BLOCK 261 LOT 22 QUALIFICATION CODE ______ ADDRESS (SITE) 49 Farragut Dr PERMIT NO. 15-3576

CONSTRUCTION PERMIT APPLICATION

UCC NEW JERSEY UNIFORM CONSTRUCTION CODE

C-15-003931

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

I. IDENTIFICATION

1. Proposed Work Site at: 49 FARRAGUT DR.
2. Name of Owner in Fee: JAMES H. HUTCHINSON
   Tel. [redacted] e-mail [redacted]
   Address 49 FARRAGUT (street) BRICK (municipality) 08723 (zip code)
3. Ownership in Fee: Public ___ Private ___
4. Principal Contractor: JAMES H. HUTCHINSON Tel. [redacted]
   Address 49 FARRAGUT DRIVE e-mail
   BRICK NJ. 08723
   License No. OR, if new home, Builder Reg. No. 13VH07397600 Exp. Date 3/31/16
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______
   Federal Emp. ID No. 461-901-0801000 FAX: ( ) NA
5. Architect or Engineer KBA Contact Joe
   Address 2517 Rt 35 BLDG E Manasquan e-mail KBA Engineering @Gmail.Com
   Tel. (732) 722-8555 FAX: (732) 722-8557
6. Responsible Person in Charge once Work has Begun Yehudi Badilla
   Tel. (732) 413-3366 FAX: ( ) NA

V. FEE SUMMARY (for office use only)

			Update +A	Update +B
1. Building	$	1,600 ✓		
2. Electrical		285 ✓		100 ✓
3. Plumbing		270 ✓		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal				
7. Less 20% for State Plan Review	$			
8. Subtotal	$			
9. State Permit Surcharge Fee		71		1
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other ZP		150		
13. TOTAL	$			101

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	ft.	
3. Area — Largest Floor	4078.03 sq. ft.	
4. New Building Area	NA sq. ft.	
5. Volume of New Structure	NA 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	AE 8	
11. Base Flood Elevation	13.5 ft.	
12. Wetlands yes ___ no ✓		

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☑ Alteration Lifting
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☑ Building	126,000			090415	9/15/15	SL	DSA		
☑ Electrical	3,000				8 21 15	TO			
☑ Plumbing	4,000				8-27-15				
☐ Fire Protection									
☐ Elevator			8/17/15		8/17/15				
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

7-23-15 @ 4:00 pm GYR

FLOOD ZONE

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

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 James H. Hutchinson Date 6/23/15

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 JAMES H. Hutchinson

Address 49 FAREAGUT DR.
BRICK NJ 08723

Telephone [redacted]

Signature James H. Hutchinson

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/22/2016
Control Number C-15-003931
Permit Number 15-3576
Permit Issue Date 10/16/2015
Certificate Number 15-3576

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 49 FARRAGUT DR. Brick Township, NJ 08723 Block: 261 Lot: 22 Qual:

Owner in Fee: HUTCHINSON,JAMES H.&EILEENE

Owner Address: 49 FARRAGUT DR BRICK NJ 08723

Telephone: [redacted]

Contractor HUTCHINSON,JAMES H.&EILEENE

Address 49 FARRAGUT DR BRICK NJ 08723

Telephone: [redacted] Fax:

License Number or Builders Registration Number: Federal Emp. Number:

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: RAISE HOUSE

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

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/22/2016

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10/16/15
Control #
Date Issued
Permit # 15-3576

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

Block 261 Lot 22 Qualification Code ______

Work Site Location 49 FARRAGUT DR.

Owner in Fee: JAMES H. HUTCHINSON

Tel. [redacted] e-mail [redacted]

Address 49 FARRAGUT DR. BRICK NJ. 08723
street municipality zip code

Contractor: ATG Tel. (____)

Address 2710 West Banks Ave e-mail A4C Builders65@Gmail.com
Neptune N.J. 07753

Contractor License No. or Builder Registration No. 13VH07397600 Exp. Date 3/31/16

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

Federal Emp. ID No. ______ FAX: (____) ______

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.

Sign here: James H. Hutch[signature]

Print name here: ______

TECHNICAL SITE DATA

DESCRIPTION OF WORK

Home Elevation as per plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW | Date | Initial

- [ ] No Plans Required
- [X] All 9/15/15 DSA
- [/] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 9/15/15
Approved by: DSA

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 12/07/16
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Ext walls only Grade Beam			12/28/15	DSA
Footing H piles	12/28/15			1/22/16
Footing Bonding				
Foundation *1 of 2	*2-23-16 (4)		2/29/16	[initial]
Slab			4/5/16	DSA
Frame			7-5-16	[initial]
Truss Sys./Bracing				
~~Barrier-Free~~ MIDWALL			1/22/16	DSA
Insulation	8-2-16 [initial]		8-5-16	[initial]
Finishes -Base Layer				
Finishes ~~-Final~~ Deck Footings			4/15/16	DSA
~~Energy~~ Heating + Ext. strapping			4/15/16	DSA
Mechanical				
Foundation 2	[illegible]		6/29/16	[initial]
Other				
Final	*11/07/16		12-1-16	[initial]
Barrier-Free				
Interior Grade Beam			3/21/16	DSA

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
No. of Stories ______
Height of Structure ______ ft.
Area — Largest Floor ______ sq. ft.
New Bldg. Area/All Floors ______ sq. ft.
Volume of New Structure ______ cu. ft.
Max. Live Load ______
Max. Occupancy Load ______

Constr. Class Present ______ Proposed ______

If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $ 96,000 # foundation
2. Rehabilitation $ 30,000 # decks.
3. Total (1+ 2) $ 126,000

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

FEE (Office Use Only)
$ ______

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

U.C.C. F110
(rev. 11/09)

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

2-23-16 MV Found 1 of 2 Rej - Complete the wood wall atop the masonary and plate overlaps are reqd. to be 24" Min. (No butt laps permitted)

12/28 Footing Insp

6-1-16 Pm Anchor Bolts not to plans, joist hangers very bad shape corrosion and very poor shape Engineer need to visit site and inspect. Letter for Bolts and to view Tecos.

7-5-16 Pm - Floor system framing OK.

8-3-16 Insulation Fail Need spray foam cont. JG

11/07/16 - FINAL Insp'n Rej - See ESR-1961 attached.
Spray Foam used for fire-stopping not suitable for use in Fire-Resistant Rated Construction.

(B) tech

ICC EVALUATION SERVICE
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ICC-ES Evaluation Report

ESR-1961
Reissued June 2015
Revised September 2016
This report is subject to renewal June 2017.

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DIVISION: 07 00 00—THERMAL AND MOISTURE PROTECTION
Section: 07 21 00—Thermal Insulation
Section: 07 84 16—Annular Space Protection

REPORT HOLDER:

THE DOW CHEMICAL COMPANY
200 LARKIN CENTER
1605 JOSEPH DRIVE
MIDLAND, MICHIGAN 48674
(989) 638-8393

EVALUATION SUBJECT:

GREAT STUFF™ GAPS & CRACKS, GREAT STUFF™ MULTIPURPOSE BLACK INSULATING FOAM SEALANT, GREAT STUFF™ FIREBLOCK, GREAT STUFF™ WINDOW & DOOR, GREAT STUFF™ BIG GAP FILLER, GREAT STUFF™ PRO GAPS & CRACKS, CONTRACTOR GRADE INSULATING FOAM SEALANT GAP FILLER, GREAT STUFF™ PRO WINDOW & DOOR, CONTRACTOR GRADE INSULATING FOAM SEALANT DOOR & WINDOW, AND ENERFOAM™

1.0 EVALUATION SCOPE

Compliance with the following codes:

- 2015, 2012, 2009 and 2006 *International Building Code®* (IBC)
- 2015, 2012, 2009 and 2006 *International Residential Code®* (IRC)

Properties evaluated:

- Surface-burning characteristics
- Annular space protection

2.0 USES

Great Stuff™ Gaps & Cracks, Great Stuff™ Multipurpose Black Insulating Foam Sealant, Great Stuff™ Fireblock, Great Stuff™ Window & Door, Great Stuff™ Big Gap Filler, Great Stuff™ Pro Gaps & Cracks, Contractor Grade insulating Foam Sealant Gap Filler, Great Stuff™ Pro Window & Door, Contractor Grade Insulating Foam Sealant Door & Window and Enerfoam™ are aerosol foam plastic sealants used to fill cracks and voids in construction and the annular space created by the penetration of wood fireblocking by pipes and conduits. The foam plastic sealant is recognized for use as an alternative to the methods prescribed by the code for maintaining the integrity of penetrations of fireblocking.

3.0 DESCRIPTION

3.1 General:

The foam plastic products described in this report are single-component, polyurethane foam sealants that expand to take the shape of cracks and voids. The foam sealant has a flame-spread index of less than 25 and a smoke-developed index of less than 450 when tested in accordance with ASTM E84. The packaging consists of a straw, gun or cylinder foam delivery configuration. The foam has been tested in accordance with ASTM E814 (modified) to establish that the integrity of the fireblocking is maintained when the fireblocking is penetrated.

3.2 Great Stuff™ Gaps & Cracks, Great Stuff™ Multipurpose Black Insulating Foam Sealant and Great Stuff™ Fireblock:

A minimally expanding foam plastic sealant. It is provided in aerosol cans.

3.3 Great Stuff™ Window & Door:

A low-pressure-build, expanding foam plastic sealant. It is provided in aerosol cans.

3.4 Great Stuff™ Big Gap Filler:

A triple expanding foam plastic sealant. It is provided in aerosol cans.

3.5 Great Stuff™ Pro Gaps & Cracks and Contractor Grade Insulating Foam Sealant Gap Filler:

A minimally expanding foam plastic sealant. It is provided in aerosol cans.

3.6 Great Stuff™ Pro Window & Door and Contractor Grade Insulating Foam Sealant Door & Window:

A low-pressure-build, minimally expanding foam plastic sealant. It is provided in aerosol cans.

3.7 Enerfoam™:

A minimally expanding foam plastic sealant. It is provided in aerosol cans.

4.0 INSTALLATION

Installation of the foam plastic sealants must comply with this report and the manufacturer's published installation instructions. The manufacturer's published installation instructions are to be available at the jobsite at all times during installation.

The foam must be installed to completely fill the annular space around the penetrations for the full depth of the plate that has been penetrated. Use of the foam plastic to fill cracks is required to observe the following limitations:

ICC EVALUATION SERVICE

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ICC-ES Report

ESR-1961

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Reissued 06/2015
This report is subject to renewal 06/2017.

DIVISION: 07 00 00—THERMAL AND MOISTURE PROTECTION
SECTION: 07 21 00—THERMAL INSULATION
DIVISION: 07 00 00—THERMAL AND MOISTURE PROTECTION
SECTION: 07 84 16—ANNULAR SPACE PROTECTION

REPORT HOLDER:

THE DOW CHEMICAL COMPANY

200 LARKIN CENTER
1605 JOSEPH DRIVE
MIDLAND, MICHIGAN 48674

EVALUATION SUBJECT:

GREAT STUFF™ GAPS & CRACKS, GREAT STUFF™ MULTIPURPOSE BLACK INSULATING FOAM SEALANT, GREAT STUFF™ FIREBLOCK, GREAT STUFF™ WINDOW & DOOR, GREAT STUFF™ BIG GAP FILLER, GREAT STUFF™ PRO GAPS & CRACKS, CONTRACTOR GRADE INSULATING FOAM SEALANT GAP FILLER, GREAT STUFF™ PRO WINDOW & DOOR, CONTRACTOR GRADE INSULATING FOAM SEALANT DOOR & WINDOW AND ENERFOAM™

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ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/16/15
Control #
Date Issued
Permit # 15-3576

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

Block 261 Lot 22 Qualification Code

Work Site Location 49 Farragut Dr Brick. NJ. 08723

Owner in Fee: Jim Hutchinson

Tel. [redacted] e-mail

Address 49 Farragut Dr (street) Brick NJ. (municipality) 08723 (zip code)

Contractor: Major Electric Co Tel. (732) 557-3013

Address 627 Eighth Ave Toms River NJ 08757 e-mail DB823@comcast.net

Contractor License No. 10764 Exp. Date 3/18

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

Federal Emp. ID No. 22-3113093 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3000.00

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: David Borowski

Print name here: David Borowski

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: wire new Basement area after house lifted. Lower Existing 200 A Service panel to remain

QTY.	SIZE	ITEMS	FEE (Office Use Only)
14		Lighting Fixtures	
9		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
29		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	
1	3	KW Central A/C Unit Reconnect.	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service Lower meter pan	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light ✓	
		Panel to remain	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 8/21/15 Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 8/21/15

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 10/26/16

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Rough			6/16	TC
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service + OVER			3/18/16	TWS
Final 10/19/16			10-25-16	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued			3/18/16	
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

APPROVED AS NOTED RECEPTACLES & LIGHTING TO COMPLY WITH ARTICLE 210-52 + 210-70

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Ref. No: G. 277406550

Reorder call: (732) 534-3000

VICE - PASS - DOT

NOTE: ① UPDATE PERMIT FOR SUB PANEL

② NO ACCESS TO 1ST FLOOR (BUILD STAIRS)