BLOCK 21 LOT 9 QUALIFICATION CODE CR13-1067 ADDRESS (SITE) 11 Marina Key PERMIT NO. 13907

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 11 Marina KY Seacaucus NJ 07094
2. Name of Owner in Fee: ~~Tania Mason~~ Selina Shih
   Tel. (551) 208-1770 e-mail
   Address 11 Marina KY Seacaucus NJ 07094 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Endeavor Telecom Tel. (678) 504-0041
   Address 120 Interstate N Pkwy Ste 210 e-mail
   Atlanta, GA 30339
   License No. OR, if new home, Builder Reg. No. 34BX00016100 Exp. Date 01/31/2014
   Home Improvement Contractor Registration No. or Exemption Reason
   Federal Emp. ID No. 752984739 FAX: (678) 504-0033
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ____ FAX: ____
6. Responsible Person in Charge once Work has Begun Rob Stokes
   Tel. (678) 504-0041 FAX: (678) 504-0033

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		58	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		1	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	59	

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	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	300				12/2/13				
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$300								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Select Group
3. Change in Use Group, Indicate Present: Select Group

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

U.C.C. F100-1 (rev. 8/08)

S1768

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.

(X) Check if contractor.

Agent Name Endeavor Telecom

Address 120 Interstate N Pkwy Ste 210

Atlanta, GA 30339

Telephone (678) 504-0041

Signature _____

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

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

Date Issued 12/23/13
Control #
Permit # 13-907

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 21 Lot 9 Qual

Work Site Location 11 MARINA KEY

Owner in Fee SELINA SHIH
Address 39 BOWERY #918
NEW YORK, NY 10002-
Telephone ( ) -

Contractor ENDEAVOR TELECOM
Address 120 INTERSTATE N PKWY,STE 210
ATLANTA, GA 30339-
Telephone (678)504-0041
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 75-2984739

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:
INSTALL LOW VOLTAGE BURGLAR ALARM

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 $ 300

Construction Official

12/23/13
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	58
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	59
Check No.	127691
Cash	
Collected By	ZB

U.C.C. F170 (rev. 3/96)

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

UCC NEW JERSEY
ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 12/06/13
Date Issued 12/23/13
Control #
Permit # 13-907

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 SELINA SHIH
Address 39 BOWERY #918
NEW YORK, NY 10002-
Tele. ( ) -
Contractor ENDEAVOR TELECOM
Address 120 INTERSTATE N PKWY,STE 210
ATLANTA, GA 30339-
Tele. (678) 504-0041 Fax (678) 504-0033
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 75-2984739

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 $ 300

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] 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:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
BarrierFr				
Trench				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				
BarrierFr				

Temp. Cut-in-Card Date Issued
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	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
10		Alarm Devices/F.A.C. Panel	
10		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

Administrative Surcharge $ 0
Paid [X] Check # 127691 Minimum Fee $ 13
Collected by: ZB TOTAL FEE $ 58
DCA State Permit Fee $ 1

U.C.C. F120 (rev. 11/09)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 12-23-13
Permit # 13-907

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 11 Marina KY Seacaucus NJ 07094

Owner in Fee: Tania Mason

Tel. (551) 208-1770 e-mail _____

Address 11 Marina KY Seacaucus NJ 0
(street / municipality)

Contractor: Endeavor Telecom Tel. (678) 504-0041
(zip code)

Address 120 Interstate N Pkwy Ste 210 e-mail _____

Atlanta, GA 30339

Contractor License No. 34BX00016100 Exp. Date 01/31/2014

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 752984739 FAX: (678) 504-0033

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 300 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: 12/2/13 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 Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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: Don Armstrong

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Installation of home security and automation syste

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
1		Alarm Devices/F.A.C. Panel	
9		Transmitters	
10		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	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

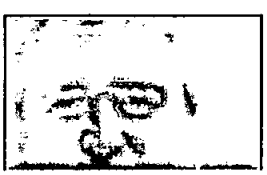
U.C.C. F120 (rev. 11/09)
Internet version

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

State of New Jersey

BURGLAR ALARM
LICENSE
34BA00186700
EXPIRES: 8/31/2016
DOB: 10/27/1966

DON W. ARMSTRONG



State of New Jersey

BURGLAR ALARM

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED 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
Fire Alarm, Burglar Alarm & Locksmith Adv Comm

HAS REGISTERED

Endeavor Telecom Inc
Don W Armstrong
120 Interstate N Pkwy
Suite 210
Atlanta GA 30339

FOR PRACTICE IN NEW JERSEY AS A(N): Burglar Alarm Business

06/06/2013 TO 01/31/2014
VALID

34BX00016100
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Fire Alarm, Burglar Alarm & Locksmith Adv Comm
HAS REGISTERED
Endeavor Telecom Inc
Burglar Alarm Business

06/06/2013 TO 01/31/2014
VALID

34BX00016100
License/Registration/Certificate #

SIGNATURE

DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Fire Alarm, Burglar Alarm & Locksmi
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

Endeavor Telecom Inc EXPIRATION DATE **2014**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **34BX 00016100** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Fire Alarm, Burglar Alarm & Locksmith Adv Comm
P.O. Box 45006
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location 11 Marina KY Seacaucus N

Owner in Fee Tania Mason

Address 11 Marina KY Seacaucus N

Tel. (551) 208-1770

Contractor Endeavor Telecom

Address 120 Interstate N Pkwy Ste 210
Atlanta, GA 30339

Tel. (6785040041

Lic. No. or Bldrs. Reg. No. 34BX00016100

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:

Installation of home security and automation system.

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 $300

_____ _____
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)

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

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

OFFICE DATE RECEIVED: 12-2-13

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		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

UCC NEW JERSEY
ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 12/06/13
Date Issued 12/23/13
Control #
Permit # 13-907

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 SELINA SHIH
Address 39 BOWERY #918
NEW YORK, NY 10002-
Tele. ( ) -
Contractor ENDEAVOR TELECOM
Address 120 INTERSTATE N PKWY,STE 210
ATLANTA, GA 30339-
Tele. (678) 504-0041 Fax (678) 504-0033
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 75-2984739

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 $ 300

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] 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:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
BarrierFr				
Trench				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				
BarrierFr				

Temp. Cut-in-Card Date Issued
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	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
10		Alarm Devices/F.A.C. Panel	
10		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

Administrative Surcharge $ 0
Paid [X] Check # 127691 Minimum Fee $ 13
Collected by: ZB TOTAL FEE $ 58
DCA State Permit Fee $ 1

U.C.C. F120 (rev. 11/09)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 12-23-13
Permit # 13-907

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 11 Marina KY Seacaucus NJ 07094

Owner in Fee: Tania Mason

Tel. (551) 208-1770 e-mail _____

Address 11 Marina KY Seacaucus NJ 0
(street) (municipality) (zip code)

Contractor: Endeavor Telecom Tel. (678) 504-0041

Address 120 Interstate N Pkwy Ste 210 e-mail _____

Atlanta, GA 30339

Contractor License No. 34BX00016100 Exp. Date 01/31/2014

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 752984739 FAX: (678) 504-0033

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 300 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved
Date 12/2/13 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 Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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: Don Armstrong

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Installation of home security and automation syste

QTY.	SIZE	ITEMS	FEE (Office Use Only)
____		Lighting Fixtures	
____		Receptacles	
____		Switches	
____		Detectors	
____		Light Poles	
____		Motors—Fract. HP	
____		Emergency & Exit Lights	
____		Communications Points	
1		Alarm Devices/F.A.C. Panel	
9		Transmitters	
10		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	
____	____	_____	

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

U.C.C. F120 (rev. 11/09) Internet version

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

They never called for inspections-status unknown