



Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued 4/25/2011
Control Number C-13801
Permit Number 20101964
Permit Issue Date 9/28/2010
Certificate Number 20101964

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 75 APPLETREE ROAD Howell Township, NJ Block: 35.69 Lot: 2 Qual: *
Owner In Fee: ROGERSON, JOHN & CHRISTINE
Owner Address: 75 APPLETREE RD. HOWELL NJ 07731
Telephone: [REDACTED]
Contractor NJ SOLAR LLC
Address 1 PELICAN DRIVE SUITE 6 BAYVILLE NJ 08721
Telephone: (732) 269-0308 Fax: [REDACTED]
License Number or Builders Registration Number: 13VH01238800 Federal Emp. Number: [REDACTED]

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: Type V

Maximum Live Load: 20 Maximum Occupancy Load: 0

Description of Work/Use: SOLAR SYSTEM ROOF MOUNT

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJACS:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



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 35-69 Lot 2 Qualification Code 75 S. Anderson Ed. 07731

Work Site Location 75 S. Anderson Ed. 07731

Owner in Fee: John Anderson

Tel: [REDACTED]

Address: same

Contractor: SHADOW ELECTRIC INC. Tel. (732) 785-2900

Address: 21 ROBINS ST. BRICK NJ 08724 e-mail shadowelectric@comcast.net

Contractor License No. 15669 Exp. Date 3/12

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

Federal Emp. ID No. [REDACTED] FAX: (732) 785-5816

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed [] Other []

[] Pole/Pad # [] Temporary [] Utility Co. []

Building Occupied as []

Est. Cost of Elec. Work \$ 25,220-

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	Type:	Failure	Approval	Initial	
☐ Partial -Underslab Utilities Approved	Rough				
Date: <u>9-20-10</u> Approved by: <u>[Signature]</u>	Barrier-Free				
☒ Electric Plans Approved	Trench				
Date: <u>9-20-10</u> Approved by: <u>[Signature]</u>	Temp. Serv.				
	Const. Serv.				
Joint Plan Review Required:		TCO			
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	Other				
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>9-20-10</u>	Final				
Approved by: <u>[Signature]</u>	Barrier-Free				
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
<u>CO</u> <u>1</u> <u>CCO</u> <u>1</u> <u>CA</u> <u>1</u>	Annual Pool Inspection				
Date: <u>12-21-10</u>	Date of Grounding and Bonding				
Approved by: <u>[Signature]</u>	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 [Signature]

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

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

Reorder from OCS Printing
609-301 1400

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 5.04 KW Solar Electric System

Panel removed to verify bond/nails

Date Received

9.28.10

Control #

C13801

Date Issued

10/10/1969

Permit #

QTY. SIZE ITEMS

FEE (Office Use Only)

24

panels

\$

75-

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 1/4 HP		
KW Transformer/Generator		
AMP Service		
AMP Subpanels		
AMP Motor Control Center		
KW Elec. Sign/Outline Light		
DISCONNECT		

Administrative Surcharge \$

115-

Minimum Fee \$

43-

State Permit Surcharge Fee \$

156-

TOTAL FEE \$



BUILDING 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 3569 Lot 2 Qualification Code _____

Work Site Location 75 S Applefree Rd. 07731

Owner in Fee: John Rodgers

Tel: _____

Address _____

Contractor: NJ Solar Power, LLC Municipality Samoa Zip code 0732 Tel. (732) 269-0308

Address 1 Pelican Drive, Suite 6 e-mail robin@njsolarpower.com

Bayville, NJ 08721

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01238800

Federal Emp. ID No. _____ FAX: (732) 269-5462

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____ Date _____ Initial _____

☐ No Plans Required _____

☒ All 9-14-10 CL _____

☐ Footings/Foundations _____

☐ Structural/Framework _____

☐ Exterior _____

☐ Interior _____

Joint Plan Review Required: _____

☒ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____

SUBCODE APPROVAL for PERMIT _____

Date: 9-14-10 _____

Approved by: CL _____

SUBCODE APPROVAL for CERTIFICATE _____

☐ CO ☐ CCO ☒ CA _____

Date: 9-21-11 _____

Approved by: CL _____

B. BUILDING CHARACTERISTICS

Use Group Present A5 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 _____

Const. Class Present VB Proposed _____

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work: _____

1. New Bldg. \$ 2,500

2. Rehabilitation \$ 2,500

3. Total (1 + 2) \$ 2,500

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: William C. Apple

Print name here: William C. Apple

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 5.04 Kw Solar Electric System on Roof

TYPE OF WORK:

☐ New Building

☐ Addition

☐ 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

☒ Other Solar Electric System

☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ 4

TOTAL FEE \$ _____

Date Received
Control #

Date Issued
Permit #

9-21-10
C13881
10/10/1004