



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 11 Marina Ky, SECAUCUS NJ 07094

2. Name of Owner in Fee: Priyank Dsh Pradhan & Sudeshna Sahoo
 Tel. (201) 850-9621 e-mail _____
 Address same

3. Ownership in Fee: Public Private Residential zip code

4. Principal Contractor: High End Electric LLC Tel. (973) 569-4513
 Address 183 Grand Street e-mail _____
Paterson NJ 07501

License No. OR, if new home, Builder Reg. No. 15408 Exp. Date 3/31/18

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

Federal Emp. ID No. 264012196 FAX: (973) 569-1102

5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun Javier Molina
 Tel. (973) 980-9060 FAX: () _____

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$		
2. Electrical	\$	<u>103</u>	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$	<u>2</u>	
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	<u>105</u>	

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 _____

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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☒ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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 _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

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/Standpipes

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LPGas Tanks

12. ☐ Fire Alarm

CLOSED FILE



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(f)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 J. Molinar Date 4/8/2016

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 Javier Molinar
Address 183 Grand st
Paterson NJ 07501
Telephone (973) 980-9060
Signature J. Molinar

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

OFFICE DATE RECEIVED: 4.8-16

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)	
Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWN OF SECAUCUS
CONSTRUCTION CODE DEPT.
201-330-2027

Date Issued 07/12/16
Control #
Permit # 16-229

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 21 Lot 9 Qual
Work Site Location 11 MARINA KEY

Owner in Fee/Occupant PRADHAN PRIYANTOSH
Address 11 MARINA KEY
SECAUCUS, NJ 07094-

Telephone (201) 850-9621
Contractor HIGH END ELECTRIC
Address 183 GRAND STREET
PATERSON, NJ 07510-

Telephone (973) 569-4513 Fax () -
Lic. No. or Bldrs. Reg. No. 15408
Federal Emp. No. 26-4012196

[] 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.

[X] 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.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than , or the owner will be subject to fine or order to vacate:

Home Warranty No.
[] State [] Private
Use Group R-2
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

KITCHEN REMODELING AND ELECTRICAL WORK

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[] 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 , .

Fee \$ 0
Paid [X] Check No. Cash
Collected by: NK

Construction Official

U.C.C. F260 (rev. 3/96)

TOWN OF SECAUCUS
CONSTRUCTION CODE DEPT.
201-330-2027

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/03/16
Date Issued 05/09/16
Control #
Permit # 16-229+A

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

Block 21 Lot 9 Qual
Work Site Location 11 MARINA KEY

Owner in Fee PRADHAN PRIYANTOSH
Address 11 MARINA KEY

SECAUCUS, NJ 07094-
Tele. (201) 850-9621

Contractor J.B.H. CONSTRUCTION LLC
Address 106 MARSHALL AVENUE, APT. 8

LITTLE FERRY, NJ 07643-
Tele. (201) 658-7554 Fax () -

Lic. No. or Bldrs. Reg. No. 13VH08356200
Federal Emp. No. 47-2185442

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

KITCHEN REMODELING TO INCLUDE REMOVING AN 8' NON LOAD BEARING WALL, A
PARTIAL 36" NON LOADING BEARING WALL AND BUILD A 20" NON LOAD BEARING
WALL BETWEEN THE KITCHEN AND DINING ROOM

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		TYPE OF WORK		FEE (Office Use Only)	
PLAN REVIEW	Date Initial	Type:	Failure	Approval	Initial			\$	
☐ No Plans Req		Footings				☐ New Building			0
☐ All		Footings Bond				☐ Addition			0
☐ Foot/Foundation		Foundation				☒ Rehabilitation			184
☐ Struct/Frame		Slab				☐ Roofing			0
☐ Exterior		Frame				☐ Siding			0
☐ Interior		Truss/Brac				☐ Fence	0	Height (exceeds 6')	0
Joint Plan Review Required:		Barrier/Free				☐ Sign	0	Sq. Ft.	0
☐ Elect ☐ Plumb ☐ Fire		Insulation				☐ Pool - Above Ground			0
SUBCODE APPR - PERM ☐ Elev		Finishes-Bas				☐ Pool - In Ground			0
Date:		Finishes-Fin				☐ Asbestos Abatement Subchapter 8			0
Approved By:		Energy				☐ Lead Haz. Abatement NJAC 5:17			0
SUBCODE APPR - CERTIF		Mechanical				☐ Other			0
☐ CO ☐ CCO ☐ CA		TCO				Other			0
Date:		Other				Other			0
Approved By:		Final				☐ Demolition			0
		Barrier/Free							

B. BUILDING CHARACTERISTICS

Use Group Present R-2 Proposed R-2
Constr. Class Present Proposed
No. of Stories 0 0 Ft.
Height of Structure 0 0 Sq. Ft.
Area Largest Floor 0 0 Sq. Ft.
New Bldg. Area/All Floors 0 0 Sq. Ft.
Volume of New Structure 0 0 Cu. Ft.
Total Land Area Disturbed 0 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0
2. Alteration \$ 9,200
3. Total (1+2) \$ 9,200

Industrialized Building:

☐ State Approved
☐ HUD

Paid ☒ Check # 1004
Collected by: NK
Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 184
State Permit Surcharge Fee \$ 17



BUILDING 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 2 Lot 9 Qualification Code _____
Work Site Location: 11 MARINA KEY SECANUS, NJ. 07094.

Owner in Fee: PRADHAN PRINATOSH
Tel. (201) 850 9621 e-mail PRINATOSH44@GMAIL.COM.

Address 11 MARINA KEY SECABUS NJ 07094

Contractor: JBH CONSTRUCTION LLC Tel. (201) 688-1337
Address 100 MARSHALL AVE # 3 e-mail JBHCONSTRUCTIONLLC@GMAIL.COM

LITTLE FERRY NJ. / BHC CONSTRUCTION LLC HOTMAIL.COM.
Contractor License No. 13YH08356200 Exp. Date 3-31-2017

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 4732 18 4432
Federal Emp. ID No. 4732 18 4432
FAX: ()

JOB SUMMARY (Office Use Only)

PLAN/REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date	Initial	Type	Failure	Approval
[]	1/1	---	---	---	---
[]	No Plans Required				

☐	☐	All	
☐	☐	Footings	
☐	☐	Footings/Bonding	
☐	☐	Foundation	
☐	☐	Footings/Foundations	

[illegible]

Joint Plan Review Required:

_____	_____	_____	_____	_____	_____
☐ Interior	☐	☐	☐	☐	☐
Truss Sys/Bracing	_____	_____	_____	_____	_____
Barrier-Free	_____	_____	_____	_____	_____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator
 Insulation
 Finishes-Base Layer
 SUBCODE APPROVAL FOR PERMIT

Date: _____
Approved by: _____

Finishes - Final
Energy:

SUBCODE APPROVAL for CERTIFICATE

I	I	CO	I	I	CCO	I	I	CA
Mechanical								
TCO								

Date: _____

Approved by:

Final

Other

Other

Barrier-Free		Class Present		Proposed	
1	2	3	4	5	6

Use Group Present _____ Proposed _____
 No. of Stories _____
 If Industrialized Building:
 Const. Class Present _____ Proposed _____
 Const. Assessed _____

Area — Largest Floor _____ sq. ft.
Height of Structure _____ ft.
945 sq. ft.
State Approved _____
Est. Cost of Bldg. Work: _____

1. New Bldg.	sq. ft.	\$	1200
2. Rehabilitation	cu. ft.	\$	2700
Volume of New Structure			327450
New Bldg. Area/All Floors			

Max. Live Load 20/10 psf
Max. Occupancy Load 30/40 psf
3. Total (1+2) \$3,000
U.C.C. F110 (rev. 12/07)

U.C.C. F110
(rev. 12/07)

1

Date Received 5-3-16
 Control # 0214-245
 Date Issued 5-9-16
 Permit # 16-229+A

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove 8' Non-load bearing wall.
Remove a partial non-load bearing wall 36"
Approx.
Build 20" Non-load bearing wall parallel 20
in. wall. (Kitchen - Dining Area).
Update Kitchen Cabinets

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool _____
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FREE (Office Use Only)

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

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

TOWN OF SECAUCUS
CONSTRUCTION CODE DEPT.
201-330-2027

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/08/16
Date Issued 04/13/16
Control #
Permit # 16-229

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

Block 21 Lot 9 Qual Work Site Location 11 MARINA KEY

Owner in Fee PRADHAN PRIYANTOSH
Address 11 MARINA KEY

SECAUCUS, NJ 07094-
Tele. (201) 850-9621

Contractor HIGH END ELECTRIC
Address 183 GRAND STREET

PATERSON, NJ 07510-
Tele. (973) 569-4513 Fax () -

Lic. No. or Bldrs. Reg. No. 15408
Federal Emp. No. 26-4012196

B. ELECTRICAL CHARACTERISTICS

Use Group -Present R-2 Proposed R-2
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 1,000

JOB SUMMARY (Office Use Only) INSPECTIONS Dates (Month/Day)
PLAN REVIEW Type Failure Approval Initial
[] No Plans Required Rough 5/3/16
[] Partial -Underslab Util Appr BarrierFr 5/13/16
Date: Appr by: Trench
[] Elect Plans Approved Temp Serv
Date: Appr by: Const Serv
Joint Plan Review Required: TCO
[] Build [] Plumb [] Fire
SUBCODE APPR - PERM [] Elev
Date: Appr by: Final 7/13/16
SUBCODE APPR - CERTIF BarrierFr
[] CO [] CCO [] CA
Date: 7/12/16 Appr by: Final Cut-in-Card Date Issued
AnnPoolIns
Date of Gnd/Bond 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.

Signature/Contractor Seal
[] Licensed Elect Contr [] Certif Landscape Irrig Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

ITEM	NO.	SIZE
Lighting Fixtures	18	
Receptacles	0	
Switches	0	
Detectors	0	
Light Poles	0	
Motors-Fract HP	0	
Emergency & Exit Lights	0	
Communications Points	0	
Alarm Devices/F.A.C. Panel	0	
TOTAL NUMBERS	18	45
Pool Permit/with UW Lights	0	0
Storable Pool/Spa/Hot Tub	0	0
KW Elect Range/Receptacle	0	0
KW Oven/Surface Unit	0	0
KW Elect Water Heater	0	0
KW Elect Dryer/Receptacle	0	0
KW Dishwasher	0	0
HP Garbage Disposal	0	0
KW Central A/C Unit	0	0
HP/KW Space Heater/Air Handler	0	0
Baseboard Heat	0	0
HP Motors 1/+ HP	0	0
KW Transformer/Generator	0	0
AMP Service	0	0
AMP Subpanels	1	100
AMP Motor Control Center	0	0
KW Elect Sign/Outline Light	0	0
Other		0
Other		0
Other		0

Administrative Surcharge \$ 0
Paid K] Check # Cash Minimum Fee \$ 0
Collected by: NK TOTAL FEE \$ 103
DCA State Permit Fee \$ 2

5/3/16 - ROUGH: RECESSED H-HATS in Kitchen & Bedroom need to
BE FINE RATED. S

5/13/16 - ROUGH: RECESSED LIGHTS was omitted from scope of work
Residual Surgeon Fixtures were installed instead. S



ELECTRICAL SUBCODE TECHNICAL SECTION

Block 21 Lot 9 Qualification Code C0011
Work Site Location 11 Marina KY SECaucus NJ 07094

Owner in Fee: Priyatosh Pradhan & Sudeshna Sahoo
Tel. (201) 850-9621 e-mail priyatosh.p@gmail.com

Address Same street municipality zip code
Contractor: High End Electric LLC Tel. (973) 569-4513
Address 183 Grand Street e-mail office@highendelectric.com
Paterson, NJ 07501

Contractor License No. 15408 Exp. Date 3/31/2018
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal/Employer ID No. 264012196 FAX: (973) 569-1102

Use Group _____ Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
 Building Occupied as One Family Residence Utility Co. _____
 Est. Cost of Elec. Work \$ 1,000.00

JOB SUMMARY (Office Use Only)		INSPCTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval / Initial
☒ No Plans Required		Rough			
☐ Partial Under-slab Utilities Approved		Barrier-Free			
Date: <u>7/8/16</u> Approved by: 		Trench			
☐ Electric 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: _____		Final			
Approved by: _____		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		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			

To reorder call: ALLEGRA
Marketing • Print • Mail
(609) 390-1400

Date Received	Control #	Date Issued	Permit #
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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 Elec. Contractor ☐ Certifd Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

D. TECHNICAL SITE DATA²⁶

DESCRIPTION OF WORK: install 18 HH (light)
change one sub-panel normalization kit, the wiring

QTY	SIZE	ITEMS	FEE (Office Use Only)
10		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	
1	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

TOWN OF SECAUCUS
CONSTRUCTION CODE DEPT.
201-330-2027

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/17/16
Date Issued 05/17/16
Control #
Permit # 16-229+B

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

Block 21 Lot 9 Qual
Work Site Location 11 MARINA KEY

Owner in Fee PRADHAN PRIYANTOSH
Address 11 MARINA KEY

SECAUCUS, NJ 07094-
Tele. (201) 850-9621

Contractor HIGH END ELECTRIC
Address 183 GRAND STREET

PATERSON, NJ 07510-
Tele. (973) 569-4513 Fax () -

Lic. No. or Bldrs. Reg. No. 15408
Federal Emp. No. 26-4012196

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-2 Proposed R-2
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 400

JOB SUMMARY (Office Use Only) INSPECTIONS Dates (Month/Day)

PLAN REVIEW Type Failure Approval Initial
[] No. Plans Required Rough
[] Partial -Underslab Util Appr BarrierFr
Date: Appr by: Trench
[] Elect Plans Approved Temp Serv
Date: Appr by: Const Serv
Joint Plan Review Required: TCO
[] Build [] Plumb [] Fire Other
SUBCODE APPR - PERM [] Elev Service
Date: Appr by: Final
SUBCODE APPR - CERTIF BarrierFr
[] CO [] CCO CA Temp. Cut-in-Card Date Issued
Date: 7/1/16 Appr by: Final Cut-in-Card Date Issued
AnnPoolIns
Date of Gnd/Bond 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.

Signature/Contractor Seal

[] Licensed Elect Contr [] Certif Landscape Irrig Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
1		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
4		TOTAL NUMBERS	45
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0
		Other	0

Paid [X] Check # Cash Administrative Surcharge \$ 0
Collected by: DO Minimum Fee \$ 13
TOTAL FEE \$ 58
DCA State Permit Fee \$ 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 21 Lot 9 Qualification Code _____
Work Site Location 11 Marina Key
Owner in Fee: Secaucus NJ 07094
Pradhan Priyanta Tosh
Tel. (201) 850-9621 e-mail _____
Address Same Municipality _____ Zip code _____

Contractor: High End Electric LLC Tel. (973) 569-4513
Address 183 Grand Street e-mail office@highendelectric.com
Contractor License No. 15408 Exp. Date 3/31/2018
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 264012196 FAX: (973) 569-1102

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 400-00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type	Failure	Approval	Initial	
☒ No Plans Required	Rough				
☐ Partial Underslab Utilities Approved	Barrier-Free				
Date: <u>3/1/18</u> Approved by: <u>[Signature]</u>	Trench				
☐ Electric 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: _____	Final				
Approved by: _____	Barrier-Free				
Temp. Cut-in-Card Date Issued					
SUBCODE APPROVAL for CERTIFICATE		Final Cut-in-Card Date Issued			
☐ CO ☐ CCO ☐ CA	Annual Pool Inspection				
Date: _____	Date of Grounding and Bonding				
Approved by: _____	Certification				

up date

Date Received CR 16-11
Control # 16-2294B
Date Issued _____
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 sign/Contractor sign and seal here: _____

Print name here: Rosario Simeroz

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: RELOCATED OUTLETS AND SWITCHES.

QTY.	SIZE	ITEMS	FEE (Office/Use Only)
1		Lighting Fixtures	
3		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 \$

To reorder call: ALLEGRA
Marketing - Print - Mail
(609) 390-1400

TOWN OF SECAUCUS
CONSTRUCTION CODE DEPT.
201-330-2027

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/03/16
Date Issued 05/09/16
Control #
Permit # 16-229+A

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

Block 21 Lot 9 Qual
Work Site Location 11 MARINA KEY
Owner in Fee PRADHAN PRIYANTOSH
Address 11 MARINA KEY
SECAUCUS, NJ 07094-
Tele. (201) 850-9621
Contractor AMEDIO PAGANO
Address 505 W. BROADWAY
PATERSON, NJ 07522-
Tele. (862) 824-0469 Fax () -
Lic. No. or Bldrs. Reg. No. 5327
Federal Emp. No. -

B. PLUMBING CHARACTERISTICS

Use Group - Present R-2 Proposed R-2
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 350

JOB SUMMARY (Office Use Only) INSPECTIONS Dates (Month/Day)
PLAN REVIEW Type Failure Failure Approval Initial
[] No Plans Required Slab
[] Partial -Underslab Util Appr Rough
Date: Appr by: 5/16/16
[] Plumb Plans Approved Sewer
Date: Appr by:
Joint Plan Review Required: Fixtures
[] Build [] Elect [] Fire Gas Equip
SUBCODE APPR - PERM [] Elev LPGas Tank
Date: Appr by:
SUBCODE APPR - CERTIE FuelOil Pip
[] CO [] CCO [] CA Solar
Date: 7-5-16 Appr by: 7/5/16 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.

Signature/Contractor Seal

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
1	Sink	20
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bibb	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other	0
0	Other	0
0	Other	0

Paid [X] Check # 1004 Administrative Surcharge \$ 0
Minimum Fee \$ 38
Collected by: NK TOTAL FEE \$ 58
DCA State Permit Fee \$ 1



PLUMBING 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 51 Lot 9 Qualification Code 07094
Work Site Location 18 MARINA KEY SECARUS, NJ 07094

Owner in Fee: PRADHAN PRYATOSK
Tel. (201) 8509621 e-mail _____

Address street municipally zip code
Contractor: Americo Pacaro Tel. (800) 844-0469
Address 500 W. BROADWAY e-mail _____
PARSON, N.J. 07520
Contractor License No. 05327 Exp. Date 6/30/17

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

Federal Emp. ID No. 05327
B. PLUMBING CHARACTERISTICS
Use Group Present 11 Proposed _____
Building Sewer Size 4 1/2" Public Sewer ✓ Private Septic _____
Water Service Size 1" Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 350

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type	Slab	Rough	Failure	Approval
☐ No Plans Required	☐ Partial	☐ Partial	☐ Partial	☐ Partial	☐ Partial
Date: _____	Approved by: _____	Date: _____	Approved by: _____	Date: _____	Approved by: _____
☐ Plumbing Plans Approved	☐ Plumbing Plans Approved	☐ Plumbing Plans Approved	☐ Plumbing Plans Approved	☐ Plumbing Plans Approved	☐ Plumbing Plans Approved
Date: _____	Approved by: _____	Date: _____	Approved by: _____	Date: _____	Approved by: _____
☐ Joint Plan Review Required	☐ Joint Plan Review Required	☐ Joint Plan Review Required	☐ Joint Plan Review Required	☐ Joint Plan Review Required	☐ Joint Plan Review Required
Date: _____	Approved by: _____	Date: _____	Approved by: _____	Date: _____	Approved by: _____
☐ SUBCODE APPROVAL FOR PERMIT	☐ SUBCODE APPROVAL FOR PERMIT	☐ SUBCODE APPROVAL FOR PERMIT	☐ SUBCODE APPROVAL FOR PERMIT	☐ SUBCODE APPROVAL FOR PERMIT	☐ SUBCODE APPROVAL FOR PERMIT
Date: _____	Approved by: _____	Date: _____	Approved by: _____	Date: _____	Approved by: _____
☐ SUBCODE APPROVAL FOR CERTIFICATE	☐ SUBCODE APPROVAL FOR CERTIFICATE	☐ SUBCODE APPROVAL FOR CERTIFICATE	☐ SUBCODE APPROVAL FOR CERTIFICATE	☐ SUBCODE APPROVAL FOR CERTIFICATE	☐ SUBCODE APPROVAL FOR CERTIFICATE
Date: _____	Approved by: _____	Date: _____	Approved by: _____	Date: _____	Approved by: _____

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.
Americo Pacaro
Applicant's Signature/Contractor's Seal and Signature
[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace kitchen plumbing fixtures

QTY. FIXTURE/EQUIPMENT

Water Closet	_____
Urinal/Bidet	_____
Bath Tub	_____
Lavatory	_____
Shower	_____
Floor Drain	_____
Sink	<u>1</u>
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bibb	_____
Water Heater	_____
Fuel Oil Piping	_____
Gas Piping	_____
LP Gas Tank	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Sewer Connection	_____
Water Service Connection	_____
Stacks	_____
Other	_____
Other	_____

FEE (Office Use Only)
\$ _____

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

Date Received 5-3-16
Control # 16-245
Date Issued 5-9-16
Permit # 16-229+A

TOWN OF SECAUCUS
CONSTRUCTION CODE DEPT.
201-330-2027

Date Issued 04/13/16
Control #
Permit # 16-229

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 21 Lot 9 Qual _____

Work Site Location 11 MARINA KEY Contractor HIGH END ELECTRIC
Address 183 GRAND STREET

Owner in Fee PRADHAN PRIYANTOSH Telephone (973) 569-4513
Address 11 MARINA KEY Lic. No. or Bldrs. Reg. No. 15408
SECAUCUS, NJ 07094- Federal Emp. No. 26-4012196
Telephone (201) 850-9621

I am 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:

REPLACE THE EXISTING 100AMP SUBPANEL AND INSTALL HIGH HAT LIGHTING
FIXTURES

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 \$ 1,000

Construction Official

04/13/16
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	103
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	105
Check No.	
Cash	X
Collected By	NK

TOWN OF SECAUCUS
CONSTRUCTION CODE DEPT.
201-330-2027

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/08/16
Date Issued 04/13/16
Control #
Permit # 16-229

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

Block 21 Lot 9 Qual Work Site Location 11 MARINA KEY

Owner in Fee PRADHAN PRIYANTOSH
Address 11 MARINA KEY

SECAUCUS, NJ 07094-
Tele. (201) 850-9621

Contractor HIGH END ELECTRIC
Address 183 GRAND STREET

PATERSON, NJ 07510-
Tele. (973) 569-4513 Fax () -

Lic. No. or Bldrs. Reg. No. 15408
Federal Emp. No. 26-4012196

B. ELECTRICAL CHARACTERISTICS

Use Group -Present R-2 Proposed R-2
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 1,000

JOB SUMMARY (Office Use Only) INSPECTIONS Dates (Month/Day)

PLAN REVIEW
[] No Plans Required
[] Partial -Underslab Util Appr BarrierFr
Date: Appr by:
[] Elect Plans Approved
Date: Appr by:
Joint Plan Review Required:
[] Build [] Plumb [] Fire
SUBCODE APPR - PERM [] Elev
Date: Appr by:
SUBCODE APPR - CERTIF
[] CO [] CCO [] CA
Date: Appr by:
AnnPoolIns
Date of Gnd/Bond 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.

Signature/Contractor Seal

[] Licensed Elect Contr [] Certif Landscape Irrig Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

ITEM	NO.	SIZE	FEE (Office Use Only)
Lighting Fixtures	18		
Receptacles	0		
Switches	0		
Detectors	0		
Light Poles	0		
Motors-Fract HP	0		
Emergency & Exit Lights	0		
Communications Points	0		
Alarm Devices/F.A.C. Panel	0		
TOTAL NUMBERS	18		45
Pool Permit/with UW Lights	0		0
Storable Pool/Spa/Hot Tub	0		0
KW Elect Range/Receptacle	0	0	0
KW Oven/Surface Unit	0	0	0
KW Elect Water Heater	0	0	0
KW Elect Dryer/Receptacle	0	0	0
KW Dishwasher	0	0	0
HP Garbage Disposal	0	0	0
KW Central A/C Unit	0	0	0
HP/KW Space Heater/Air Handler	0	0	0
Baseboard Heat	0	0	0
HP Motors 1/+ HP	0	0	0
KW Transformer/Generator	0	0	0
AMP Service	0	0	0
AMP Subpanels	1	100	58
AMP Motor Control Center	0	0	0
KW Elect Sign/Outline Light	0	0	0
Other			0
Other			0
Other			0

Administrative Surcharge \$ 0
Paid [X] Check # Cash Minimum Fee \$ 0
Collected by: NK TOTAL FEE \$ 103
DCA State Permit Fee \$ 2



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 11 Marina Key Securus, N.J. 07094

2. Name of Owner in Fee: PEADOTAN PRIVATOSIT

Tel. (201) 850 9621 e-mail _____

Address 11 MARINA KEY SECURUS, N.J. 07094 zip code _____

3. Ownership in Fee: _____

4. Principal Contractor: 18th CONSTRUCTION LLC Tel. (201) 6587554

Address 106 MARSHALL AVE. #8 UNIFORMITY, N.J.

WWW.BHCONSTRUCTIONLLC.COM

License No. OR, if new home, Builder Reg. No. 13VH08356200 Exp. Date 03/31/2017

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

Federal Emp. ID No. 472185442 FAX: (_____) _____

5. Architect or Engineer ANDREW DODSHERZNIK Contact 908 279 1002

Address 11 HIGH POINT DRIVE SPENGLER, NJ e-mail _____

Tel. (908) 279 1002 FAX: (908) 279 6007

6. Responsible Person in Charge once Work has Begun MARLON BAILEY

FAX: (_____) _____

IIa. PROPOSED WORK

☐ Minor Work

☐ Repair

☐ Asbestos Abat. -Subch. 8

☐ New Building

☐ Alteration

☐ Lead Hazard Abatement

☐ Addition

☐ Renovation

☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

☒ Building

☐ Electrical

☐ Plumbing

☐ Fire Protection

☐ Elevator

TOTAL COST _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/

2. ☐ Dumbwaiters/Moving Walks

3. ☐ High Pressure Boilers

4. ☐ Refrigeration Systems

5. ☐ Cross-Connections/Backflow Preventers

6. ☐ Hazardous Uses/Places of Assembly

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

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 _____

VI. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ 184	
2. Electrical		
3. Plumbing	\$ 58	
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$ 18	
9. State Permit Surcharge Fee	\$	
10. Subtotal		
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ 260	

VII. 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. 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 _____	

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(f)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 JHB CONSTRUCTION LLC

Address 106 MARSHALL AVE #8 LITTLE FERRY, NJ 07643

Telephone (201) 858 7554

Signature Maureen Poirier

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

OFFICE DATE RECEIVED: _____

5-3-16

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	Other _____
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWN OF SECAUCUS
CONSTRUCTION CODE DEPT.
201-330-2027

Update Issued 05/17/16
Control #
Permit # 16-229+B
Permit Issued 04/13/16

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 21 Lot 9 Qual

Work Site Location 11 MARINA KEY Contractor HIGH END ELECTRIC
Address 183 GRAND STREET

Owner in Fee PRADHAN PRIYANTOSH PATERSON, NJ 07510-
Address 11 MARINA KEY Telephone (973) 569-4513
SECAUCUS, NJ 07094-
Telephone (201) 850-9621 Lic. No. or Bldrs. Reg. No. 15408
Federal Emp. No. 26-4012196

I am 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:
RELOCATE OUTLETS AND SWITCHES

Estimated Cost of Work \$ 400

Construction Official

05/17/16
Date

U.C.C. F130 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	<u>0</u>
Electrical	<u>58</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices	<u>0</u>
Other	<u> </u>
DCA State Permit Fee	<u>1</u>
Cert. of Occupancy	<u>0</u>
Other	<u> </u>
Total	<u>59</u>
Check No.	<u> </u>
Cash	<u>X</u>
Collected By	<u>DO</u>

TOWN OF SECAUCUS
CONSTRUCTION CODE DEPT.
201-330-2027

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/17/16
Date Issued 05/17/16
Control #
Permit # 16-229+B

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE, DO UTILITY DIG NO: 1-800-272-1000

Block 21 Lot 9

Work Site Location 11 MARINA KEY

Owner in Fee PRADHAN PRYANTOSH

Address 11 MARINA KEY

SECAUCUS, NJ 07094-

Tele. (201) 850-9621

Contractor HIGH END ELECTRIC

Address 183 GRAND STREET

PATERSON, NJ 07510-

Tele. (973) 569-4513 Fax () -

I.C. No. or Bldgs. Reg. No. 15408

Federal Emp. No. 26-4012196

B. ELECTRICAL CHARACTERISTICS

Use Group -Present R-2 Proposed R-2

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW INSPECTIONS

[] No Plans Required

[] Partial -Underslab Util Appr

Date: Appr by:

[] Elect Plans Approved

Date: Appr by:

Joint Plan Review Required:

[] Build [] Plumb [] Fire

SUBCODE APPR - PERM [] Elev

Date: Appr by:

SUBCODE APPR - CERTIF

[] CO [] CCO [] CA

Date: Appr by:

AnnPoolIns Date of Gnd/Bond 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.

Signature/Contractor Seal

[] Licensed Elect Contr [] Certif Landscape Irrig Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

NO. SIZE

0

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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 UV Lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

HP Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elect Sign/Outline Light

Other

Other

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FEE (Office Use Only)

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TOWN OF SECAUCUS
CONSTRUCTION CODE DEPT.
201-330-2027

Update Issued 05/09/16
Control #
Permit # 16-229+A
Permit Issued 04/13/16

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 21 Lot 9 Qual
Work Site Location 11 MARINA KEY
Owner in Fee PRADHAN PRIYANTOSH
Address 11 MARINA KEY
SECAUCUS, NJ 07094-
Telephone (201) 850-9621
Contractor J.B.H. CONSTRUCTION LLC
Address 106 MARSHALL AVENUE, APT. 8
LITTLE FERRY, NJ 07643-
Telephone (201) 658-7554
Lic. No. or Bldrs. Reg. No. 13VH08356200
Federal Emp. No. 47-2185442

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

KITCHEN REMODELING TO INCLUDE REMOVING AN 8' NON LOAD BEARING WALL, A
PARTIAL 36" NON LOADING BEARING WALL AND BUILD A 20" NON LOAD BEARING
WALL BETWEEN THE KITCHEN AND DINING ROOM

Estimated Cost of Work \$ 9,550

Construction Official

05/09/16
Date

U.C.C. F190 (rev. 3/96)

PAYMENTS (Office Use Only)
Building 184
Electrical 0
Plumbing 58
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 18
Cert. of Occupancy 0
Other
Total 260
Check No. 1004
Cash
Collected By NK

TOWN OF SECAUCUS
CONSTRUCTION CODE DEPT.
201-330-2027

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/03/16
Date Issued 05/09/16
Control #
Permit # 16-229+A

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

Block 21 Lot 9 Sublot 9
Work Site Location 11 MARINA KEY

Owner in Fee PRADHAN PRIYANTOSH

Address 11 MARINA KEY

SECAUCUS, NJ 07094-

Tele. (201) 850-9621

Contractor J.B.H. CONSTRUCTION LLC

Address 106 MARSHALL AVENUE, APT. 8

LITTLE FERRY, NJ 07643-

Tele. (201) 658-7554 Fax () -

I.C. No. or Bldgs. Reg. No. 13VH08356200

Federal Emp. No. 47-2185442

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[] No Plans Req

[] All

[] Foot/Foundation

[] Struct/Frame

[] Exterior

[] Interior

Joint Plan Review Required:

[] Elect [] Plumb [] Fire

SUBCODE APPR - PERM [] Elev

Date:

Approved By:

SUBCODE APPR - CERTIF

[] CO [] CCO [] CA

Date:

Approved By:

BarrierFree

B. BUILDING CHARACTERISTICS

Use Group Present R-2 Proposed R-2

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Dates (Month/Day)

Failure Approval Initial

[] New Building

[] Addition

[X] Rehabilitation

[] Roofing

[] Siding

[] Fence 0 Height (exceeds 6')

[] Sign 0 Sq. Ft.

[] Pool - Above Ground

[] Pool - In Ground

[] Asbestos Abatement Subchapter 8

[] Lead Haz. Abatement NJAC 5:17

[] Other

Other

Other

[] Demolition

BarrierFree

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 9,200

3. Total (1+2) \$ 9,200

Paid [X] Check # 1004

Administrative Surcharge \$ 0

Minimum Fee \$ 0

Collected by: NK

State Permit Surcharge Fee \$ 17

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

KITCHEN REMODELING TO INCLUDE REMOVING AN 8' NON LOAD BEARING WALL, A PARTIAL 36" NON LOADING BEARING WALL AND BUILD A 20" NON LOAD BEARING WALL BETWEEN THE KITCHEN AND DINING ROOM

FEE (Office Use Only)

\$ 0

0

184

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184

17

TOWN OF SECAUCUS
CONSTRUCTION CODE DEPT.
201-330-2027

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/03/16
Date Issued 05/09/16
Control #
Permit # 16-229+A

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

Block 21 Lot 9 Qual

Work Site Location 11 MARINA KEY

Owner in Fee PRADHAN PRIYANTOSH

Address 11 MARINA KEY

SECAUCUS, NJ 07094-

Tele. (201) 850-9621

Contractor AMEDIO PAGANO

Address 505 W. BROADWAY

PATERSON, NJ 07522-

Tele. (862) 824-0469 Fax () -

Lic. No. or Bldrs. Reg. No. 5327

Federal Emp. No. -

B. PLUMBING CHARACTERISTICS

Use Group - Present R-2 Proposed R-2

Building Sewer Size [] Public Sewer [] Private Septic

Water Sewer Size [] Public Water [] Private Well

Estimated Cost of Plumbing Work \$ 350

JOB SUMMARY (Office Use Only)

PLAN REVIEW INSPECTIONS

[] No Plans Required

[] Partial -Underslab Util Appr Rough

Date: Appr by: Water

[] Plumb Plans Approved Sewer

Date: Appr by: Fixtures

Joint Plan Review Required: Gas Equip

[] Build [] Elect [] Fire Gas Piping

SUBCODE APPR - PERM [] Elev LPGas Tank

Date: Appr by: FuelOil Pip

SUBCODE APPR - CERTIF Solar

[] CO [] CCO [] CA TCO

Date: Appr by: 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.

Signature/Contractor Seal

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

0

Urinal / Bidet

0

Bath Tub

0

Lavatory

0

Shower

0

Floor Drain

0

Sink

20

Dishwasher

0

Drinking Fountain

0

Washing Machine

0

Hose Bibb

0

Water Heater

0

Fuel Oil Piping

0

Gas Piping

0

Steam Boiler

0

Hot Water Boiler

0

Sewer Pump

0

Interceptor / Separator

0

Backflow Preventer

0

Greasetrap

0

Sewer Connection

0

Water Service Connection

0

Stacks

0

Other

0

Other

0

Other

0

Administrative Surcharge \$

0

Paid [X] Check # 1004 Minimum Fee \$

38

Collected by: NK TOTAL FEE \$

58

DCA State Permit Fee \$

1



BUILDING 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 21 Lot 9 Qualification Code _____

Work Site Location 11 MARINA KEY SECUCUS, NJ 07094

Owner In Fee: READHAN DEVIATOSH

Tel. (201) 850 9621 e-mail READHAN446@GMAIL.COM

Address 11 MARINA KEY SECUCUS NJ 07094

Contractor: JBH CONSTRUCTION LLC Municipality Secucus NJ Tel. (201) 658 7554

Address 1010 MARSHALL AVE #8 e-mail JBHCONSTRUCTIONLLC@HOTMAIL.COM

Contractor License No. of Builder Registration No. 13NH08356200 Exp. Date 3-31/2017

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

Federal Emp. ID No. 472188 442 FAX: () _____

JOB SUMMARY (Office Use Only) Date _____

PLAN REVIEW _____

1. No Plans Required _____

1. All _____

1. Footings/Foundations _____

1. Structural/Framework _____

1. Exterior _____

1. Interior _____

1. Joint Plan Review Required _____

1. Elec. 1. Plumb. 1. Fire 1. Elevator _____

SUBCODE APPROVAL for PERMIT _____

Date _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group Present X Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor 944 sq. ft. sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load 30/40 psf

Max. Occupancy Load 30/40 psf

Constr. Class Present _____ Proposed _____

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work: _____

1. New Bldg. \$ 8,200

2. Rehabilitation \$ 4,200

3. Total (1+2) \$ 12,400

TYPE OF WORK:

[] New Building

[] Addition

[] Rehabilitation

[] Roofing

[] Siding

[] Fence _____

[] Sign _____

[] Pool _____

[] Retaining Wall _____

[] Asbestos Abatement Subchapter 8

[] Lead Haz. Abatement NJAC 5:17

[] Radon Remediation

[] Other _____

[] Demolition

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove 8' non-load bearing wall.

Remove a partial non-load bearing wall 26" approx.

Build 20" non-load bearing wall approx.

Ind. wall. (Kitchen - Dining Area)

Update Kitchen Cabinets

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.

Signature _____

18

Date Received 5-16-2009

Control # 245

Date Issued 5-9-10

Permit # 16-229+A

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

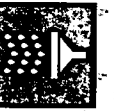
State Permit Surcharge Fee \$

TOTAL FEE \$

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



PLUMBING 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 81 Lot 9 Qualification Code 07094

Work Site Location 11 MAINA KEY SCARUS N

Owner In Fee: TEADHAY FELIX AND S

Tel. (201) 950 96 24 e-mail _____

Address _____

Contractor: Amedeo Romano Municipality _____ Tel. (862) 884-0469 ZIP code _____

Address 1505 W. Broadway e-mail _____

Contractor License No. 15327 Exp. Date 6/30/17

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

Federal Emp. ID No. 15327 FAX: (____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____

Building Sewer Size 4 1/2" Public Sewer _____ Private Septic _____

Water Service Size 1 1/2" Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 350

C. JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Under Slab Utilities Approved

Date: _____ Approved by: _____

☐ Plumbing Plans Approved

Date: 6/1/17 Approved by: [Signature]

Joint Plan Review Required: W

☐ Bldg. ☐ Elec. ☐ Fire ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

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

DESCRIPTION OF WORK

replace kitchen plumbing

Date Received

Control #

Date Issued

Permit #

16-2294A

QTY. FIXTURE/EQUIPMENT

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

LP Gas 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 \$

State Permit Surcharge Fee \$

TOTAL FEE \$

FEE (Office Use Only)

\$

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

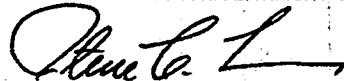
J.B.H. CONSTRUCTION LLC
Marlon Steve Ballestas
106 Marshall Avenue
Apt 8
Little Ferry NJ 07643

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

03/15/2016 TO 03/31/2017
VALID

13VH08356200

LICENSE/REGISTRATION/CERTIFICATION #



ACTING DIRECTOR

Signature of Licensee/Registrant/Certificate Holder