PERMIT REQUEST FORM

[Office use Only] [Please Print]

Date Received: _____

Control Number: _____

Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone numbers, Fed ID numbers etc.

COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 285.1, Lot: 32

Work Site Location: 1 MARION ST.

Owner In Fee: HALA FARAG

Email: _____

Address: 4 CARLISLE CT.

EAST BRUNSWICK N.J. 08816

Telephone: 347 852 0050

Agent: _____

Contact: _____

Address: _____

Email: _____

Telephone: _____ Fax: _____

LicNo-ExpDt: _____

Fed Id Number: _____

RECEIVED MAR 06 2017 By

Is this a rental property ? [Y] Yes [ ] - No Number of Tenants: _____

BUILDING SECTION

Description Of Work: Replace garage door and New Staircases for Basement and Garage as per plan

[ ] New Building [ ] Alteration

[ ] Addition [ ] Demolition

[ ] Roofing [ ] Siding

[ ] Fence Ht _____ (Exceeds 6')

Signs:

[ ] Pylon(SQFT)_____ [ ] Grnd/Wall(SQFT)_____

[ ] Pool

[ ] Asbestos Abatement Subchapter 8

[ ] Lead hazard Abatement N.J.A.C. 5:17

[ ] Retaining Wall(SQFT)_____

[ ] Radon Remediation

[ ] Other(s) _____

Contractor Hala Farag

Contact Hala

Address 4 Carlisle CT.
East Brunswick 08816

Email _____

Phone 347 852 0250

LicNo-ExpDt owner

Fed. Emp. No. _____

Est Cost Of Bldg. Work:

1. New Bldg $_____ 3. Demolition $_____

2. Alteration $ 1500.00 4. Total(1+2+3) $ 1500.00

I certify that I am the (agent of) owner of record and am authorized to make this application

X Hala Farag
(Signature)

Office Use Only

Plan Review Date Initial

[ ] No Plans Reqd _____

[ ] All 3/22/17 JB

[ ] Footing _____

[ ] Foundation _____

[ ] Frame _____

[ ] Other _____

Joint Plan Review Required:

[ ] Elec [ ] Plumb [ ] Fire

Cubic Ft: _____

Square Ft: _____

% Land Disturbed _____

PLUMBING SECTION

Description Of Work:

No.	Fixture/Equipmt	No.	Fixture/Equipmt
_____	Water Closet	_____	LPGas Tank
_____	Urinal/Bidet	_____	Steam Boiler
_____	Bath Tub	_____	Hot water Boiler
_____	Lavatory	_____	Sewer Pump
_____	Shower	_____	Interceptor/Separator
_____	Floor Drain	_____	Back flow Preventor
_____	Sink	_____	Greasetrap
_____	Dishwasher	_____	Residential A/C Unit
_____	Drinking Fountain	_____	Sewer Connection
_____	Washing Machine	_____	Water Service Connection
_____	Hose Bib	_____	Stacks
_____	Water Heater	_____	Other _____
_____	Fuel Oil Piping	_____	Other _____
_____	Gas Piping	_____	Other _____

Contractor _____

Contact _____

Address _____

_____

Email _____

Phone _____

LicNo-ExpDt _____

Fed. Emp. No. _____

I certify that I am the (agent of) owner of record and am authorized to make this application

X _____
Applicant's Signature/Contractor's Seal and Signature

Estimated Cost of Plumbing Work:

$ _____

Office Use Only

Joint Plan Review Required: [ ] No Plans Required

[ ] Building [ ] Electric [ ] Plumbing Plans Approved

[ ] Fire [ ] Elevator

Date: _____ Approved By: _____

FIRE PROTECTION SECTION

Description Of Work:

Storage Tanks :

Type: [ ] Flamm.Liquid [ ] Comb Liquid

[ ] LPG [ ] LNG

Alarm Systems [ ] 110v Interconnected [ ] System

_____Alarm Devices (i.e, smoke, heat, pulls, waterflow)

_____Supervisory Devices (i.e. tampers, low/high air)

_____Signalling Devices (i.e; horn, strobes, bells)

_____Other Devices _____

Suppressoin Systems [ ] Fire Pump [ ] GPM Type

_____ Dry Pipe/Alarm Valves

_____ Pre-action Valves

_____ Sprinkler Heads (Dry and Wet)

_____ Standpipes

Estimated Cost Of Fire Protection Work :$ _____

Pre-engineered Systems

_____ Wet Chemical

_____ Dry Chemical

_____ C02 Suppression

_____ Foam Suppression

_____ Halon Suppression

_____Other_____

____Kitchen Hood Exh Sys

____Smoke Control System

___ Gas [ ] or Oil [ ] Fired Appl.

Contractor _____

Contact _____

Address _____

_____

Email _____

Phone _____

LicNo-ExpDt _____

Fed. Emp. No. _____

Fire Protection Cert. No._____

Security Alarm Cert. No._____

I certify that I am the (agent of) owner of record and am authorized to make this application.

X _____

Applicant's Signature/Contractor's Seal and Signature

Office Use Only [ ] No Plans Required

Joint Plan Review Required: [ ] Fire Plans Approved

[ ] Building [ ] Plumbing Date: _____

[ ] Electric [ ] Fire Approved By:_____

ELECTRICAL SECTION

Description Of Work: INSTALL 4 LIGHT FIXTURES IN GARAGE & BASEMENT. CORRECT VIOLATIONS i.e. LOOSE & BROKEN WIRING, FAULTY GROUNDING ON RECEPTACLES. TOTAL CHECK ON RECEPTACLES, LIGHTS, SWITCHES & APPLIANCES FOR PROPER WORKING ORDER.

QTY. SIZE ITEMS

4 Lighting Fixtures

3 Receptacles

3 Switches

_____ Detectors

_____ Light Poles

_____ Motors-Fract.HP

_____ Emergency & Exit Lights

_____ Communication Points

_____ Alarm Devices F.A.C Panel

_____ Other _____

10 TOTAL NUMBERS

_____ Pool Permit/w Uw Lights

_____ Storable Pool/Spa/Hot Tub

_____ KW Elec.Range /Receptacle

_____ KW Oven/Surface Unit

QTY. SIZE ITEMS

_____ KW Elec.Water Heater

_____ KW Dryer/Receptacle

_____ KW Dishwasher

_____ HP Garbage Disposal

_____ KW Central A/c Unit

_____ HP/KW Space Htr/Air Handler

_____ KW Base Board Heat

_____ HP Motors 1/+ HP

_____ KW Transformer/Generator

_____ AMP Service

_____ AMP SubPanels

_____ AMP Motor Control Center

_____ KW Elec Sign/Outline Light U

_____ KW Photovoltaic Systems

_____ Other _____

_____ Other _____

Contractor A N J ELECTRIC

Contact AL

Address 101 MALLORY AV.

JERSEY CITY N.J 07304

Email _____

Phone 201-388 0588

LicNo-ExpDt 15381

Fed. Emp. No. 20 184 9152

Irrigation Cert. No. _____

I certify that I am the (agent of) owner of record and am authorized to make this application.

X ALFREDO SAO

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec Contractor [ ] Exempt Applicant

Office Use Only [ ] No Plans Required

Joint Plan Review Required: [ ] Electric Plans Approved

[ ] Building [ ] Electric

[ ] Fire [ ] Plumbing

Date : 3/16/17 Approved By: [signature]

Estimated Cost Of Electric Work : $ 1200.00