ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4-30-13
Control # 24493
Date Issued
Permit # 130259

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 NJ. 08210

Owner in Fee: Arthur Salayda

Tel. [redacted] e-mail

Address 803 Stone Harbor BLVD (street) Middle Twsp (municipality)

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

Address 433 Virginia Ave e-mail GabrielElectricLLC@Gmail.com
Collingswood NJ

Contractor License No. 34EC01744200 Exp. Date 3-31-15

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

Federal Emp. ID No. 46-1340094 FAX: (~~609~~ 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

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 Jr

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] 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	FEE (Office Use Only)
		Lighting Fixtures	
20		Receptacles	
12		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	60
		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	15
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	15

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: 4/30/13 Approved by: DV

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:	Dates (Month/Day) Failure	Failure	Approval	Initial
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				

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/16/92
Date Issued
Control # 5225
Permit # 92611

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 803 Stone Harbor Blvd.
Owner in Fee Natural Aggregate Galaxy
Address 1731 Black Oak Rd
Williamstown, N.J.
Tele. ([redacted]) [redacted]
Contractor Wm. Higgins
Address Tennis Ave
Ocean Grove, N.J.
Tele. (609) 774-0066
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security 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
Remove/Replace Existing Bulk Head, Piers & Walkway as per Page Letter

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence — Height
  [ ] Sign — Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$ 50

B. BUILDING CHARACTERISTICS

Use Group — Present — Proposed
Constr. Class — Present — Proposed
No. of Stories
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 $ 800
3. Total (1+2) $

Administrative Surcharge $
Paid [ ] Check # 2315 Minimum Fee $ 50
Collected by: VLC TOTAL FEE $

U.C.C. Form F-110A — 1 White=Inspector Copy, 2 Canary=Office Copy, 3 Pink=Office Copy, 4 Gold=Applicant Copy

PRO 102

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

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 [illegible]
Owner in Fee [illegible]
Address 1727 [illegible]
Tele. (____)
Contractor H [illegible] & Son
Address
Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. ______ or Social Security No. ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.			Footing				
[ ] All			Foundation				
[ ] Footing			Slab				
[ ] Foundation			Frame				
[ ] Frame			Insulation				
[ ] Other ____			Finishes:				
Joint Plan Review Required:			Energy				
[ ] Elec. [ ] Plumb. [ ] Fire			Mechanical				
SUBCODE APPROVAL			TCO				
[ ] CO [ ] CCO [ ] CA			Other				
Date:			Final				
Approved By:							

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class Present ______ Proposed ______
No. of Stories ______
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) $ 1000 —

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 & Shed

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other Deck & Shed
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ______ Height
  [ ] Sign ______ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ______

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # 2114 Minimum Fee $
Collected by: [illegible] TOTAL FEE $

U.C.C. Form F-110A

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

PRO 102

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-24-91
Control # 5223
Permit # 154/11

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 MR. & MRS. A.J. SALAMDA
Address 803 STONE HARBOR BLVD

Tele. ([redacted])
Contractor WILLIAM H. ADAMS
Address 101 HAZEL AVE
BELLMAWR, N.J. 08031
Tele. (609) 933-0222
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. 149-50-3296

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.

Mr. A.J. Salamda
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[X] Roofing
[ ] Siding
[ ] Other
[ ] Demolition
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)
FEE

Administrative Surcharge	$
Minimum Fee	$
TOTAL FEE	$ 50.00

Paid [X] Check # 1804
Collected by:

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
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 $ 2,000
3. Total (1+2) $

U.C.C. Form F-110A
1 White=Inspector Copy
2 Canary=Office Copy
3 Pink=Office Copy
4 Gold=Applicant Copy

PRO 102

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 12 19 78
Control # 5225
Permit # [illegible]

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

Block 313 Lot 304.03 106
Work Site Location 803 [illegible]
[illegible]
Owner in Fee [illegible] SALAYDA
Address [illegible]
[illegible]
[redacted] [redacted]
Tele. ( )
Contractor [illegible]
Address
Tele. ( )
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)

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:	Dates (Month/Day) Failure	Failure	Approval	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

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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 $

U.C.C. Form F-130A

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

PRO 104