
<u>1</u>	<u>60</u>	AMP solar disconnect	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
<u>1</u>	<u>7.41</u>	KW PV Solar	

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ 395