



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 33 Lot 100 Qualification Code _____

Work Site Location 803 Stone Harbor Blvd Cape May Court House

Owner In Fee: Arthur Salgado

Tel. [REDACTED] e-mail _____

Address 803 Stone Harbor Blvd Cape Middle Twp ZIP CODE _____

Contractor Gabriel Electric LLC Tel. (856) 520-3475

Address 433 Virginia Ave e-mail GabrielElectricLLC@Gmail

Contractor License No. 34E1001744200 Exp. Date 3-31-15

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

Federal Emp. ID No. 46-1340094 FAX: (856) 240-1691

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 9000.00

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
☐ No Plans Required	Type _____ Failure _____ Approval _____ Initial _____
☐ Partial Under-slab Utilities Approved	Rough _____ Barrier-Free _____
Date: _____ Approved by: _____	Trench _____ Temp. Serv. _____
☒ Electric Plans Approved	Constr. Serv. _____
Date: <u>11/22/14</u> Approved by: <u>[Signature]</u>	TCO _____
Joint Plan Review Required:	Other _____
☐ Bldg. ☐ Plumb. ☐ Fire ☐ Elev.	Service _____
SUBCODE APPROVAL FOR PERMIT	Final _____
Date: _____	Barrier-Free _____
Approved by: _____	Temp. Cut-In-Card Date Issued _____
SUBCODE APPROVAL FOR CERTIFICATE	Final Cut-In-Card Date Issued _____
☐ CO ☐ ECO ☐ CA	Annual Pool Inspection _____
Date: _____	Date of Grounding and Bonding Certification _____
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: Thomas Gabriel

M Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Removal of all first floor wiring that was submerged in flooding of home. Installing new wire and devices.

QTY	SIZE	ITEMS	FREE (Office Use Only)
<u>20</u>		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	
		Storage 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 \$ _____

TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-8748



Date Received 11/16/12
Date Issued
Control # 5225
Permit # 92601

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

Block 313 Lot 304, 305, 306
Work Site Location 303 Joyce Avenue Blvd.
Owner in Fee 1931 Black Oak Dr.
Address 1931 Black Oak Dr.
Tele. (609) 465-8748
Contractor 1931 Black Oak Dr.
Address 1931 Black Oak Dr.
Tele. (609) 465-8748
Lic. No. or Bldgs. Reg. No. or Social Security No.
Federal Emp. No.

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

Removal/Rebuild Existing 1300 sq. ft. 1 1/2 story AS PER PAUSE LETTER

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Elevator
- ☐ Asbestos Abatement
- ☐ Other

(Office Use Only)
FEE
\$

B. BUILDING CHARACTERISTICS

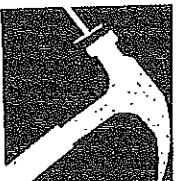
Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories Ft.
Height of Structure Sq. Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$
2. Alteration \$
3. Total (1+2) \$

Paid ☐ Check # 2315 Administrative Surcharge \$
Collected by: VTC Minimum Fee \$
TOTAL FEE \$

TOWNSHIP OF MIDDLE
32 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-8740

USE BUILDING
SUBCODE
TECHNICAL SECTION



Date Received 3-27-92
Date Issued
Control # 5225
Permit # 92144

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

Block 313 Lot 304
Work Site Location 3000 MECHANIC STREET
Owner in Fee 1227 MECHANIC STREET
Address 1000 MECHANIC STREET
Tele. ()
Contractor H. HUNTER, SON
Address
Tele. ()
Lic. No. or Bldgs. Reg. No. or Social Security No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:	Failure	Approval
☐ All			Footings		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date:			Other		
Approved By:			Final		

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. \$
2. Alteration \$
3. Total (1+2) \$

U.C.C. Form F-110A

1 White=Inspector Copy
3 Pink=Office Copy

2 Canary=Office Copy
4 Gold=Applicant Copy

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

Deck & Stair

(Office Use Only)
FEE

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Alteration

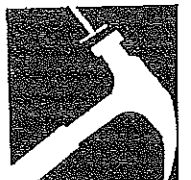
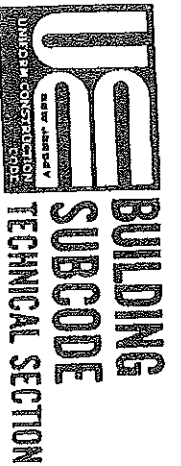
☐ Roofing
☐ Siding
☐ Other
☐ Demolition
☐ Miscellaneous

☐ Fence Height
☐ Sign Sq. Ft.
☐ Pool
☐ Elevator
☐ Asbestos Abatement
☐ Other

Paid ☐ Check #
Collected by: TOTAL FEE \$

Administrative Surcharge \$
Minimum Fee \$

TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-8740



Date Received 4-24-91
Date Issued 5-22-91
Control # 5225-
Permit # 10411

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

Block 313 Lot # 304
Work Site Location 803 STONE HARBOR BLVD.

Owner In Fee NE. & MES. A.V.I. SALVADA
Address 803 STONE HARBOR BLVD.

Tele. (609) 933-0222
Contractor WILLIAM H. ADAMS
Address 101 HAZEL AVE
BFLMARR, N.J. 08036

Tele. (609) 933-0222
Lic. No. or Bldrs. Reg. No. 149-54-3396
Federal Emp. No. or Social Security No. 149-54-3396

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date		Initial		INSPECTIONS		Type:		Failure		Failure		Approval		Initial	
☐	No Plans Req.																		
☐	All																		
☐	Footing																		
☐	Foundation																		
☐	Frame																		
☐	Other																		
Joint Plan Review Required:																			
☐	Elec. [] Plumb. [] Fire																		
SUBCODE APPROVAL																			
☐	CO [] CCO [] CA																		
Date:																			
Approved By:																			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____ Ft. _____
Height of Structure _____ Sq. Ft. _____
Area—Largest Floor _____ Sq. Ft. _____
Total Bldg. Area/All Floors _____ Sq. Ft. _____
Volume of Structure _____ Cu. Ft. _____
Total Land Area Disturbed _____ Sq. Ft. _____

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ 2,000
3. Total (1+2) \$ _____

U.C.C. Form F-110A

1 White=Inspector Copy
3 Pink=Office Copy

2 Canary=Office Copy
4 Gold=Applicant Copy

PRO 102

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 William H. Adams

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Alteration
☒ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence _____ Height _____
☐ Sign _____ Sq. Ft. _____
☐ Pool
☐ Elevator
☐ Asbestos Abatement
☐ Other _____

FEE		(Office Use Only)	
Paid [X] Check # 1800	Administrative Surcharge \$ 50		
Collected by: 21	Minimum Fee \$ 50		
	TOTAL FEE \$ 50		

33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-8740



Date Received	12/01/00
Date Issued	5/2/00
Control #	5425
Permit #	0400011400

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

Block _____ Lot _____
Work Site Location 803 500 Parlier Ave

Owner in Fee 1471046 SALE YDIA
Address 1227 WILSON CIRCLE RD
ST. LOUIS, MISSOURI 63104

Tele. () _____ Contractor _____

Address _____

Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group	Present	Proposed
Building Sewer Size		
Water Service Size		
Estimated Cost of Plumbing Work \$		

JOB SUMMARY (Office Use Only)

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[] No Plans Required
Joint Plan Review Required:
[] Bldg. [] Elec. [] Fire
[] Plumb. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[] CO [] CCO [] CA
Approved by: _____
Date: _____

INSPECTIONS:

Type:	Failure	Dates (Month/Day)	Initial
Slab	_____	_____	_____
Rough	_____	_____	_____
Water	_____	_____	_____
Sewer	_____	_____	_____
Fixtures	_____	_____	_____
Gas Equipment	_____	_____	_____
Gas Final	_____	_____	_____
Solar	_____	_____	_____
TCO	_____	_____	_____

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Gas Piping	_____
_____	Fuel Oil Piping	_____
_____	Water Heater	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Water Cooled A/C or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Gas Service Connection	_____
_____	Active Solar System	_____
_____	VENTS	_____

Administrative Surcharge \$ _____

Paid [] Check # _____ Minimum Fee \$ _____

Collected by: _____ TOTAL \$ _____