



# ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 5/10/04  
Date Issued  
Control #  
Permit # 04-211

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

Block 284 Lot 21  
Work Site Location 1 Marion Street  
South River NJ 08882  
Owner in Fee/Occupant Barando  
Address 1 Marion Street  
South River NJ 08882  
Tele. ( 732 ) 238-4308  
Contractor All State Electric  
Address 12 Henning Ave Cranford 07016  
Tele. ( 908 ) 232 5667 Fax (    )     
Lic. No. 1380  
Federal Emp. No. 22-3083751

## B. ELECTRICAL CHARACTERISTICS

Use Group Present    Proposed     
☐ Pole/Pad #    ☐ Temporary ☐ Other     
Building Occupied as    Utility Co.     
Est. Cost of Elec. Work \$ 420.00

## JOB SUMMARY (Office Use Only)

|                                                                                      |      |         |                               |                   |
|--------------------------------------------------------------------------------------|------|---------|-------------------------------|-------------------|
| PLAN REVIEW                                                                          | Date | Initial | INSPECTIONS                   | Dates (Month/Day) |
| <input checked="" type="checkbox"/> No Plans Required                                |      |         | Type:                         |                   |
| Joint Plan Review Required:                                                          |      |         | Rough                         | 5/11/04           |
| <input type="checkbox"/> Building <input type="checkbox"/> Plumbing                  |      |         | Temp. Serv.                   | 7/22/04           |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator                      |      |         | Const. Serv.                  |                   |
| <input type="checkbox"/> Elec. Plans Approved                                        |      |         | TCO                           |                   |
| Date: <u>4/20/04</u>                                                                 |      |         | Other                         |                   |
| Approved by: <u>[Signature]</u>                                                      |      |         | Service                       |                   |
|                                                                                      |      |         | Final                         | 7/22/04           |
| SUBCODE APPROVAL                                                                     |      |         | Temp. Cut-in-Card Date Issued |                   |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |      |         | Final Cut-in-Card Date Issued |                   |
| Date: <u>7/12/04</u>                                                                 |      |         |                               |                   |
| Approved by: <u>[Signature]</u>                                                      |      |         |                               |                   |

## 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                          |
|---------------|------|--------------------------------|
| 2             |      | Lighting Fixtures              |
| 2             |      | 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      |
|               |      | KV Elec. Range/Receptacle      |
|               |      | KV Oven/Surface Unit           |
|               |      | KV Elec. Water Heater          |
|               |      | KV Elec. Dryer/Receptacle      |
|               |      | KV Dishwasher                  |
|               |      | HP Garbage Disposal            |
|               |      | KV Central A/C Unit            |
|               |      | HP/KV Space Heater/Air Handler |
|               |      | KV Baseboard Heat              |
|               |      | HP Motors 1/+ HP               |
|               |      | KV Transformer/Generator       |
|               |      | AMP Service                    |
|               |      | AMP Subpanels                  |
|               |      | AMP Motor Control Center       |
|               |      | KV Elec. Sign/Outline Light    |

Administrative Surcharge \$ 3  
Minimum Fee \$ 22  
DCA Training Fee \$ 1  
TOTAL FEE \$ 26

FREE (Office Use Only)

\$ 22