

BLOCK 1033.28 LOT 8 QUALIF./CODE U ADDRESS (SITE) 105 Malmy Dr PERMIT NO. 08-3175

REC'D OCT 02 2008



CONSTRUCTION PERMIT APPLICATION

CO# 004732

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

I. IDENTIFICATION

1. Proposed Work Site at: 105 Malmy Drive

2. Name of Owner in Fee: Minutoli
Tel. (973) 487-7183 e-mail _____
Address: 105 Malmy Drive Brick 08723
street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: TEAM ELECTRIC, HEATING & COOLING, INC. Tel. (732) 786-9231
Address 77 PENSION RD., STE 19, MANALAPAN, NJ 07726 e-mail _____
License No. OR, if new home, Builder Reg. No. 12157 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH03910600
Federal Emp. ID No. 22-3397119 Fax (732) 786-9235
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX (_____) _____
6. Responsible Person in Charge once Work has Begun TEAM ELECTRIC, HEATING & COOLING, INC.
Tel. (732) 786-9231 FAX (732) 786-9235

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	95 ✓ 100 ✓
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	1
8. Subtotal	\$	1
9. State Permit Surcharge Fee		
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$	102 101

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	_____	(office use only)
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	_____	

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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
5,000				10/4/08	MR	6/4/09		

TOTAL COSTS

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units: All Units restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____
- C. MIXED USE -List secondary use(s): _____

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

- | | | |
|---|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs |
| | 7. ☐ Sprinklers | |

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.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.

TEAM ELECTRIC CORPORATION

Agent Name _____ **NJ Lic. #12157A**

Address _____ **77 Pension Rd. Suite #19**
Mamalapan, New Jersey 07726

Telephone (732) 786-9231

Signature _____ *Monica Lencu*

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

UCC/F-100
Professional Printing
(856) 468-7933



CONSTRUCTION PERMIT

Date Issued 10/20/2008
Control # C-08-004732
Permit # 08-3175

IDENTIFICATION Block: 1033.28 Lot: 8 Qualifier _____
Work Site Location: 105 MALMY DR. Brick Township, NJ Contractor TEAM ELECTRIC INC
Address 77 PENSION RD SUITE #19 MANALAPAN NJ 07726-
Owner in Fee MINUTOLI
105 MALMY DR. BRICK NJ 08724 Telephone: (732) 786-9231
Telephone: (973) 487-7183 Lic. No. or Bldrs. Reg. No. E112157
Federal Employee No. 22-3397119

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:

ELECTRICAL ALTERATIONS BASEMENT, KITCHEN, ATTIC, ETC

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 \$5,000

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$95
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$7
CO Fee	
Other	\$0
Total	\$102
Check No.	2970
Cash	\$0
Credit	\$0
Collected By	Inspection Account

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.



PERMIT UPDATE

Date Update Issued 1/16/09
Control # C-08-005355
Permit # 08-3175+A

IDENTIFICATION Block: 1033.28 Lot: 8 Qualifier _____
Work Site Location: 105 MALMY DR Brick Township, NJ Contractor TEAM ELECTRIC INC
Address 77 PENSION RD SUITE #19 MANALAPAN NJ 07726-
Owner in Fee MINUTOLI
105 MALMY DR BRICK NJ 08724 Telephone: (732) 786-9231
Telephone: (973) 487-7183 Lic. No. or Bldrs. Reg. No. E112157
Federal Employee No. 22-3397119

Is hereby granted permission to perform the following work:

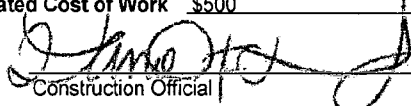
- | | | |
|--|--|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

SUBPANEL SUBPANEL AND 200 AMP DISCONNECT.

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 \$500


Construction Official

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	_____	\$0
Electrical	_____	\$100
Plumbing	_____	\$0
Fire Protection	_____	\$0
Elevator Devices	_____	\$0
Other	_____	\$0.00
DCA Training Fee	_____	\$1
CO Fee	_____	
Other	_____	\$0
Total	_____	\$101
Check No.	_____	
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. 01/16/09 11:04AM 001558#8542
 2. Foundations and all walls up to grade level prior to back filling. XX01 SERV.001
 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. \$100.00
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment. \$1.00
- CHECK \$101.00**

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.



CONSTRUCTION PERMIT

Date Issued:

Permit #

IDENTIFICATION Block 1033.28 Lot 8 Qualification Code _____
Work Site Location 105 Malm Drive Contractor TEAM ELECTRIC, HEATING & COOLING, INC.
Brick 08753 Address 77 PENSION ROAD SUITE 19
Owner in Fee Minutoli MANALAPAN, NJ 07726
Address Same Tel. (732) 786-9231 FAX (732) 786-9235
Tel. (973) 487-7183 Lic. No. or Bldrs. Reg. No. 12157
13VH03910600

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:

(1) LF Basement, Kitchen, A.H.C
200A Service
(1) 20A ckt
(4) Recp
(3) switch

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 \$ 5000

Construction Official

Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

UCC/170 (REV. 01/04)

Professional Printing
(856) 468-7933

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

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 work installed conforms with the requirements of the Uniform Construction Code.

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☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

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(856) 468-7933



CONSTRUCTION PERMIT

Date Issued:

Permit #

IDENTIFICATION Block 1033.28 Lot 8 Qualification Code _____
Work Site Location 105 Malmey Drive Contractor TEAM ELECTRIC, HEATING & COOLING, INC.
Brick 08753 Address 77 PENSION ROAD SUITE 19
Owner in Fee Minutoli MANALAPAN, NJ 07726
Address Same Tel. (732) 786-9231 FAX (732) 786-9235
Tel. (973) 487-7183 Lic. No. or Bldrs. Reg. No. 12157
13VH05910600

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:

200A Service (1) LF Basement, Kitchen, A.H.C
(1) 20A CKT (4) Recp
(3) switch

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 \$ 5000

Construction Official

Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

UCC/170 (REV. 01/04)

Professional Printing
(856) 468-7933

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

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 work installed conforms with the requirements of the Uniform Construction Code.

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☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

UCC/170 (REV. 01/04)

Professional Printing

(856) 468-7933



CONSTRUCTION PERMIT

Date Issued:

Permit #

IDENTIFICATION Block 1033.28 Lot 8 Qualification Code _____
Work Site Location 105 Malmy Drive Contractor TEAM ELECTRIC, HEATING & COOLING, INC.
Brick 08753 Address 77 PENSION ROAD SUITE 19
Owner in Fee Minutoli MANALAPAN, NJ 07726
Address Same Tel. (732) 796 9221 FAX (732) 766 9235
Tel. (973) 487-7183 Lic. No. or Bldrs. Reg. No. 12167
13VH03910600

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:

200A Service (1) LF Basement, Kitchen, A.H.C
(1) 20A CKT (4) Recp
(3) switch

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 \$ 5000

Construction Official _____

Date _____

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

UCC/170 (REV. 01/04)

Professional Printing
(856) 468-7933

1. WHITE-INSPECTOR

2. CANARY-OFFICE

3. PINK-TAX ASSESSOR

4. GOLD-APPLICANT

REQUIRED INSPECTIONS

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☐ A complete copy of released plans must be kept on the job site.

UCC/170 (REV. 01/04)
Professional Printing
(856) 468-7933



CONSTRUCTION PERMIT

Date Issued:

Permit #

IDENTIFICATION Block 1033.28 Lot 8 Qualification Code _____
Work Site Location 105 Main, Drive Contractor TEAM ELECTRIC, HEATING & COOLING, INC.
Brick 08753 Address 77 PENSUN ROAD SUITE 19
Owner in Fee M. M. M. M. M. MARLAPAN, NJ 07726
Address Same Tel. (732) 786-9231 FAX (732) 786-9235
Tel. (973) 487-7183 Lic. No. or Bldrs. Reg. No. 12157
13VH03910600

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

200A Service (1) LF Basement, Kitchen, A.H.C.
(1) 20A CKT (4) Rec
(3) Switch

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 \$ 5000

Construction Official

Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

UCC/170 (REV. 01/04)

Professional Printing
(856) 468-7933

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

UCC/170 (REV. 01/04)
Professional Printing
(856) 468-7933



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/18/2009
Control Number C-08-004732
Permit Number 08-3175
Permit Issue Date 10/20/2008
Certificate Number 08-3175

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 105 MALMY DR Brick Township, NJ Block: 1033.28 Lot: 8 Qual:
Owner in Fee: MINUTOLI
Owner Address: 105 MALMY DR BRICK NJ 08724
Telephone: (973) 487-7183
Contractor: TEAM ELECTRIC INC
Address: 77 PENSION RD SUITE #19 MANALAPAN NJ 07726-
Telephone: (732) 786-9231 Fax: (732) 849-0699
License Number or Builders Registration Number: EI12157 Federal Emp. Number: 22-3397119

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ELECTRICAL ALTERATIONS BASEMENT, KITCHEN, ATTIC, ETC

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Date Printed: 6/18/2009

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number:

Collected By:

Page 1



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 1033.28 Lot 8 Qualification Code _____
Work Site Location 105 Malmy Drive
Brick NJ 08723
Owner in Fee: Minutoli e-mail _____
Tel. (973) 487-7183
Address 105 Malmy Drive municipality Brick zip code 08723
Contractor: TEAM ELECTRIC, INC. Tel. (732) 786-9231 e-mail _____
Address 77 PENSION ROAD SUITE 19
MANALAPAN, NJ 0726
Contractor License No. 12157A Exp. Date _____
Federal Emp. ID No. 22-3397119 FAX: (732) 786-9235

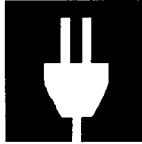
B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Electrical Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INspeCTIONS	Dates (Month/Day)
☒ No Plans Required			Type:	Failure Approval Initial
Joint Plan Review Required:				
☐ Building	☐ Plumbing		Rough	
☐ Fire	☐ Elevator		Barrier-Free	
☐ Elec. Plans Approved			Trench	
Date: <u>11/15/09</u>				
Approved by: <u>[Signature]</u>				
SUBCODE APPROVAL				
☐ CO	☐ CCO	☐ CA	Barrier-Free	
Date: <u>6-4-9</u> <u>AS</u>				
Approved by: _____				

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy



Date Received
Date Issued
Control #
Permit #

1/16/09
08-31757A
003355

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
Minutoli

☒ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr'r ☐ 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	
		<u>Disconnect</u>	

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$ 101



**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 1033.28 Lot 8 Qualification Code _____
Work Site Location 105 Malmy Drive
Brielle NJ 08723
Owner in Fee: Minotoli
Tel. (973) 487-7183 e-mail _____
Address 105 Malmy Dr Brielle 08723
street municipality zip code
Contractor: TEAM ELECTRIC, INC. Tel. (732) 786-9231
Address 77 PENSION ROAD, SUITE 19 e-mail _____
MANALAPAN, NJ 0726
Contractor License No. 12157A Exp. Date _____
Federal Emp. ID No. 22-3397119 FAX: (732) 786-9235

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Electrical Work \$ 5000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
[] No Plans Required	Date Initial	Type:	Failure	Approval	Initial
Joint Plan Review Required:		Rough			
[] Building [] Plumbing		Barrier-Free			
[] Fire [] Elevator		Trench			
[] Elec. Plans Approved		Temp. Serv.			
Date: <u>10/10/08</u>		Constr. Serv.			
Approved by: <u>[Signature]</u>		TCO			
		Other			
		Service Final			
		Barrier-Free			
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued			
Date: <u>6-4-9</u>		Annual Pool Inspection			
Approved by: <u>[Signature]</u>		Date of Grounding and Bonding Certification			

1. White-Inspector copy 2. Canary-Applicant copy
3. Pink-Office Copy 4. White Tag-Office copy



Date Received
Date Issued
Control #
Permit #

08-3175
10/20/08

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.

Michael P. [Signature]

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY SIZE ITEMS

11 Lighting Fixtures

4 Receptacles

3 Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/E.A.C. Panel

Ceiling Fan

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

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

200

200

20A

CKT

20A

20A

20A

20A

20A

20A

20A

20A

20A

UCC/F-120 (REV. 07/05)
Professional Printing
(856) 466-7933

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

BASEMENT, ATTIC etc

11/14/08 FILE FOR 2007A

SUBPAPER 1

② CALL EACH TAX FOR PAPER

③ FOR OK AFTER PAPERWORK

11/14/08



ELECTRICAL
SUBCODE
TECHNICAL SECTION

Update

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

Block 1033.28 Lot 8 Qualification Code _____
Work Site Location 105 Malmy Drive
Brick NJ 08723
Owner in Fee: Minutoli e-mail _____
Tel. (973) 487-7183
Address 105 Malmy Drive street municipality zip code 08723
Contractor: TEAM ELECTRIC, INC. Tel. (732) 788-9231
Address 77 PENSION ROAD SUITE 19 e-mail _____
MANALAPAN, NJ 07726
Contractor License No. 12157A
Federal Emp. ID No. 22-3397119 Exp. Date 732 788-9235
FAX: (732) _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Electrical Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
No Plans Required	Date Initial	Type:	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			

Joint Plan Review Required:
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Elec. Plans Approved
Date: 11/18/08
Approved by: [Signature]

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date: _____
Approved by: _____

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy



Date Received
Date Issued
Control #
Permit #

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or 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
[Signature]

Licensed Elec. Contractor ☒ Certified Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY SIZE ITEMS
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

1000
200A

Disconnect

FEE (Office Use Only)

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

UCC/F-120 (REV. 07/05)
Professional Printing
(856) 468-7933



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 1033.28 Lot 8 Qualification Code _____
Work Site Location 105 Malmy Drive
Brick NJ 08723
Owner in Fee: Muntol
Tel. (973) 487-7183 e-mail _____
Address 105 Malmy Drive municipality Brick zip code 08723
Contractor: TEAM ELECTRIC, INC. Tel. (732) 788-9231
Address 77 PERSION ROAD SUITE 19 e-mail _____
MANALAPAN, NJ 07726

Contractor License No. 12157A Exp. Date _____
Federal Emp. ID No. 22-3397119 FAX: (732) 788-9233

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Electrical Work \$ 500

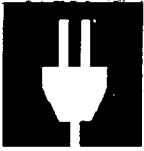
JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
No Plans Required	Date Initial	Type	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			

Joint Plan Review Required:
[] Building [] Plumbing
[] Fire [] Elevator
[] Elec. Plans Approved
Date 11/16/09
Approved by: [Signature]

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

1. White-Inspector copy
2. Canary-Applicant copy
3. Pink-Office Copy
4. White Tag-Office copy



Date Received
Date Issued
Control #
Permit #

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent 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 [] Certified Landscaper/Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

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

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

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

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

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



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 1033.28 Lot 8 Qualification Code _____
Work Site Location 105 Malmy Drive
Brick NJ 08723
Owner in Fee: Mintoli
Tel. (973) 487-7183 e-mail _____
Address 105 Malmy Dr Brick 08723
street municipality zip code
Contractor: TEAM ELECTRIC, INC. Tel. (732) 786-9231
Address 77 PENSION ROAD, SUITE 14 e-mail _____
MANALAPAN, NJ 07703
Contractor License No. 12157A Exp. Date _____
Federal Emp. ID No. 22-3397119 FAX: (732) 725-9235
B. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Electrical Work \$ 5000

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
[] No Plans Required	Type: _____
Joint Plan Review Required:	Rough _____
[] Building [] Plumbing	Barrier-Free _____
[] Fire [] Elevator	Trench _____
[] Elec. Plans Approved	Temp. Serv. _____
Date: <u>10/10/08</u>	Constr. Serv. _____
Approved by: <u>[Signature]</u>	TCO _____
	Other _____
	Service _____
	Final _____
	Barrier-Free _____
SUBCODE APPROVAL	Temp. Cut-in-Card Date Issued _____
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued _____
Date: _____	Annual Pool Inspection _____
Approved by: _____	Date of Grounding and Bonding _____
	Certification _____

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy



Date Received 08-3175
Date Issued 10/20/08
Control # _____
Permit # _____

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 [] Certifd. Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/E.A.C. Panel

Ceiling Fan

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

CKT

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



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 1033.28 Lot 8 Qualification Code _____
Work Site Location 105 Malmy Drive
Brielle NT 08723
Owner in Fee: Minutoli
Tel. (913) 487-7183 e-mail _____
Address 105 Malmy Dr Brielle municipality
Contractor: TEAM ELECTRIC, INC. Tel. (732) 786-9231
Address 77 PENSION ROAD SUITE 19 e-mail _____
MANALAPAN, NJ 07725
Contractor License No. 12157A Exp. Date _____
Federal Emp. ID No. 22-3397119 FAX: (732) 786-9235

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
() Pole/Pad # _____ () Temporary _____ () Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Electrical Work \$ 5000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
() No Plans Required			Type:	Failure	Approval	Initial
Joint Plan Review Required:			Rough			
() Building () Plumbing			Barrier-Free			
() Fire () Elevator			Trench			
() Elec. Plans-Approved			Temp. Serv.			
Date: <u>10/11/08</u>			Constr. Serv.			
Approved by: <u>[Signature]</u>			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			

SUBCODE APPROVAL
() CO () CCO () CA
Date: _____
Approved by: _____

1. White-Inspector copy
2. Canary-Applicant copy
3. Pink- Office Copy
4. White Tag- Office copy



Date Received
Date Issued
Control #
Permit #

08-3175
10/20/08

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.

Michael J. DeBalle

Applicant's Signature/Contractor's Seal and Signature

Licensed Elec. Contractor () Certified Landscape Irrigation Contr'r () Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
4		Lighting Fixtures
3		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/RA C. Panel
		Ceiling Fan

TOTAL NUMBERS

Pool Permit/with UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range/Receptacle	
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FROM: Monica

ATTN: Marcel

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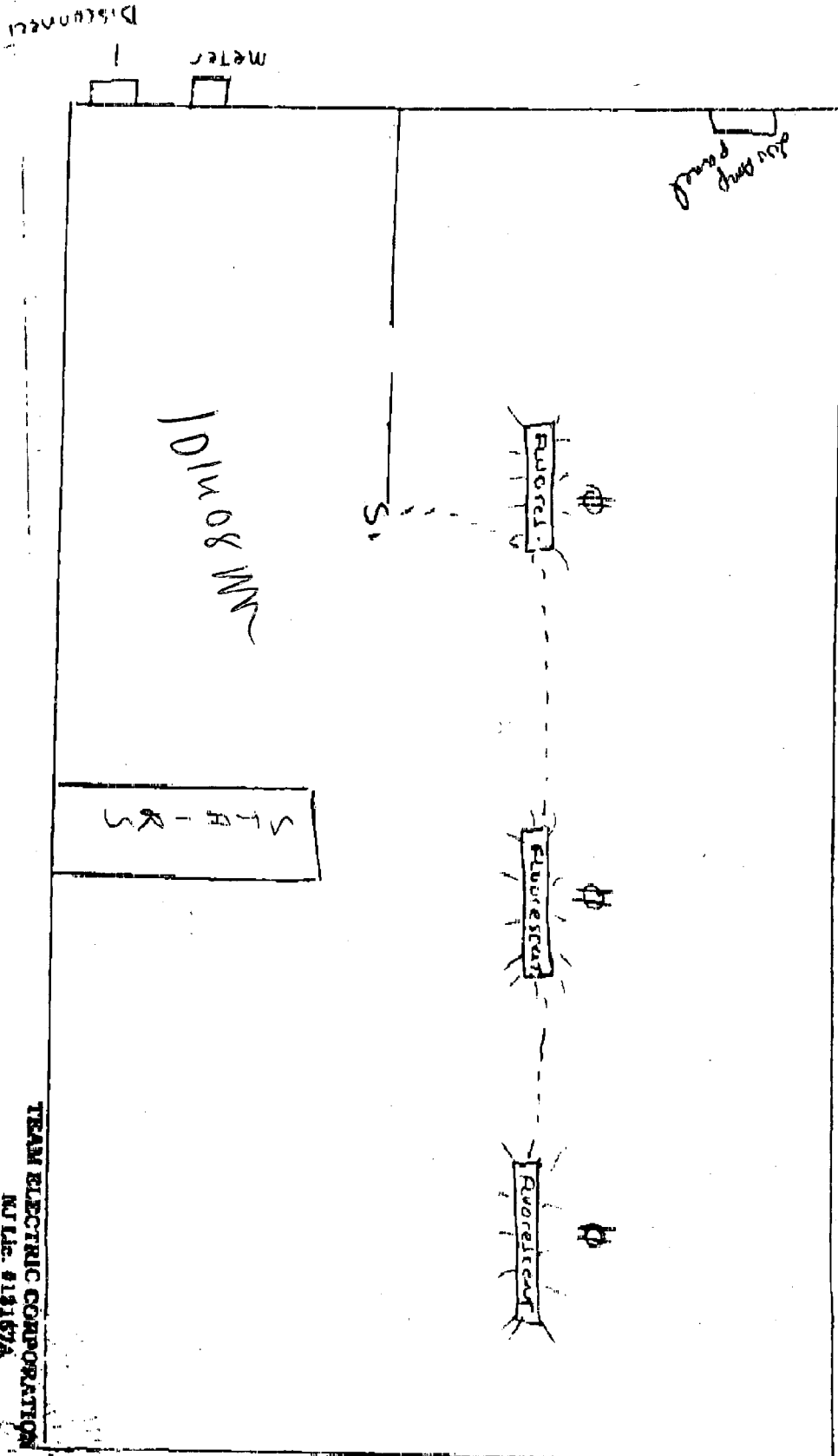
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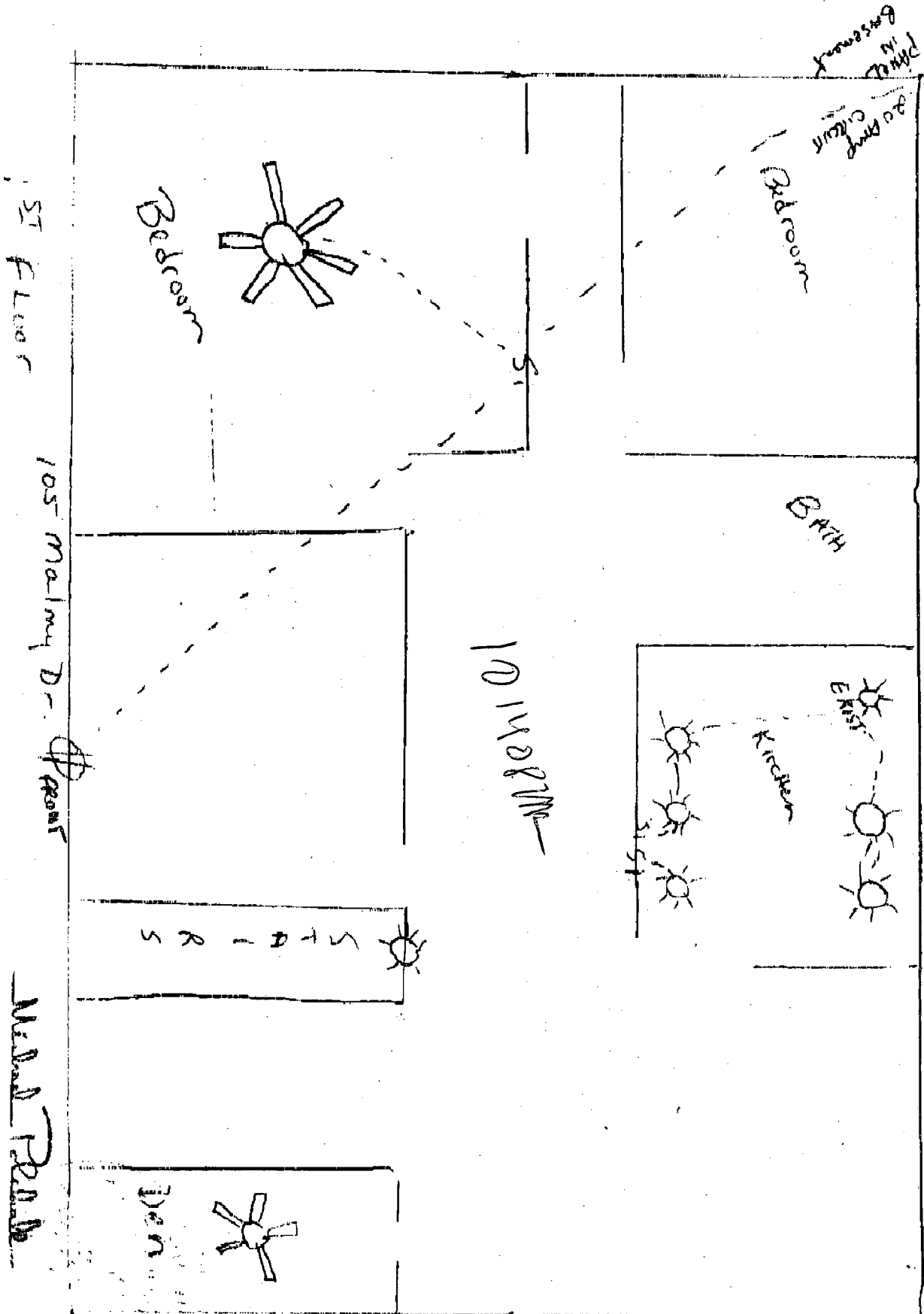


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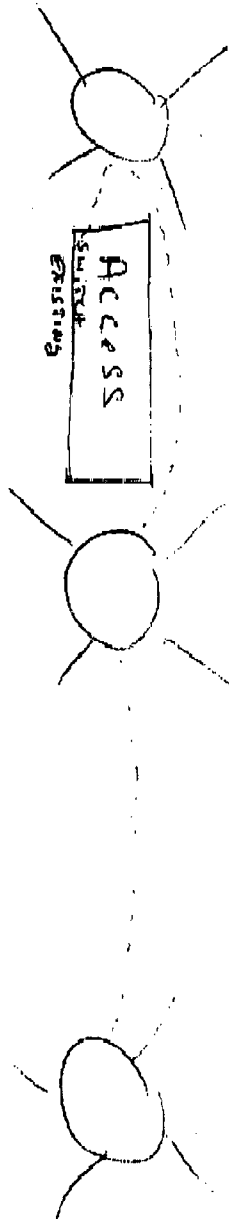
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