

CK 1422.04LOT 19 QUALIF /CODE ADDRESS (SITE)

PERMIT NO. 14-2797



CONSTRUCTION PERMIT APPLICATION

014-003007

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

I. IDENTIFICATION

1. Proposed Work Site at: 758 TALL OAKS DR. BRICK 08724

2. Name of Owner in Fee: SAMES ALBERS

Te [redacted] e-mail [redacted]

Address 758 TALL OAKS DR BRICK 08724
street municipality zip code

3. Ownership in Fee: Public Private ☒

4. Principal Contractor: ADT LLC Tel: (856) 324-1915

Address 200 EAST PARK DR., SUITE 200, MT. LAUREL, NJ 08054 e-mail [redacted]

License No. OR, if new home, Builder Reg. No. 34BF00048300 Exp. Date 1/31/15

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

Federal Emp. ID No. 454343781 Fax (856) 234-4659

5. Architect or Engineer Contact [redacted]

Address [redacted] e-mail [redacted]

Tel. () Fax ()

6. Responsible Person in Charge once Work has Begun STEVE HESHAL

Tel. (856) 324-1915 Fax (856) 234-4659

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)

- ☐ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

TOTAL COSTS

III. DO YOU WANT: (optional)

- ☐ Partial Releases

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walkers
- ☐ Refrigeration Systems
- ☐ Smoke Control Systems in Open Wells

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ 75-	
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	\$ 1-	
10. Subtotal		
11. Cert of Occupancy		
12. Other		
13. TOTAL	\$ 76-	

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

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:
- 3. Change in Use Group, Indicate Present:
- C. MIXED USE -List secondary use(s):
- D. Construct Classification Present Proposed

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.

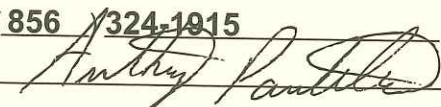
I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name **ADT LLC**

Address **200 EAST PARK DR., SUITE 200**
MT. LAUREL, NJ 08054

Telephone **(856) 324-1915**

Signature 

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



CONSTRUCTION PERMIT

Date Issued 8/25/14
Control # C-14-003007
Permit # 14-2197

IDENTIFICATION Block: 1422.07 Lot: 19 Qualifier _____
Work Site Location: 758 TALL OAKS DR. Brick Township, NJ Contractor ADT LLC
Address 200 East Park Dr. Suite 200 Mt. Laurel NJ 08054
Owner in Fee ALDERS, JASON T Telephone: (856) 324-1915
13642 PICARSA DR. JACKSONVILLE NJ 32225 Lic. No. or Bldrs. Reg. No. 34BF00048300
Telephone: _____ Federal Employee No. 454343781

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:

ALARM SYSTEM (BURGLAR OR FIRE)

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 \$99

Daniel Newman Jr
Construction Official

7/11/14
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$75
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$76
Check No.	<u>068957</u>
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 the work installed conforms with 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 granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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. 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.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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:

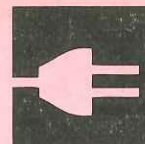
☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision 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.

If you do not understand any of this information, please ask.



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control#
Permit#

8/25/14
14-2797

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

Block 1422.07 Lot 19 Qualification Code _____

Work Site Location 758 TALL OAKS DR

BRICK NJ 08724

Owner in Fee: JAMES ALBERS

[REDACTED] e-mail _____

Address 758 TALL OAKS DR street BRICK NJ 08724 municipality BRICK zip code

Contractor: **ADT LLC** Tel. (856) **324-1915**

Address **200 EAST PARK DR., SUITE 200**

MT. LAUREL, NJ 08054

Contractor License No. **34BF00048300** Exp. Date **1/31/15**

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

Federal Emp. ID No. **454343781** FAX: (856) **234-4659**

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$ 99.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval Initial
[]	No Plans Required	Rough	_____	_____	_____
[]	Partial-Underslab Utilities Approved	Barrier-Free	_____	_____	_____
Date: _____	Approved by: _____	Trench	_____	_____	_____
[]	Elec. Plans Approved	Temp. Serv.	_____	_____	_____
Date: _____	Approved by: _____	Constr. Serv.	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____
[]	Bldg. [] Plumb. [] Fire [] Elev.	Other	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	_____
Date: <u>7/14/14</u>	Approved by: <u>[Signature]</u>	Final	_____	_____	_____
SUBCODE APPROVAL for PERMIT [] CO.		Barrier-Free	_____	_____	_____
[]	CO [] CCO [] CA	Temp. Cut-in-Card Date Issued	_____	_____	_____
Date: _____	Approved by: _____	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: Anthony Pantaleo

Print name here: **ANTHONY PANTALEO**

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr'r [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION WORK:

Security System

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	_____
_____	_____	<u>1 Panel 1 Keypad</u>	_____
_____	_____	TOTAL NUMBERS	\$ _____
_____	_____	Pool Permit/with UW 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	_____

UCC/F-120
(rev. 1/13)

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