BLOCK 262.02 LOT 100.01 QUALIF /CODE _____ ADDRESS (SITE) 1210 Stockton PERMIT NO. _____

28390

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1210 Stockton Dr.
2. Name of Owner in Fee: Susan Prin
   Tel. (732) 422-8607 e-mail _____
   Address: 1210 Stockton Dr. (street) North Brunswick (municipality) NJ 08902 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ADT SECURITY SERVICES Tel. (732) 346-6151
   Address 21 NORTHFIELD AVE, EDISON, NJ 08837 e-mail _____
   License No. OR, if new home, Builder Reg. No 34AL00001700 Exp. Date 01-31-2011
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 581814102 Fax (732) 346-6134
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX (_____) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel (732) 346-6151 FAX (732) 346-6134

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building		100671	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal		5	
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		2	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	10	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
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 Distrubed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes _____ no _____		

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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates . Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical	989.00				5/26/10				
☐ Plumbing									
☑ Fire Protection	300.00								
☐ Elevator									
TOTAL COSTS	1289.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Former:
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. DO YOU WANT: (optional)

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 Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Undergroound 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(e)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 **ADT SECURITY SERVICES**

Address **21 NORTHFIELD AVENUE**

EDISON, NJ 08837

Telephone (**732**)**346-6151**

Signature _____

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

OFFICE DATE RECEIVED: _____

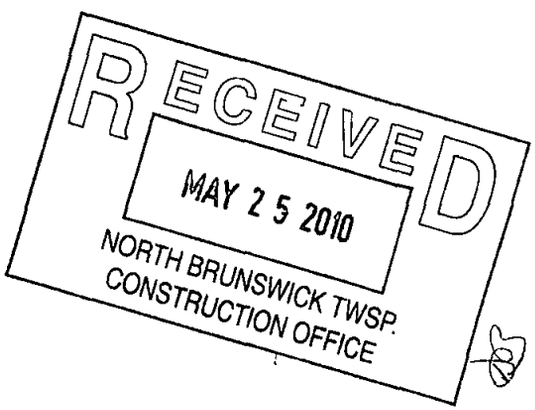
VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____


RECEIVED
MAY 25 2010
NORTH BRUNSWICK TWSP.
CONSTRUCTION OFFICE

CONSTRUCTION PERMIT

Date Issued:

Permit #

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location 1210 Stockton Dr. North Brunswick, N.J. 08902

Owner in Fee Susan Price

Address 1210 Stockton Dr. North Brunswick, N.J. 08902

Tel. (732) 422-6617

Contractor ADT SECURITY SERVICES

Address 21 NORTHFIELD AVENUE EDISON, NEW JERSEY 08837

Tel. (732) 346-6151

Lic. No. or Bldrs. Reg. No. 34AL00001700

Federal Emp. ID No 581814102

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:

Updating Existing Burglar Alarm

Secondary Fire Protection

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 $ 1289.00

_____ _____

Construction Official Date

PAYMENTS (Office Use Only)

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA State Permit Fee _____

Cert. of Occupancy _____

Other _____

Total _____

Check No. _____

Cash _____

Collected by _____

(see reverse side)

UCC/170 (REV. 01/04)
Professional Printing
(856) 468-7933

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

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(856) 468-7933

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 28390
Application Date: 05/25/2010

CONSTRUCTION PERMIT

IDENTIFICATION 100677

OWNER/PROPERTY DETAILS

Block: 262.02 Lot: 100.01 Qualification Code:
Work Site Location: 1210 STOCKTON DRIVE NORTH BRUNSWICK

Owner In Fee: GERVEY JUDAH & PRICE SUSAN
Address: 1210 STOCKTON DRIVE
NORTH BRUNSWICK NJ 08902

Telephone: (732) - 422-8617

Use Group(s): R-5

Contractor: ADT SECURITY SERVICES
Address: 21 NORTHFIELD AVENUE
EDISON NJ 08837

Telephone: (732) - 346-6164

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 58-1814102

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:
ALARMS

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$0.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	
All Fees Waived:	No

Amount to be Paid:

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.

THOMAS PAUN
Construction Official

Date

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 28390
Application Date: 05/25/2010

CONSTRUCTION PERMIT

IDENTIFICATION 100671

OWNER/PROPERTY DETAILS

Block: 262.02 Lot: 100.01 Qualification Code:
Work Site Location: 1210 STOCKTON DRIVE NORTH BRUNSWICK

Owner In Fee: GERVEY JUDAH & PRICE SUSAN
Address: 1210 STOCKTON DRIVE
NORTH BRUNSWICK NJ 08902

Telephone: (732) - 422-8617

Use Group(s): R-5

Contractor: ADT SECURITY SERVICES
Address: 21 NORTHFIELD AVENUE
EDISON NJ 08837

Telephone: (732) - 346-6164

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 58-1814102

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:
ALARMS

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	989.00
Cost of Demolition:	0.00
Total Cost:	$989.00

PAYMENTS (Office Use Only)	
Building	
Electrical	$38.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$2.00
DCA Minimum	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$40.00
All Fees Waived:	No

Amount to be Paid: $40.00

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.

Thomas Paun
THOMAS PAUN
Construction Official

6/8/10
Date

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Permit Number: 20100671
Update Number:
Control Number: 28390
Application Date: 05/25/2010
Permit Date: 06/21/2010

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 262.02 Lot: 100.01 Qualification Code:
Work Site Location: 1210 STOCKTON DRIVE NORTH BRUNSWICK

Owner In Fee: GERVEY JUDAH & PRICE SUSAN
Address: 1210 STOCKTON DRIVE
NORTH BRUNSWICK NJ 08902

Telephone: (732) - 422-8617

Use Group(s): R-5

Contractor: ADT SECURITY SERVICES
Address: 21 NORTHFIELD AVENUE
EDISON NJ 08837

Telephone: (732) - 346-6164

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 58-1814102

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:
ALARMS

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	989.00
Cost of Demolition:	0.00
Total Cost:	$989.00

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.

THOMAS PAUN
Construction Official

6-21-10
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	$38.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$2.00
DCA Minimum	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$40.00
All Fees Waived:	No

Amount to be Paid:	$40.00
Check Number:	3262597
Check amount:	$40.00

Collected by:	DB
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$40.00
Total CC Amount:	
Grand Total:	$40.00

Note:

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 100671

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 1210 Stockton Dr.
North Brunswick, N.J. 08902

Owner in Fee: Susan Price

Tel. (732 422- 8610 e-mail _____

Address 1210 Stockton Dr. North Brunswick, NJ 08902
(street) (municipality) (zip code)

Contractor: ADT SECURITY SERVICES Tel. (732) 346-6151

Address 21 NORTHFIELD AVENUE
EDISON, NEW JERSEY 08837

Contractor License No. 34AL00001700 Exp. Date 01-31-2011

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

Federal Emp. ID No. 581814102 FAX: (732) 346-6134

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work $ 989.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required 5/26/10 (Date) (Initial)

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	Dates (Month/Day) 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				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.

_____
Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixture	
		Receptacles	
		Switches	
(3)		Detectors (Scan Link Fire Prod.)	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
18		Alarm Devices/F.A.C. Panel	
		_____	
21		TOTAL NUMBERS	$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Rang/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 $ _____

1. White-Inspector Copy 2. Canary-Applicant Copy
3. Pink-Office Copy 4. White Tag-Office Copy

UCC/F-120
Professional Printing
(856) 468-7933

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

ELECTRICAL SUBCODE TECHINICAL SECTION

TOWNSHIP OF NORTH BRUNSWICK

Date Received: 05/25/2010 Control #: 28390

Date Issued: 06/21/2010 Permit #: 20100671

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE

Block: 262.02 Lot: 100.01 Qualification Code:

Work Site Location: 1210 STOCKTON DRIVE

Owner in Fee: GERVEY JUDAH & PRICE SUSAN

Address: 1210 STOCKTON DRIVE
NORTH BRUNSWICK NJ 08902

E-mail:

Telephone: (732) 422-8617

Contractor: ADT SECURITY SERVICES
ATTN:

Address: 21 NORTHFIELD AVENUE
EDISON NJ 08837

Telephone: (732) 346-6164
Fax:

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date:

Federal Emp. No.: 58-1814102

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

| |Pole/Pad # | |Temporary | | Other

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $989.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $989.00

Job Summary(Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec.Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] 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 Issue				
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.

[ ] Licened Electrical Contractor
[ ] Certified Landscape Irrigation Contractor
[ ] Exempt Applicant

Applicant's Signature/Contractor's seal and Signature

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
3		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&Exit Lights
		Communication Points
18		Alarm Devices/F.A.C. Panel
		Other 1:
		Other 2:
		TOTAL NUMBER 21
		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 Htr./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
		KW Photovoltaic Systems
		Other 3:
		Other 4:
		Other 5:
		Other 6:
		Other 7:
		Other 8:
		Other 9:

FEE (Office Use Only)

$45.00

Administrative Surcharge	$5.00
Minimum Fee	
State Permit Surcharge Fee	$2.00
TOTAL FEE	$40.00

U.C.C.F120(rev. 7/03)

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original and three photocopies

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit # 100671

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

Block Lot Qualification Code

Work Site Location 1210 Stockton Dr. North Brunswick N.J. 08902

Owner in Fee: Susan Price

Tel. 732 422-8617 e-mail

Address 1210 Stockton Dr. North Brunswick, N.J. 08902
(street, municipality, zip code)

Contractor: ADT SECURITY SERVICES Tel. 732) 346-6151

Address 21 NORTHFIELD AVENUE
EDISON, NEW JERSEY 08837

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div. of Fire Safety Installer No.

Fire Alarm Contractor No. P00451 Exp. Date 10-31-2012

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

Federal Emp. ID No. 581814102 FAX: (732) 346-6134

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $ 300.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable or [ ] Combustible
Capacity
Fire Alarm System: [ ] New *OR* [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New *OR* [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppresion Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application.

Applicant Signature/ Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK Secondary Fire Protection

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	3	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	3	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

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

UCC/F-140
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

06/08

Permit Ready 100671

From
ADT Security Services
Permit Department
21 Northfield Avenue
Edison, NJ 08837
Phone: 732-346-6151 - Fax: 732-346-6134

Date: 06/16/10

To:
NORTH BRUNSWICK TWP
710 HERMANN ROAD
-
NORTH BRUNSWICK, NJ 08902
Phone: 732-247-0922
Fax: 732.289.3822

Ref:
Owner in Fee: SUSAN PRICE
Address (site): 1210 STOCKTON DR
NORTH BRUNSWICK, NJ 08902
Phone # 732-422-8617
Permit #:
Customer #: 177730030 - 03
Block . Lot

To Whom It May Concern:

The enclosed check is payment for the permit currently in your office. Please use the enclosed self-address stamped envelope to mail the permit to us along with this form so we have the customer identification number.

At this time, I am requesting that a Certificate of Approval (CA) be mailed to us once the inspection is complete.
Thank You.

SR Payment From ADT

We included a fire tech card in this application; please let us know if you will void this out since it is a secondary system.

100671

1006171

Business License

Fire Alarm, Burglar Alarm and Locksmith Advisory Committee

Issued to:

ADT Security Services Inc
7895 Browning Road
Pennsauken, NJ 08109

34AL00001700

FBL Business

ISSUE DATE: 12/17/2008 **EXPIRATION DATE: 01/31/2011**

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

ADT SECURITY SERVICES INC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Alarm System

P00451	10/30/2009 to 10/31/2012	
Permit ID	Date Issued	Lapse Date

Acting Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY

This is to certify that a Fire Protection Equipment Contractor Business Permit has been issued to:

ADT SECURITY SERVICES INC

And is authorized to provide services on the following systems: FAS

P00451 Permit ID

10/30/2009 to 10/31/2012
Date Issued Lapse Date

PLEASE DETACH HERE

Fire Protection System Abbreviation Key:

AFPES-All Fire Protection Equipment Systems
FSS-Fire Sprinkler System
SHFSS-Special Hazard Fire Suppression System
FAS-Fire Alarm System
PFE-Portable Fire Extinguisher
KFSS-Kitchen Fire Suppression System

PLEASE DETACH HERE

Dear Contractor:

Congratulations on receiving a business permit as a Fire Protection Equipment Contractor. The business identified above is authorized by the New Jersey Department of Community Affairs to install, service, repair, inspect and maintain fire protection equipment on the systems/services identified on the permit. The services authorized by this permit are restricted to the Fire Protection Equipment services identified on the business permit application, and may be limited within each permit classification.

Let me commend you on your professional attitude and desire to provide a valuable service to the citizens of New Jersey. The business permit will be valid for a period of three years. At least one employee of the business must be certified within "each" specialty listed on the permit. An individual certified as a "All Fire Protection Equipment Systems" contractor is permitted to work on all fire protection equipment systems authorized by Public Law P.L. 2001, c. 289.

Please do not hesitate to contact our office if we may further assist you. Our mailing address is: Division of Fire Safety, Contractor Certification and Emblems Unit, P.O. Box 809, Trenton, New Jersey 08625-0809, or phone us at (609) 633-6737.

Sincerely,

Charles A. Richman, Acting Commissioner

State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

TELECOMMUNICATIONS WIRING EXEMPTION

Issued to: ADT Security Services, Inc.

21 Northfield Avenue, Edison, NJ 08837
Address

Signature of Holder

Exemption No. 438

Ramps in the IRC/2006

The 2006 International Residential Code (IRC/2006) was adopted February 20, 2007 at *N.J.A.C.* 5:23-3.21. Upon adoption, the maximum slope requirement for a ramp (Section R311.6.1) was inadvertently deleted from the IRC/2006. Subsequently, because one- and two-family dwellings are not covered by the Barrier Free Subcode, it was discovered that the code had a gap — there was no scoping for ramps installed at one- and two-family dwellings or townhouses. This was not the Department of Community Affairs' intent. The Department has corrected this error: effective April 7, 2008, the deletion was deleted and Section R311.6.1 was adopted. For your convenience, the language follows:

> **Section R311.6.1, Maximum Slope:** Ramps shall have a maximum slope of 1 unit vertical in 12 units horizontal (8.3 percent slope).
>
> **Exception:** Where it is technically infeasible to comply because of site constraints, ramps may have a maximum slope of 1 unit vertical in 8 units horizontal (12.5 percent slope).

If you have any questions on this matter, please contact me at (609) 984-7609.

Source: Rob Austin
Code Assistance Unit

Requirements for Supplemental Smoke Detector or Heat Detector Installations for International Residential Code Dwellings

The Department of Community Affairs has received calls from contractors and code officials concerning permit requirements and inspection responsibilities for the installation of non-required, supplemental burglar-/fire-alarm systems.

Some questions that have been asked are: What type of permit is required? What code requirements apply to the installation? Can one device be installed to cover the entire dwelling and what type of device can be installed? What is the appropriate code reference in the Uniform Construction Code (UCC)?

A contractor installing supplemental equipment in a dwelling that already has a required system installed must comply with *N.J.S.A.* 45:5A-18 et seq. This is more specifically spelled out at *N.J.A.C.* 5:23-2.15(b)7. The license number of the contractor must be on the permit application. This section requires a certification permit from the Division of Fire Safety, an Individual Alarm Installer's License issued by the Board of Examiners of Electrical Contractors, or a New Jersey licensed electrical contractor. The applicant must apply for a permit for electrical work only. Remember, this is a supplemental system for a dwelling being constructed under the International Residential Code, not a required system. When a system is being installed in an International Building Code structure, the system would need to follow the requirements of Section 901.2. This section requires that only the work being performed needs to comply with the provisions of the code.

National Fire Protection Association (NFPA) Standard 72, the Household Fire-Alarm Systems standard, and the manufacturer's installation instructions must be followed for the location and wiring of the detector(s). Section 760 of the 2005 National Electrical Code (NEC/2005) must also be followed for the installation of the wiring and the circuit supplying power.

Just because someone wishes to install a supplemental system doesn't mean they need to install a complete system throughout the dwelling. If the applicant is voluntarily installing a low-voltage system and wishes to install one detector on each floor or one detector on the main floor, there are no code requirements to install them anywhere other than where they wish to install them.

The UCC at *N.J.A.C.* 5:23-6.6(i) requires that materials and methods meet code requirements. *N.J.A.C.* 5:23-6.8(d)8 requires that all of Chapter 7 of the NEC/2005 be followed, specifically in this case Article 760, Fire-Alarm Systems. This article references the 2002 edition of NFPA 72 for installation.

So, in short, an electrical permit is required; a fire permit is not required. The contractor/homeowner can test all the equipment installed in the presence of the electrical inspector. The installer can install any devices, as long as they are installed in accordance with the above-referenced codes and the manufacturer's installation instructions. Remember, this is not a required system; it is supplemental.

Source: Michael E. Whalen
Code Assistance Unit