From: Breean Stumpf
To: hmannel@collingswood.com
Subject: EXTERNAL:OPRA request - OPRA/OPEN & CLOSE PERMITS - 600 Eldridge Ave, Collingswood, NJ 08107
Date: Monday, August 21, 2023 11:21:40 AM

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Collingswood Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested: OPRA/OPEN & CLOSE PERMITS - 600 Eldridge Ave, Collingswood, NJ 08107

Yours respectfully,

Breean Stumpf

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-50411-c49b5e4b@requests.opramachine.com

Is hmannel@collingswood.com the wrong address for OPRA requests to Collingswood Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=collingswood_borough
Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/opraopen_close_permits_600_eldri

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

CONSTRUCTION PERMIT

Permit #: 428-95
Date Issued: 10/25/95

IDENTIFICATION Block/Lot/Qual: 176. 7.

Work Site Location: 600 ELDRIDGE AVE

Owner in Fee: LINTON JAMES

Address: 600 ELDRIDGE AVE
COLLINGSWOOD NJ 08107

Tel. [redacted]

Contractor: PRE-CONV CUST PERMIT OPEN

Address:

Tel.

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:

REDECK EXISTING PORCH AND ADD A NEW SECTION 8' X 26'.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	

Check No. _____
Cash _____
Collected by _____

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.

Est. Cost of Work $ 2,000.00

_____ _____
Construction Official Date

U.C.C. F170 (rev. 01/04)

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 428-95
Issue Date: 10/25/95
Application Id: 10002285
Application Date: 10/25/95

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

Block/Lot/Qual: 176. 7.
Work Site Location: 600 ELDRIDGE AVE

Owner in Fee: LINTON JAMES
Tel. [redacted] email:
600 ELDRIDGE AVE COLLINGSWOOD NJ 08107
Contractor: VINYL EXTERIORS INC Tel. (609)878-8505
SUITE 888-B GREENTREE SQUARE email:
MARLTON, NJ 08053
Contractor License No. or Builder Registration No.: Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: ______
Approved by: ______

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
No. of Stories 0.00
Height of Structure ______ ft.
Area — Largest Floor ______ sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 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 $ ______
3. Total (1 + 2) $ 2,000.00

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

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: ______

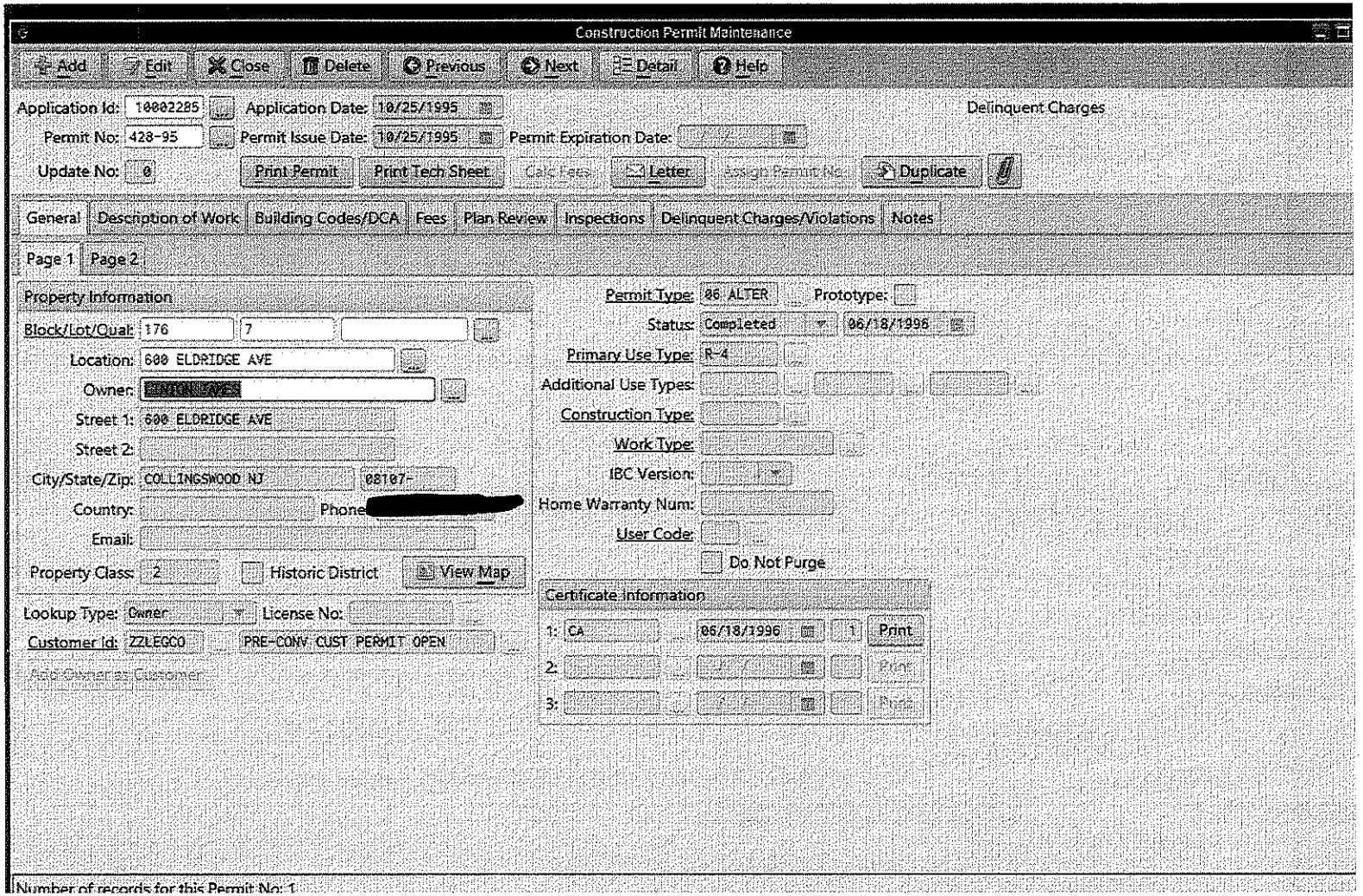
D. TECHNICAL SITE DATA

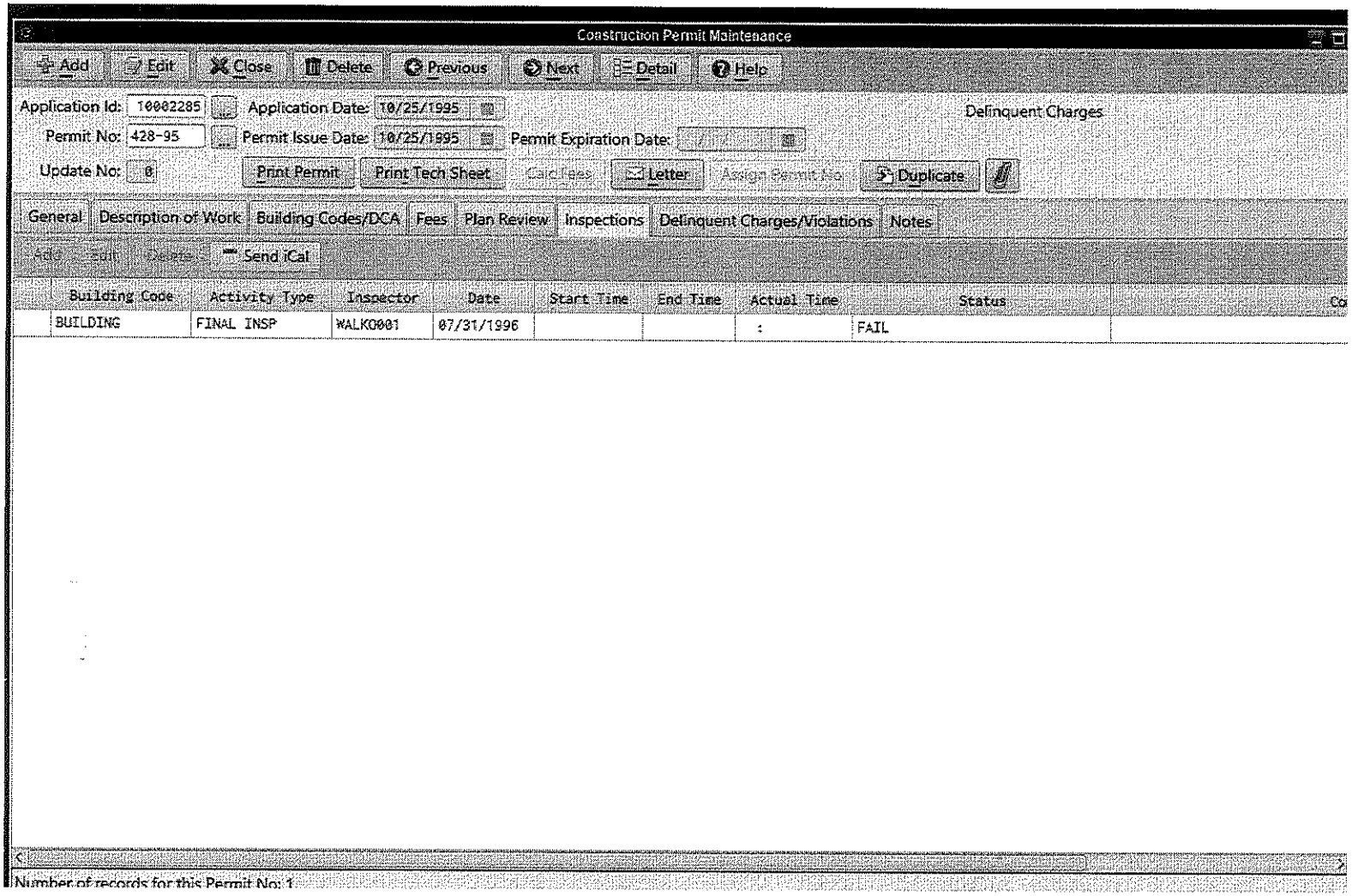
DESCRIPTION OF WORK
REDECK EXISTING PORCH AND ADD A NEW SECTION 8' X 26'.

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$
[ ] Addition	
[X] Rehabilitation	40.00
[ ] 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	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 5.00
TOTAL FEE	$ 45.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10002285
Application Date: 10/25/1995
Delinquent Charges
Permit No: 428-95
Permit Issue Date: 10/25/1995
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 176
7
Location: 600 ELDRIDGE AVE
Owner:
Street 1: 600 ELDRIDGE AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ
08107-
Country:
Phone
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: ZZLEGCO
PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed
06/18/1996
Primary Use Type: R-4
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA
06/18/1996
1
Print
2:
Print
3:
Print
Number of records for this Permit No: 1


Construction Permit Maintenance
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Application Id: 10002285
Application Date: 10/25/1995
Delinquent Charges
Permit No: 428-95
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Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Add
Edit
Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
BUILDING
FINAL INSP
WALK0001
07/31/1996
:
FAIL
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 97-0176
Date Issued: 05/22/97

IDENTIFICATION Block/Lot/Qual: 176. 7.

Work Site Location: 600 ELDRIDGE AVE

Owner in Fee: LINTON JAMES
Address: 600 ELDRIDGE AVE
COLLINGSWOOD NJ 08107
Tel. [redacted]

Contractor: PRE-CONV CUST PERMIT OPEN
Address:

Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:
SIDING.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	

Check No. _____
Cash _____
Collected by _____

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.

Est. Cost of Work $ 8,265.00

_____ _____
Construction Official Date

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 97-0176
Issue Date: 05/22/97
Application Id: 10003195
Application Date: 05/22/97

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

Block/Lot/Qual: 176. 7.

Work Site Location: 600 ELDRIDGE AVE

Owner in Fee: LINTON JAMES

Tel. (609)858-1841 email:

600 ELDRIDGE AVE COLLINGSWOOD NJ 08107

Contractor: Tel.

email:

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

Home Improvement Contractor Reg. 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: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SIDING.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

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
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4

Constr. Class Present _____ Proposed _____

No. of Stories 0.00

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors 0 sq. ft.

Volume of New Structure 0 cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 8,265.00

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] 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
- [X] Other _____
- [ ] Demolition

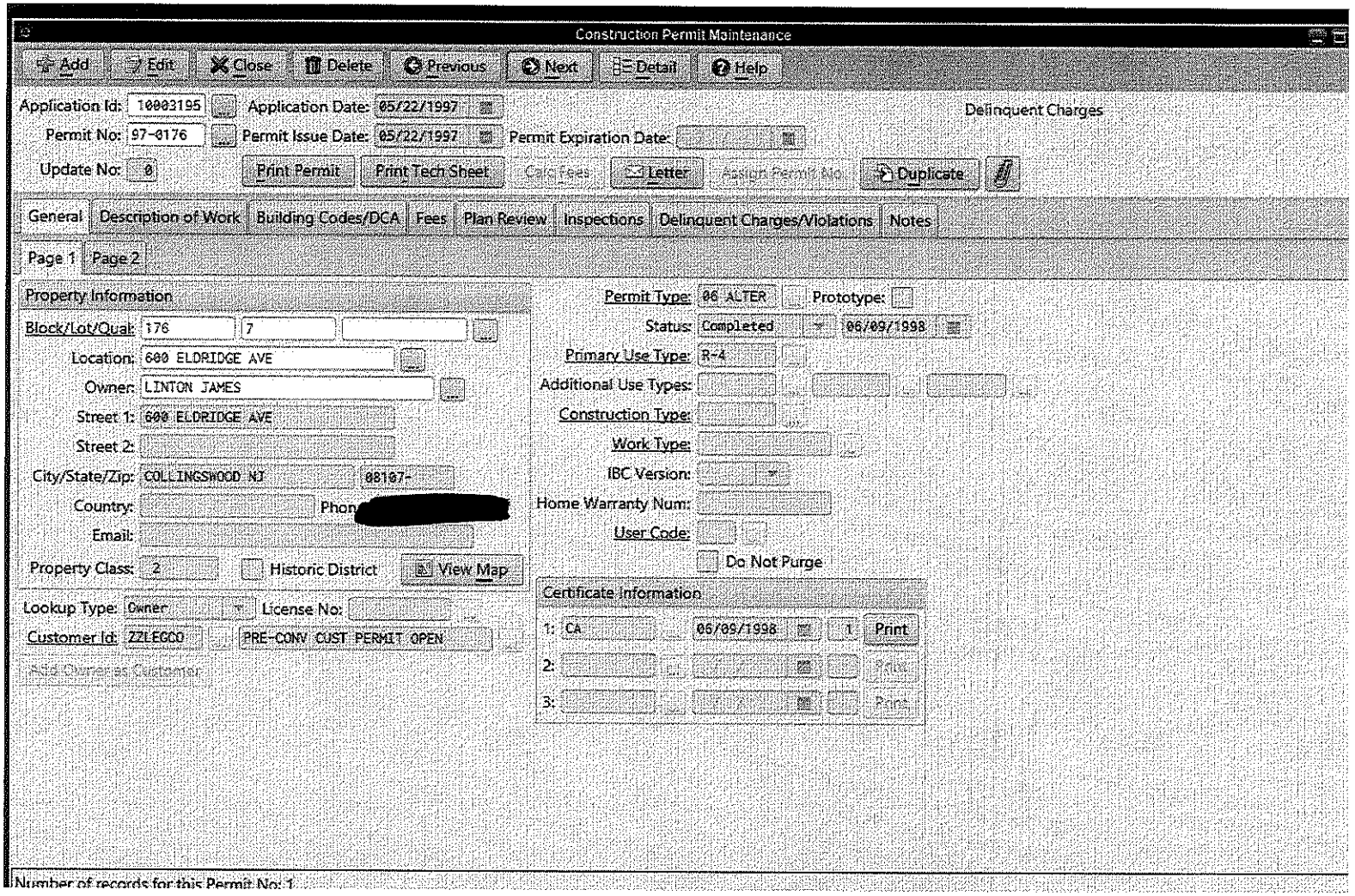
FEE (Office Use Only)

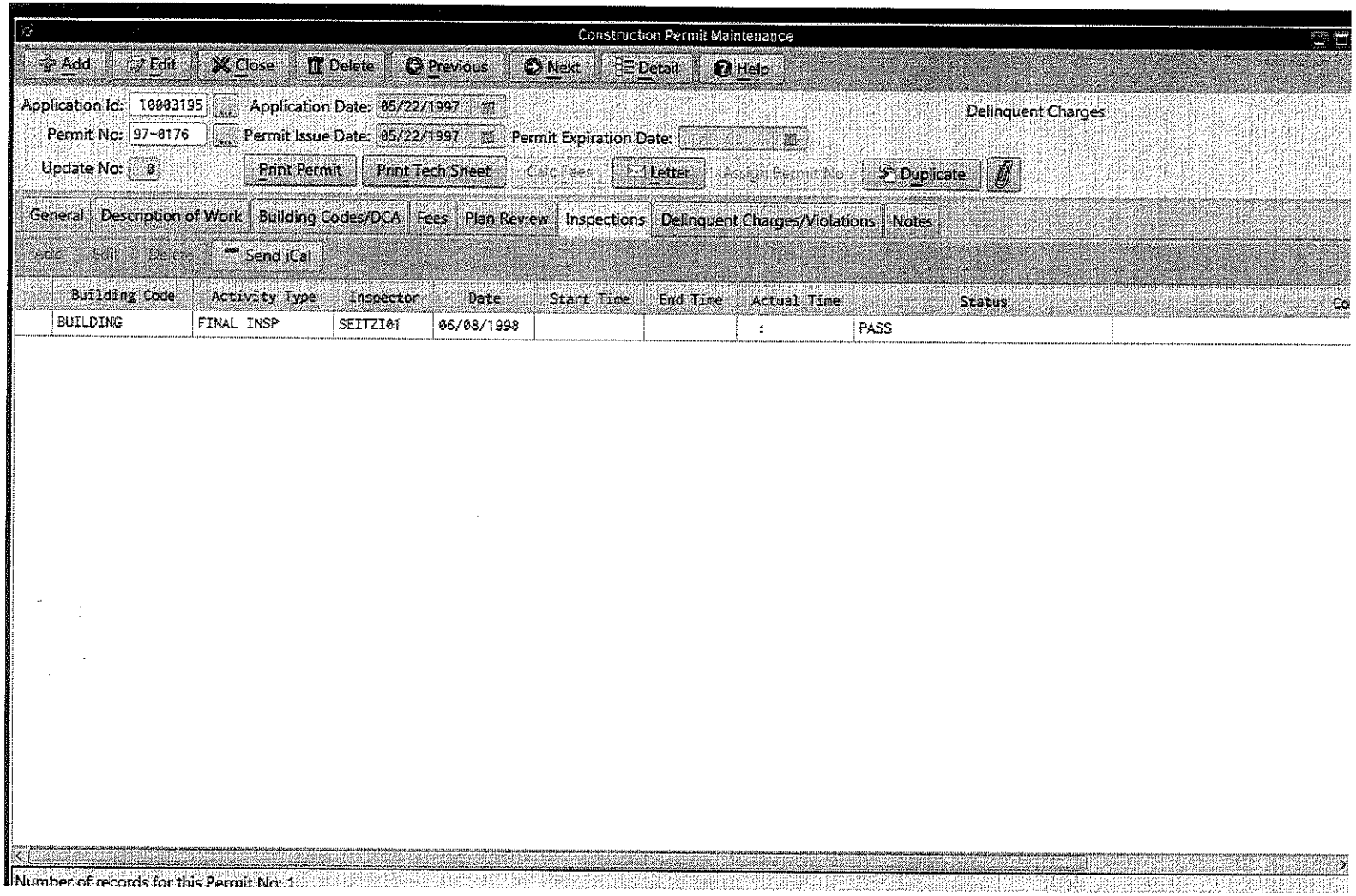
$ _____
0.00
46.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 18.00
TOTAL FEE	$ 64.00

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10003195
Application Date: 05/22/1997
Delinquent Charges
Permit No: 97-0176
Permit Issue Date: 05/22/1997
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 176
7
Location: 600 ELDRIDGE AVE
Owner: LINTON JAMES
Street 1: 600 ELDRIDGE AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ
08107-
Country:
Phon
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: ZZLEGCO
PRE-CONV CUST PERMIT OPEN
Use Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed
06/09/1998
Primary Use Type: R-4
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA
06/09/1998
1
Print
2:
Print
3:
Print
Number of records for this Permit No: 1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Permit No: 97-0176
Permit Issue Date: 05/22/1997
Permit Expiration Date:
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Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Add
Edit
Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
BUILDING
FINAL INSP
SEITZI01
06/08/1998
PASS
Number of records for this Permit No: 1

BLOCK 176 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 600 Eldridge Ave. PERMIT NO. 08-0613

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 600 Eldridge Ave
2. Name of Owner in Fee: James Linton
   Tel. [redacted] e-mail _____
   Address 600 Eldridge (street) Oaklyn (municipality) 08107 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: APX Alarm Security Solutions, Inc. Tel. (800) 216-5232
   Address 5132 N. 300 W. Provo, UT 84604 e-mail _____
   License No. OR, if new home, Builder Reg. No. 34BF00000100 Exp. Date 01/31/2011
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No [redacted] Fax: (801) 705-6300
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ Fax: ( ) _____
6. Responsible Person in Charge once Work has Begun Dick Strong
   Tel. ( ) _____ Fax: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40.00		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 40.00		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ 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 _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

(office) 3226 00146 034199 20080613 SF

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☒ Electrical	$199								
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
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 System
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks

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_____ Date _____

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 **Larry S. Evers**

Address **5132 N. 300 W.**

Provo, UT 84604

Telephone (**801**) **377-9111**

Signature _____

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

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132//118

Date Issued 12/23/08
Control # C176/7
Permit # 08-0613

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 176 Lot 7 Qual

Work Site Location 600 ELDRIDGE AVENUE

Owner in Fee LINTON JAMES 13
Address 600 ELDRIDGE AVENUE
COLLINGSWOOD, NJ 08107-
Telephone [redacted]

Contractor APX ALARM SECURITY SOLUTIONS
Address 5132 N. 300 W.
PROVO, UT 84604-
Telephone (800)216-5232
Lic. No. or Bidrs. Reg. No. 348F000001
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
BURGLAR ALARM SYSTEM

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 $ 199

William Joseph
Construction Official

11/14/08
Date

U.C.C. F170 (rev. 3/96) NJ UCCMS 5.24E

PAYMENTS (Office Use Only)

Building	0
Electrical	40
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	40
Check No.	11911
Cash	
Collected By	

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # C176/17

Date Issued
Permit #

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

Block 17.11 Lot 7 Qualification Code

Work Site Location 600 Eldridge Ave
Oakland, NJ 08107

Owner in Fee: James Linton

Tel. [redacted] e-mail

Address 600 Eldridge Ave (street) Oakland (municipality) 08107 (zip code)

Contractor: **APX Alarm Security Solutions, Inc.** Tel. (**800**) **216-5232**

Address **5132 N. 300 W. Provo, UT 84604** e-mail

Contractor License No. **34BF00000100** Exp. Date **01/31/2011**

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

Federal Emp. ID No. [redacted] FAX: (**801**) **705-6300**

B. ELECTRICAL CHARACTERISTICS

Use Group Present **Residential** Proposed **Residential**

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ **199**

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved
Date: Approved by:

[ ] Electrical Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plub. [ ] 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-Fee				
Trench				
Temp. Srv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Fee				

Tem. 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

Installation of low-voltage, wireless burglar alarm system

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	
		KW Central A/C 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 $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 12/07)

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