PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1-20-92
Date Issued 7-29-92
Control #
Permit # 331-92

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

Block 44 Lot 24
Work Site Location 13 VAN BUREN AVE METUCHEN
Owner in Fee MILDRED EDLI
Address 13 VAN BUREN AVE METUCHEN
Tele. ( ) [redacted]
Contractor RUDOLPH N LOBZINSKI
Address 388 MAPLE AVE ISELIN WAY NJ
Tele. ( ) 499-0882
Lic. No. 6074
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R3A Proposed R3A
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 425.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 7-23-92
Approved by: [illegible]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓]
Approved by: [illegible]
Date: 8-4-92

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.

Rudolph Lobzinski
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	
1	Water Heater	15.00
	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	
	Other	

Administrative Surcharge $
Paid [✓] Check # 420 Minimum Fee $ 25.00
Collected by: SA TOTAL $ 25.00

REPLACE GAS WATER HEATER

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(732) 632-8515

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6/30/04
Date Issued 7-2-04
Control #
Permit # 04-0458

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

Block 44 Lot 24
Work Site Location 13 VAN BUREN N
METUCHEN NJ 08840
Owner in Fee FRANK STRUCK
Address 14 JUNIPER ST
METUCHEN NJ 08840
Tele. ([redacted]) OR [redacted]
Contractor FRANK STRUCK (OWNER)
Address 14 JUNIPER ST
METUCHEN NJ 08840
Tele. (732) 548-4729 Fax (201) 650-9631
Lic. No. or Bldrs. Reg. No.
Federal Emp. 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
Re-roof
Siding

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[T] No Plans Required	7/1/04	MR
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8/16/05
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			8/16/05	Q
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[X] Roofing
[X] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)

$	
	46
	46
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 6
TOTAL FEE	$ 98

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ 4700.00

UCC/PRO F-110 (REV 3/96)
Professional Printing
(856)468-7933

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

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 06/12/12
Control #
Permit # 12-0173

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 44 Lot 2.4 Qual
Work Site Location 13 VAN BUREN AVE.
METUCHEN, NJ 08840
Owner in Fee/Occupant O'CONNOR
Address 13 VAN BUREN AVENUE
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor GINFRIDA HOME IMPROVEMENTS
Address 24 ELM AVENUE
RAHWAY, NJ 07065-
Telephone (732)499-7555 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH00788100
Federal Emp. No. 22-2450439

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

BASEMENT ALTERATIONS, FURNACE, WATER HEATER, A/C & 200 AMP SERVICE

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ____.

Construction Official

Fee $ 0
Paid [X] Check No. 22405
Collected by: SH

U.C.C. F260 (rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 3/7/12
Permit # 12-0173

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

Block 44 Lot 24 Qualification Code

Work Site Location 13 VAN BUREN AVE METUCHEN

Owner in Fee: MR & MRS O'CONNOR

Tel [redacted] e-mail

Address 13 VAN BUREN AVE (street) METUCHEN (municipality) NJ (zip code)

Contractor: Ginfrida Home Improvements Tel. (732) 499-7555

Address 24 Elm Avenue, Rahway, NJ 07065 e-mail office@davidginfrida.com

Contractor License No. or Builder Registration No. 13VH00788100 Exp. Date 12/31/12

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

Federal Emp. ID No. 222450439 FAX: (732) 382-2289

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3/7/12	
[ ] 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: 5/16/12
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			4/6/12	
Truss Sys./Bracing				
Barrier-Free				
Insulation			4/9/12	
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			8/16/12	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ 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

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Rehabilitation $ 26,200.00
3. Total (1+ 2) $ 26,200.00

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.

Sign here: Glenn Ariel
Print name here: GLENN ARIEL.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
1. Construct New Finished Basement.
2. Remove Lolly Column & ADD Steel plate

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
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 524
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/7/12
Control #
Permit # 12-0173

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

Block 44 Lot 2.4
Work Site Location 13 VAN BUREN AVE METUCHEN
Owner in Fee O'CONNOR
Address SAME
Tele. [redacted]
Contractor JOHN FABER PLBG + HTG LLC
Address POB 74 SCOTCH PLAINS N.J
Tele. (908) 246-0396 Fax ( )
Lic. No. 8416
Federal Emp. No. 15858

B. PLUMBING CHARACTERISTICS

Use Group Present 4 Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 6750 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW
NT No Plans Required Phone
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 3/8/12
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3/9/12
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			3/15/12	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO Final			5/9/12	

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.

John C Faber
Signature — Contractor's Seal

NT Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 15
	Urinal/Bidet	
1	Bath Tub	11
1	Lavatory	15
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	50
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	50
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Shocks Bell Nipple valve	50
1	Other Furnace Reconnect	50
1	Other Condensate Drain	15
	Other	260

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F130 (rev. 3/86)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 3/7/12
Permit # 12-0173

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

Block 44 Lot 24 Qualification Code

Work Site Location 13 Van Buren Ave

Owner in Fee: O Connor

Tel. [redacted] e-mail

Address 5 Ann
street municipality zip code

Contractor: RF ELECTRIC Tel. (908) 755-8510

Address 407 Marsh Ave., So. Plainfield, NJ e-mail rf7788@comcast.net

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

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

Fire Alarm Contractor No. 8394 Exp. Date

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

Federal Emp. ID No. [redacted] FAX: (908) 754-6665

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

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

[ ] Other

Location:

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity*

Total Cost of Fire Protection Work $ 880.

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the [redacted] owner of record and am authorized to make this application.

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Whole House 120V system

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected	5	
[X] CO Detectors/110v	1	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	6	50
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plan Approved

Date: 3/7/12

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CA

Date: 5/10/12

Approved by:

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

U.C.C. F140
(rev. 7/06)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 3/7/12
Permit # 12-0173

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

Block 44 Lot 2.04 Qualification Code

Work Site Location 13 Van Buren Ave
Metuchen, NJ 08840

Owner in Fee: O'Connor

Tel. [redacted] e-mail

Address Same
street municipality

Contractor: Joe Hurley Inc Tel. (732) 660-1600
code

Address 1311 Allaire Avenue e-mail
Ocean NJ 07712

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00872000

Federal Emp. ID No. 22 323 7676 FAX: (732) 660-1111

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location: Basement

Total Cost of Fire Protection Work $ 2,000.00

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:

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.

Applicant's Signature Contractor's Signature

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replacement of Gas Furnace
Direct Vent PVC- Exhaust/Intake

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
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	2	70
Fireplace Venting/Metal Chimney		
Other		
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:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/6/12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CA
Date: 5/10/12
Approved by:

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

REHAB 2008

Date Received
Control #
Date Issued 3/7/12
Permit # 12-0173

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

Block 44 Lot 2.04 Qualification Code

Work Site Location 13 Van Buren N. Metuchen NJ

Owner in Fee: O'Connor

Tel. [redacted] e-mail

Address [redacted] (street / municipality / zip code)

Contractor: RF ELECTRIC Tel. (908) 755-8510

Address 407 Marsh Ave., So. Plainfield, NJ e-mail rf7788@comcast.net

Contractor License No. 8394 Exp. Date

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

Federal Emp. ID No. [redacted] FAX: (908) 754-6665

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1550.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 2-15-2
Approved by: Rmall Marsh

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

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough			4/5/12	AK
Barrier-Free				
Trench				
Temp. Serv.				
onstr. Serv.				
CO				
Other				
Service			4/5/12	AK
Final				
Barrier-Free			5/10/12	RM
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued			4/5/12	
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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
18		Lighting Fixtures	
14		Receptacles	
10		Switches	
6		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
1		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 150.00
		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	2½ Ton	KW Central A/C Unit	15.00
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	100.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Furnace Replacement	

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

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Co