BLOCK 171 LOT 15.29 QUALIFICATION CODE ______ ADDRESS (SITE) 58 Condon Dr PERMIT NO. 2006 0054

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 58 Condon Dr
2. Name of Owner in Fee: Shah Te
   Address: Same (street / municipality / zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: NJ Emilation Tel. (732) 367-4408
   Address: PO Box 676 Jackson 08527
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. 22-3712807 FAX: ( ) ______
5. Architect or Engineer ______ Tel. ( ) ______
   Address ______ Contact ______
6. Responsible Person in Charge once Work has Begun ______
   Tel. ( ) ______ FAX: ( ) ______

L.S.

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical	45		
3.	Plumbing	45		
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	$ 90		

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. Construction Classification ______
7. Total Land Area Disturbed ______ sq. ft.
8. Flood Hazard Zone ______
9. Base Flood Elevation ______ ft.
10. Wetlands yes ______ no ______
11. Max. Live Load ______
12. Max. Occupancy Load ______

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☑ Plumbing	300				12/30/05	[illegible]			
7. ☒ Electrical	150				12/28/05	[illegible]			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8	//////								
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	450								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	*Income-restricted*
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

43968

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

50950

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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(e)1.vii:

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 NJ Expediting

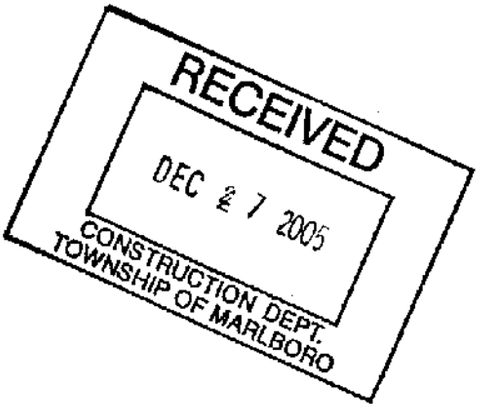
Address PO Box 610

Jackson NJ 08527

Telephone (732) 367-4408

Signature E/N

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


RECEIVED
DEC 2 7 2005
CONSTRUCTION DEPT.
TOWNSHIP OF MARLBORO

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 12/30/05

4127

Permit # 20060054

IDENTIFICATION Block 17 Lot 25.29 Qualification Code

Work Site Location 58 Keddie [illegible] Morganville

Owner in Fee Shah

Address same

Tel.

Contractor [illegible] Plumbing

Address [illegible]

Tel. (732) 364-3636

Lic. No. or Bldrs. Reg. No. B109234

Is hereby granted permission to perform the following work:

[ ] BUILDING
[X] PLUMBING
[ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL
[ ] FIRE PROTECTION
[ ] DEMOLITION
[ ] ELEVATOR DEVICES
[ ] ASBESTOS ABATEMENT (Subchapter 8 only)
[ ] OTHER

DESCRIPTION OF WORK: lawn sprinkler

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 $ 3000—

JL per RR — Construction Official

12/30/05 — Date

PAYMENTS (Office Use Only)

Building	
Electrical	45—
Plumbing	45—
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	$90—
Check No.	50450
Cash	
Collected by	[illegible signature]

(see reverse side)

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

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

Date Received 12/30/05
Control # 4287
Date Issued
Permit # 2006004

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 171 Lot 15.29 Qualification Code ______
Work Site Location 58 Condor Dr Morganville
Owner in Fee: Smith
Address same (street / municipality / zip code)
Contractor NJ Irrigation Tel. 732367-4408
Address PO Box 610 Jackson NJ 08527 email
Contractor License No. ______ Exp. Date ______
Federal Employee No. 22-3712807 FAX: ( ) ______

B. ELECTRICAL CHARACTERISTICS
Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ 150—

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 Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [X] Exempt Applicant

D. TECHNICAL SITE DATA

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	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
✓	✓	lawn sprinkler	

Rain sensor

Administrative Surcharge $ ______
Minimum Fee $ ______
State Permit Surcharge Fee $ ______
TOTAL FEE $ ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 12/29/05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
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 ______

171/15.29

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/30/05
Control # 41387
Date Issued
Permit # 2006004

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

Block 171 Lot 15.29 Qualification Code
Work Site Location 58 Condo Dr
Owner in Fee:
Tel. E-mail
Address (street, municipality, zip code)
Contractor: Tel.
Address e-mail
Contractor License No. Exp. Date
Federal Employee No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 150.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 12/7/05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 2/1/06
Approved by:

INSPECTIONS Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/1/06	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

Receptacle South side of front

2-1-06 OK

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 Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [X] Exempt Applicant

D. TECHNICAL SITE DATA

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	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1			

Administrative Surcharge	$ 45
Minimum Fee	$ 45
State Permit Surcharge Fee	$
TOTAL FEE	$

171
15.29

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/30/06
Control # 4187
Date Issued
Permit # 2006054

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

Block 171 Lot 15.29 Qualification Code ____

Work Site Location [illegible]

Owner in Fee [illegible]

Tel. ( ) ____ e-mail ____

Address [illegible]

Contractor: [illegible] (street / municipality / zip code) Tel. [illegible]

Address [illegible] e-mail [illegible]

Contractor License No. [illegible] Exp. Date ____

Federal Employee No. [illegible] FAX: ( ) ____

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed ____

Building Sewer Size ____ Public Sewer ✓ Private Septic ____

Water Service Size ____ Public Water ✓ Private Well ____

Est. Cost of Plumbing Work $ [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: [illegible]

Approved by: ____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 2/1/06

Approved by: [illegible]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO ____				
Final			2/1/06	AT

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.

[signature]

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
____	Water Closet	
____	Urinal/Bidet	
____	Bath Tub	
____	Lavatory	
____	Shower	
____	Floor Drain	
____	Sink	
____	Dishwasher	
____	Drinking Fountain	
____	Washing Machine	
____	Hose Bibb	
____	Water Heater	
____	Fuel Oil Piping	
____	Gas Piping	
____	LPGas Tank	
____	Steam Boiler	
____	Hot Water Boiler	
____	Sewer Pump	
____	Interceptor/Separator	
1	Backflow Preventer [illegible]	
____	Greasetrap	
____	Sewer Connection	
____	Water Service Connection	
____	Stacks ____	
____	Other ____	
____	Other ____	

Administrative Surcharge	$ 4.75
Minimum Fee	$ ____
State Permit Surcharge Fee	$ 4.75
TOTAL FEE	$ ____

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

U.C.C. F130
(rev. 05/05)

Reorder from OCS Printing (609) 398-4375

MARLBORO TOWNSHIP CONSTRUCTION DEPT.
1979 Township Drive
Marlboro, NJ 07746
JOHN CAVALIERE
Construction Official

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 41544
Date Issued 11/1/06
Permit # 20060330

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

Block 171 Lot 49 Qualification Code
Work Site Location 76 Village Rd
Morganville NJ
Owner in Fee George Mosley
Address 76 Village Rd / Morganville 07751
Tel
Contractor George Jadlet Plumbing
Address 658 Beers St / Hazlet NJ. 07730
Tel (732) 264-7290 FAX ( )
Contractor License No. 7058
Federal Emp. No. 311434520

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2/7/06
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	2/6/06		2/7/06	

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 45.-
State Permit Surcharge Fee	$ 1.-
TOTAL FEE	$ 46.-

U.C.C. F130
(rev.01/04)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 12/30/05
Control # 41287
Date Issued
Permit # 20060054

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

Block 171 Lot 15.29 Qualification Code _____

Work Site Location 58 Conrad Dr Morganville

Owner in Fee: John

Tel. _____

Address same

Contractor: Jim Hughes Plumbing (street, municipality) Tel. 732 364-3636 (zip code)

Address: 280 Fairday Ave Edison 08817 (street)

Contractor License No. 10 9234 Exp. Date _____

Federal Employee No. 22-3039252 FAX: ( ) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer V Private Septic _____

Water Service Size _____ Public Water V Private Well _____

Est. Cost of Plumbing Work $ 300 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[1] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 12/30/05

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer Lawn Sprinkler	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	
	Other _____	

Administrative Surcharge	$ 45 —
Minimum Fee	$ _____
State Permit Surcharge Fee	$ 45 —
TOTAL FEE	$ _____

U.C.C. F130
(rev. 05/05)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

Reorder from OCS Printing (609) 398-4375

NEW JERSEY LAWN & IRRIGATION INC.

50450

Marlboro Township

1/9/2006

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
1/9/2006	Bill	171 15.29	90.00	90.00		90.00
				Check Amount		90.00

New Jersey Irrigation I 58 Condor Drive

90.00

NEW JERSEY LAWN & IRRIGATION INC.

50450

Marlboro Township

1/9/2006

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
1/9/2006	Bill	171 15.29	90.00	90.00		90.00
				Check Amount		90.00

New Jersey Irrigation I 58 Condor Drive

90.00

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0452

A

B