Closed

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/19/2008
Control #
Date Issued 9/2/2008
Permit # 08-01473

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

Block 2004 Lot 2 Qualification Code C0404

Work Site Location 804 ORCHARD MEADOWS DR
UNION TWP, NJ 07083

Owner In Fee: WILSON, SHAUNE AND MICHELLE J

Tel. _____ e-mail _____

Address 804 ORCHARD MEADOWS DR, UNION, NJ 07083
street municipality zip code

Contractor: ABSOLUTE CONSTRUCTION Tel. (908) 259-9800

Address 115 E. 11TH AVE. e-mail _____
ROSELLE, NJ 07203

Contractor License No. 11217 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223392751 FAX: (908) 259-9808

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by: _____

[ ] Electric Plans Approved
Date:_____ Approved by: _____

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] 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 _____

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 sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACE GAS FURNACE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		_____	
		TOTAL NUMBERS	$ 36.00
		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
		KW Elec. Range/Receptacle	0.00
		KW Oven/Surface Unit	0.00
		KW Elec. Water Heater	0.00
		KW Elec. Dryer/Receptacle	0.00
		KW Dishwasher	0.00
		HP Garbage Disposal	0.00
		KW Central A/C Unit	0.00
		HP/KW Space Heater/Air Handler	0.00
		KW Baseboard Heat	0.00
		HP Motors 1/+ HP	0.00
		KW Transformer/Generator	0.00
		AMP Service	0.00
		AMP Subpanels	0.00
		AMP Motor Control Center	0.00
		KW Elec. Sign/Outline Light	0.00
		_____	0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 56.00
State Permit Surcharge Fee	$ 0.00
TOTAL FEE	$ 56.00

U.C.C. F120 (rev. 01/21)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Closed

Date Received 8/19/2008
Control #

Date Issued 9/2/2008
Permit # 08-01473

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

Block 2004 Lot 2 Qualification Code C0404

Work Site Location 804 ORCHARD MEADOWS DR
UNION TWP, NJ 07083

Owner in Fee: WILSON, SHAUNE AND MICHELLE J

Tel. _____ e-mail _____

Address 804 ORCHARD MEADOWS DR, UNION, NJ 07083
street municipality zip code

Contractor: ABSOLUTE CONSTRUCTION Tel. (908) 259-9800

Address 115 E. 11TH AVE. e-mail _____
ROSELLE, NJ 07203

Contractor License No. 11217 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223392751 FAX: (908) 259-9808

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by:_____
[ ] Plumbing Plans Approved
Date:_____ Approved by:_____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] 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				
Final				

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 sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE GAS FURNACE AND AC

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	$ 0.00
0	Urinal/Bidet	0.00
0	Bath Tub	0.00
0	Lavatory	0.00
0	Shower	0.00
0	Floor Drain	0.00
0	Sink	0.00
0	Dishwasher	0.00
0	Drinking Fountain	0.00
0	Washing Machine	0.00
0	Hose Bibb	0.00
0	Water Heater	0.00
0	Fuel Oil Piping	0.00
0	Gas Piping	0.00
0	LPGas Tank	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Sewer Pump	0.00
0	Interceptor/Separator	0.00
0	Backflow Preventer	0.00
0	Greasetrap	0.00
0	Sewer Connection	0.00
0	Water Service Connection	0.00
0	Stacks _____	0.00
2	Other SEE BELOW	35.00

Other Fixtures; WARM AIR FURNACES AND HVAC

Administrative Surcharge	$	0.00
Minimum Fee	$	35.00
State Permit Surcharge Fee	$	0.00
TOTAL FEE	$	35.00

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