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# CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit # 19-087

IDENTIFICATION Block 95 Lot 20 Qualification Code

Work Site Location 15 S. HIGHLAND AVE RUNNEMEDE

Owner in Fee MATTHEW DAVIS SAME

Address

Tel. (609) 941-5934

Contractor REEG

Address 535 W NICHOLSON RD AUDUBON NJ 08106

Tel. ( )

Lic. No. or Bldrs. Reg. No.

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:
HVAC REPLACEMENT
GAS HEATER, ELECTRIC AC

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 $

Construction Official

03/15/19
Date

PAYMENTS (Office Use Only)

| | |
|---|---|
| ~~Building~~ Electric | +A |
| Electrical | 65.00 / N.C. |
| Plumbing | |
| Fire Protection | |
| Elevator Devices | |
| ~~Other~~ Mechanical | 65.00 |
| DCA State Permit Fee | 15.00 |
| Cert. of Occupancy | |
| Other | |
| Total | $145.00 |
| 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

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 3/28/19
Control #
Date Issued
Permit # 19-087

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

Block 95 Lot 20 Qualification Code

Work Site Location 15 S. HIGHLAND AVE. RUNNEMEDE.

Owner in Fee: MATTHEW DAVIS

Tel. (609) 941 5934 e-mail

Address SAME

Contractor: PUBLIC SERVICE GAS & ELECTRIC (street / municipality / zip code) Tel. ( 856 ) 310-0542

Address 535 WEST NICHOLSON RD. AUDUBON, NJ 08106 e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. 221-212-800/000 FAX: ( 800 ) 435-2954

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as SFD Utility Co. PSEG

Est. Cost of Elec. Work $ 195.

**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: Steven Fairbank

Print name here: STEVEN FAIRBANK

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: WIRING & CONNECTIONS @ GAS HEATER

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| 1 | | 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 | |
| | | 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 | |
| 1 | 2 | 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 | |
| | | | |

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required 3/12/19 JC
[ ] Partial -Underslab Utilities Approved
Date: 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: | 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 | | | | |

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ 65.00 |
| State Permit Surcharge Fee | $ |
| TOTAL FEE | $ |

# MECHANICAL INSPECTION
## TECHNICAL SECTION

Date Received / Control # 3-28-19

Date Issued / Permit # 19-087

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

Block 95 Lot 20 Qualification Code

Work Site Location 15 S. HIGHLAND AVE. RUNNEMEDE

Owner in Fee: MATTHEW DAVIS

Tel. 609 941-5934 e-mail

Address SAME
street municipality zip code

Contractor: PUBLIC SERVICE ELECTRIC & GAS Tel. 856 310-0542

Address 535 WEST NICHOLSON RD. e-mail

AUDUBON, NJ 08106

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 221-212-800/000 FAX: 800 435-2954

**B. MECHANICAL CHARACTERISTICS**

**Use Group** Present: R-3-or R-5 Proposed: R-3-or R-5

**Heating System work:** [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [X] Replacement

Type: [ ] Hydronic [X] Hot Air

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 7800.

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 3/28/19
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

| INSPECTIONS Type: | DATES Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Gas Piping | | | | |
| Appliance | | | | |
| Chimney/Vent | | | | |
| Oil Piping | | | | |
| Oil Tank | | | | |
| LPG Tank | | | | |
| Hydronic Piping | | | | |
| Fireplace | | | | |
| Chimney Cert. | | | 3/28/19 | |
| Other | | | | |

**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: Steven Faitak

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
GAS TO GAS HEATER REPLACEMENT, ELECTRIC A-C

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| | Water Heater | $ |
| | Fuel Oil Piping Connections | |
| | Gas Piping Connections | |
| 1 | Steam Boiler | |
| | Hot Water Boiler | |
| 1 | Hot Air Furnace | 65 |
| | Oil Tank | |
| | LPG Tank | |
| | Fireplace | |
| | Generator | |

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

**TOTAL FEE** $

EA4014

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 3-28-19
Control #

Date Issued
Permit # 19-087-A

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

Block 95 Lot 20 Qualification Code

Work Site Location 15 S. HIGHLAND AVENUE

Owner in Fee: MATTHEW DAVIS

Tel. (609) 941.5934 e-mail

Address SAME (street) RUNNEMEDE (municipality) 08078 (zip code)

Contractor: P.R. Sanders Inc. D/B/A P.R. Sanders Electric Tel. (856) 429-3086

Address 100 Park Drive, Voorhees, NJ 08043 e-mail permits@prsanders.com

Contractor License No. NJ Elect Lic # 4701B Exp. Date 3-31-21

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

Federal Emp. ID No. 22-276-9644 FAX: (856) 429-6043

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as SFR Utility Co. JCP&L

Est. Cost of Elec. Work $ 4000.

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date / Initial
[ ] No Plans Required 3/28/19

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] 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's Signature/Contractor's Seal and Signature

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

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK**
WIRING AND CONNECTIONS FOR A REPLACEMENT AC SYSTEM CONDENSER UNIT AND DISCONNECT

| 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 | $ |
| | | 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 | 4.3 | KW Central A/C Unit 2 TON 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 | $ N/C |
| State Permit Surcharge Fee | $ |
| TOTAL FEE | $ |

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

U.C.C. F120 (rev. 10/06)
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