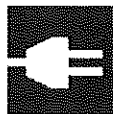




ELECTRICAL SUBCODE TECHNICAL SECTION



Closed

Date Received 7/16/2021
Control # 00006560
Date Issued 8/9/2021
Permit # 21-1336

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

Block 3617 Lot 25 Qualification Code _____

Work Site Location 838 PINEWOOD RD
UNION, NJ 07083

Owner in Fee: SCHREIHOFFER, KENNETH A

Tel. [REDACTED] e-mail _____

Address 838 PINEWOOD RD, UNION, NJ 07083

Contractor: SERVICE PROFESSIONALS, INC. Tel. (908) 272-9090

Address 923 RAHWAY AVENUE e-mail dalmelida@service-professionals.com
UNION, NJ 07083

Contractor License No. 13VH01716800 Exp. Date 3/31/2019

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223271157 FAX: (908) 272-9292

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2,290.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
[] No Plans Required	Type:	Failure	Failure	Approval	Initial
[] Partial -Underslab Utilities Approved	Rough	_____	_____	_____	_____
Date: _____ Approved by: _____	Barrier-Free	_____	_____	_____	_____
[] Electric Plans Approved	Trench	_____	_____	_____	_____
Date: _____ Approved by: _____	Temp. Serv.	_____	_____	_____	_____
Joint Plan Review Required:	Constr. Serv.	_____	_____	_____	_____
[] Bldg. [] Plumb. [] Fire. [] Elev.	TCO	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Other	_____	_____	_____	_____
Date: <u>07/19/2021</u>	Service	_____	_____	_____	_____
Approved by: <u>DG</u>	Final	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free	_____	_____	_____	_____
[] CO [] CCO [] CA	Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____	Final Cut-in-Card Date Issued	_____	_____	_____	_____
Approved by: _____	Annual Pool Inspection	_____	_____	_____	_____
	Date of Grounding and Bonding	_____	_____	_____	_____
	Certification	_____	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: AC REPLACEMENT

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
<u>1</u>	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
<u>1</u>	_____	TOTAL NUMBERS	\$ <u>60.00</u>
_____	_____	Pool Permit/with UW Lights	<u>0.00</u>
_____	_____	Storable Pool/Spa/Hot Tub	<u>0.00</u>
_____	<u>0</u>	KW Elec. Range/Receptacle	<u>0.00</u>
_____	<u>0</u>	KW Oven/Surface Unit	<u>0.00</u>
_____	<u>0</u>	KW Elec. Water Heater	<u>0.00</u>
_____	<u>0</u>	KW Elec. Dryer/Receptacle	<u>0.00</u>
_____	<u>0</u>	KW Dishwasher	<u>0.00</u>
_____	<u>0</u>	HP Garbage Disposal	<u>0.00</u>
<u>1</u>	<u>2.5</u>	KW Central A/C Unit	<u>20.00</u>
_____	<u>0</u>	HP/KW Space Heater/Air Handler	<u>0.00</u>
_____	<u>0</u>	KW Baseboard Heat	<u>0.00</u>
_____	<u>0</u>	HP Motors 1/+ HP	<u>0.00</u>
_____	<u>0</u>	KW Transformer/Generator	<u>0.00</u>
_____	<u>0</u>	AMP Service	<u>0.00</u>
_____	<u>0</u>	AMP Subpanels	<u>0.00</u>
_____	<u>0</u>	AMP Motor Control Center	<u>0.00</u>
_____	<u>0</u>	KW Elec. Sign/Outline Light	<u>0.00</u>
_____	<u>0</u>		<u>0.00</u>

Administrative Surcharge \$ 0.00
Minimum Fee \$ 80.00
State Permit Surcharge Fee \$ 5.00
TOTAL FEE \$ 85.00



MECHANICAL INSPECTION TECHNICAL SECTION



Closed

Date Received 7/16/2021
Control # 00006560
Date Issued 8/9/2021
Permit # 21-1336

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

Block 3617 Lot 25 Qualification Code _____
Work Site Location 838 PINEWOOD RD
UNION, NJ 07083

Owner in Fee: S.M. REIHOFFER, KENNETH A

Tel. _____ e-mail _____

Address 838 PINEWOOD RD, UNION, NJ 07083

street municipality zip code

Contractor: SERVICE PROFESSIONALS, INC. Tel. (908) 272-9090

Address 923 RAHWAY AVENUE e-mail dalmeida@service-professionals.com

UNION, NJ 07083

Contractor License No. 13VH01716800 Exp. Date 3/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223271157 FAX: (908) 272-9292

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5 Proposed: R-5

Heating System Work: ☐ New OR ☐ Modification to Existing OR ☐ Conversion OR ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work \$ 3,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	DATES			
☐ No Plans Required	Type:	Failure	Failure	Approval	Initial
☐ Mechanical Plans Approved	Gas Piping	_____	_____	_____	_____
Date: _____ Approved by: _____	Appliance	_____	_____	_____	_____
Joint Plan Review Required:	Chimney/Vent	_____	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.	Oil Piping	_____	_____	_____	_____
☐ Elev.	Oil Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	LPG Tank	_____	_____	_____	_____
Date: _____	Hydronic Piping	_____	_____	_____	_____
Approved by: _____	Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Chimney Cert.	_____	_____	_____	_____
☐ CA ☐ CCO	Other _____	_____	_____	_____	_____
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.

Applicant sign/Contractor
sign and seal here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
AC REPLACEMENT

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Heater	\$ 0.00
0	Fuel Oil Piping Connections	0.00
0	Gas Piping Connections	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Hot Air Furnace	0.00
0	Oil Tank	0.00
0	LPG Tank	0.00
0	Fireplace	0.00
0	Generator	0.00
1	Other	0.00

Administrative Surcharge \$ 65.00
Minimum Fee \$ 6.00
State Permit Surcharge Fee \$ 71.00
TOTAL FEE \$ _____



BUILDING SUBCODE TECHNICAL SECTION



Closed

Date Received 10/25/2017
Control # 713872
Date Issued 10/25/2017
Permit # 17-02257

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

Block 3617 Lot 25 Qualification Code _____

Work Site Location 838 PINWOOD RD

UNION TWP, NJ 07083

Owner in Fee: SCHREIHOFFER, KENNETH A AND LOUISE M

Tel. (____) _____ e-mail _____

Address 838 PINWOOD RD, UNION, NJ 07083

Contractor: COMPETITIVE ALUMINUM AND CONSTRUCTION Tel. (732) 287-1166

Address 3 JACQUELINE CT. e-mail _____

EDISON, NJ 08820

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	_____	_____	Type: _____	Failure _____ Approval _____
☐ All	_____	_____	Footling	_____
☐ Footings/Foundations	_____	_____	Footling Bonding	_____
☐ Structural/Framework	_____	_____	Foundation	_____
☐ Exterior	_____	_____	Slab	_____
☐ Interior	_____	_____	Frame	_____
Joint Plan Review Required:			Truss Sys./Bracing	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free	_____
SUBCODE APPROVAL for PERMIT			Insulation	_____
Date: _____			Finishes -Base Layer	_____
Approved by: _____			Finishes -Final	_____
SUBCODE APPROVAL for CERTIFICATE			Energy	_____
☐ CO ☐ CCO ☐ CA			Mechanical	_____
Date: _____			TCO	_____
Approved by: _____			Other	_____
			Final	_____
			Barrier-Free	_____

B. BUILDING CHARACTERISTICS

Use Group Present R-5 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. \$ _____

2. Rehabilitation \$ 6,780.00

3. Total (1+ 2) \$ 6,780.00

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

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: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK ROOF

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☒ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ 0 _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ 0 _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition _____

FEE (Office Use Only)

\$ _____

_____ 0.00

_____ 0.00

_____ 0.00

_____ 100.00

_____ 0.00

_____ 0.00

_____ 0.00

_____ 0.00

_____ 0.00

_____ 0.00

_____ 0.00

_____ 0.00

_____ 0.00

Administrative Surcharge \$ _____ 0.00

Minimum Fee \$ _____ 100.00

State Permit Surcharge Fee \$ _____ 13.00

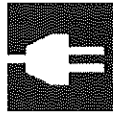
TOTAL FEE \$ _____ 113.00

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



ELECTRICAL SUBCODE TECHNICAL SECTION



Closed

Date Received 3/24/2021
Control # 00005527
Date Issued 5/24/2022
Permit # 22-969

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

Block 3617 Lot 25 Qualification Code _____

Work Site Location 838 PINWOOD RD

UNION, NJ 07083

Owner in Fee: SCHREIHOFFER, KENNETH A

Tel. [REDACTED] e-mail _____

Address 838 PINWOOD RD, UNION, NJ 07083

Contractor: SERVICE PROFESSIONALS, INC. Tel. (908) 272-9090

Address 923 RAHWAY AVENUE e-mail permits@service-professionals.com
UNION, NJ 07083

Contractor License No. 13VH01716800 Exp. Date 3/31/2019

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223271157 FAX: (908) 272-9292

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1,200.00

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: _____ 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: <u>03/25/2021</u>		Final	_____	_____	_____
Approved by: _____ DG		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	_____		

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 [] Certif'd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: FURNACE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ _____ 60.00
_____	_____	Pool Permit/with UW Lights	_____ 0.00
_____	_____	Storable Pool/Spa/Hot Tub	_____ 0.00
_____	_____	KW Elec. Range/Receptacle	_____ 0.00
_____	_____	KW Oven/Surface Unit	_____ 0.00
_____	_____	KW Elec. Water Heater	_____ 0.00
_____	_____	KW Elec. Dryer/Receptacle	_____ 0.00
_____	_____	KW Dishwasher	_____ 0.00
_____	_____	HP Garbage Disposal	_____ 0.00
_____	_____	KW Central A/C Unit	_____ 0.00
_____	_____	HP/KW Space Heater/Air Handler	_____ 0.00
_____	_____	KW Baseboard Heat	_____ 0.00
_____	_____	HP Motors 1/+ HP	_____ 0.00
_____	_____	KW Transformer/Generator	_____ 0.00
_____	_____	AMP Service	_____ 0.00
_____	_____	AMP Subpanels	_____ 0.00
_____	_____	AMP Motor Control Center	_____ 0.00
_____	_____	KW Elec. Sign/Outline Light	_____ 0.00
_____	_____		_____ 0.00

Administrative Surcharge \$ _____ 0.00
Minimum Fee \$ _____ 60.00
State Permit Surcharge Fee \$ _____ 3.00
TOTAL FEE \$ _____ 63.00



PLUMBING SUBCODE TECHNICAL SECTION



Closed

Date Received 3/24/2021
Control # 00005527
Date Issued 5/24/2022
Permit # 22-969

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

Block 3617 Lot 25 Qualification Code
Work Site Location 838 PINEWOOD RD

UNION TWP, NJ 07083

Owner In Fee: SCHREIHOFFER, KENNETH A

Tel. [REDACTED] e-mail

Address 838 PINEWOOD RD, UNION, NJ 07083

Contractor: SERVICE PROFESSIONALS, INC. Tel. (908) 272-9090

Address 923 RAHWAY AVENUE e-mail permits@service-

UNION, NJ 07083

Contractor License No. 13VH01716800 Exp. Date 3/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-3271157 FAX: (908) 272-9292

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS				Dates (Month/Day)	
		Type:	Failure	Failure	Approval	Initial	
☐ No Plans Required		Slab					
☐ Partial Underslab Utilities Approved		Rough					
Date: Approved by:		Water					
☐ Plumbing Plans Approved		Sewer					
Date: Approved by:		Fixtures					
Joint Plan Review Required:		Gas Equipment					
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping					
SUBCODE APPROVAL for PERMIT		LPGas Tank					
Date: 03/30/2021		Fuel Oil Piping					
Approved by: VF		Solar					
SUBCODE APPROVAL for CERTIFICATE		TCO					
☐ CO ☐ CCO ☐ CA		Final					
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.

Applicant sign/Contractor
sign and seal here:

Print name here:

☐ Licensed Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK FURNACE

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

Administrative Surcharge \$ 0.00
Minimum Fee \$ 65.00
State Permit Surcharge Fee \$ 4.00
TOTAL FEE \$ 69.00