BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block 55 Lot 12

Work Site Location 105 Oak Street
Westville, NJ 08093

Owner in Fee Robert & Nancy Miller

Address 35 Hillside Avenue
Westville, NJ 08093

Tele. (856) 456-5051

Contractor Owner

Address

Tele. (_____) _____ Fax (_____) _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

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 $ 3000.00
3. Total (1+ 2) $ 3000.00

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.

Robert W Miller
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SIDING

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] 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)

$ _____

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

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 WESTVILLE
CODE ENFORCEMENT
856-845-1300 EXT 127

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 10/06/2005
Control #
Permit # 05-143

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

Block 55 Lot 12 Qual

Work Site Location 105 OAK ST

Owner in Fee BROWN

Address 105 OAK ST
WESTVILLE, NJ 08093-

Tele.(609)929-7894

Contractor

Address

Tele.( ) Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

INTERIOR RENOVATIONS AS PER RELEASED PLAN
BLDG; ELECTRIC & PLUMBING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 8,000
3. Total (1+2) $ 8,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	160
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 160
DCA State Permit Fee	$ 1.1

Paid [X] Check # 1190
Collected by: DRS

U.C.C. F110 (rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block 33 Lot 17
Work Site Location 106 Dell St.
Owner in Fee Christopher Brown Sr.
Address 103 Dell St Westville NJ 08093
Tele. (609) 924-7844
Contractor Same
Address
Tele. ( ) Fax ( )
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 Christopher Brown Sr

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Interior Renovation's

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK.

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

FEE (Office Use Only)

$ 1

Administrative Surcharge $
Minimum Fee $ 149.—
DCA Training Fee $
TOTAL FEE $

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 $ 5000.00
3. Total (1+ 2) $

UCC/PRO F-110 (REV3/96)
Professional Printing
(856) 468-7933

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

BOROUGH OF WESTVILLE
CODE ENFORCEMENT
856-845-1300 EXT 127

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 10/06/2005
Control #
Permit # 05-143

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

Block 55 Lot 12 Qual
Work Site Location 105 OAK ST

Owner in Fee BROWN
Address 105 OAK ST
WESTVILLE, NJ 08093-
Tele.(609)929-7894
Contractor
Address

Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as SFD Utility Co. PSEG
Estimated Cost of Electrical Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
15		Lighting Fixtures	
21		Receptacles	
8		Switches	
3		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
48		TOTAL NUMBERS	36
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
1	4	KW Oven/Surface Unit	25
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
1	0	HP Garbage Disposal	0
1	4	KW Central A/C Unit	25
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [X] Check # 1190 Minimum Fee $ 0
Collected by: DRS TOTAL FEE $ 86
DCA State Permit Fee $ 1

U.C.C. P120 (rev. 3/96)

UCCARS 5.24D

BOROUGH OF WESTVILLE
CODE ENFORCEMENT
856-845-1300 EXT 127

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 10/06/2005
Control #
Permit # 05-143

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

Block 55 Lot 12 Qual

Work Site Location 105 OAK ST

Owner in Fee BROWN
Address 105 OAK ST
WESTVILLE, NJ 08093-
Tele.(609)929-7894
Contractor
Address

Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas. Equip.				
Gas Piping				
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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
0	Washing Machine	0
1	Hose Bib	10
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	40
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [X] Check # 1190 Minimum Fee $ 0
Collected by: DRS TOTAL FEE $ 90
DCA State Permit Fee $ 2

U.C.C. F130 (rev. 3/96)

Thur: A.M

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1.24.95
Date Issued 8-3-95
Control #
Permit # 95124

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

Block 50 Lot 12
Work Site Location 105 OAK STREET

Owner in Fee ROBERT W MILLER
Address 35 HILLSIDE AVE
WESTVILLE N.J. 08093
Tele. (609) 456-3051
Contractor OWNER
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. 143-42-1739

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.

Robert W Miller
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK REROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date: 1.31.95		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			1.31.95	

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present 5B 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) $ 1000.00

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
[X] Roofing
[ ] Siding
[ ] Fence Height (6' or over)
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

(Office Use Only)

FEE

$
35

Paid [X] Check # 1112
Collected by:

Administrative Surcharge $
Minimum Fee $
DCA TRAINING FEE $ 3.50
TOTAL FEE $ 35

UCC Form F-1108

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

144044

Westville

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/15/90
Date Issued 8/15/90
Control #
Permit # 90 - 213

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

Block 55 Lot 12
Work Site Location 105 OAK STREET
WESTVILLE NJ 08093
Owner in Fee SARAH REIT
Address SAME AS ABOVE

Tele. (609) 456-7347
Contractor AARON ELECTRIC COMPANY
Address 534 OTTO AVE.
EDGEWATER PARK, NJ 08010
Tele. (609) 871-9715
Lic. No. 9667
Federal Emp. No. _____ or Social Security No. 142-66-9727

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [=] Other Replace 100A Service
Building Occupied as Res Utility Co. _____
Est. Cost of Elec. Work $ 600.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 8-23-90
Approved by: [signature]

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued 30926
Final Cut-in-Card Date Issued _____
Line Dept.

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.

[signature]
Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
1	100	Service Entrance	33.—
		Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 33.—
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-120A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block 33 Lot 12
Work Site Location 103 Dick St.

Owner in Fee Christopher Brown Sr.
Address 103 Dick St. Westville NJ 08093
Tele. (609) 921-7804
Contractor Same
Address

Tele. (_____) _____ Fax (_____) _____
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 Christopher Brown Sr

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Interior Renovation's

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

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

[ ] Demolition

FEE (Office Use Only)
$ 1

Administrative Surcharge $ _____
Minimum Fee $ 149.00
DCA Training Fee $ _____
TOTAL FEE $ _____

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 $ 8000.00
3. Total (1+ 2) $ _____

UCC/PRO F-110 (REV3/96)
Professional Printing
(856) 468-7933

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 4133

Date Issued 7/27/17
Permit # 20170169

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

Block 55 Lot 12 Qualification Code

Work Site Location 105 OAK AVE
WESTVILLE, NJ

Owner in Fee: FIRST STATE PROPERTIES

Tel (609) 591-1515 e-mail

Address P.O. BOX 332, MARLTON, NJ.
street municipality zip code

Contractor J. DAVIS ELECTRIC, LLC Tel ( )

Address 70 MONET DRIVE
MAYS LANDING, NJ 08330

Contractor License No. NJ LIC# 6500C Exp Date 3/31/18

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

Federal Emp. ID No. 27-0851404 FAX: ( ) 609-320-3599

B. ELECTRICAL CHARACTERISTICS

Use Group Present

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ $1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	7/20/17	MC

Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7/20/17
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8/29/17
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8/29/17	MC
Barrier-Free				

Dates (Month/Day)

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ADD LIGHT FIXTURE, & SW
ADD RECEPT'S

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
2		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
4		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	
	30MAP	HP Garbage Disposal	
1		KW Central A/C Unit	
1		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 $

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
Control # 4133
Date Issued 7/27/17
Permit # 20170169

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 105 Oak Ave
Westville, NJ 08093

Owner in Fee: First State Properties, LLC.

Tel. (609) 591-1515 e-mail _____

Address P.O. Box 332 Marlton 08053
(street) (municipality) (zip code)

Contractor: Ryan J. Hoolahan T/A Air Control Tech, Inc. Tel. (609) 868-0184

Address 998 Taunton Ave e-mail _____
West Berlin, NJ 08091

Contractor License No. 36BI01284800 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223060426 FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size 4" Public Sewer ✓ Private Septic _____

Water Service Size 3/4" Public Water ✓ Private Well _____

Est. Cost of Plumbing Work $ 1350.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 7/27/17 Approved by: DOB
[ ] Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 7/27/17
Approved by: _____

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer			7/27	
Fixtures			7/27	
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			7/27	

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: _____

Print name here: Ryan J. Hoolahan

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement of existing fixtures with new

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
2	Water Closet	
	Urinal/Bidet	
1	Bath Tub	
2	Lavatory	
	Shower	
	Floor Drain	
2	Sink	
1	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	

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

U.C.C. F130 (rev. 11/09)
Internet version

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
Control # 4133
Date Issued 7/27/17
Permit # 20170169 A

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 105 OAK AVE
Westville NJ

Owner in Fee: FIRST STATE properties

Tel. 609 561-4515 e-mail _____

Address PO Box 332 Mantua NJ 08051
street municipality zip code

Contractor: DYNAMIC SAFE HEAT Tel. 856 693-44[illegible]

Address 21 EDGEVIEW e-mail _____
Sicklerville NJ 08081

Contractor License No. 19HC00086300 Exp. Date 6/18

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 27-2180106 FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 4,000.00

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: [signature]

Print name here: DAVID C BUTLER

[ ] Licensed Plumbing Contractor [ ] ~~Exempt Applicant~~

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install 80g furnace/AC

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	~~Stacks~~	
1	Other Condenser	75-

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: 7/27/17 Approved by: [signature]
[ ] Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] 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
~~Slab~~				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			7/27/17	[signature]

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 7/27/17
Permit # 20170169

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 105 OAK AVE
Westville NJ

Owner in Fee: FIRST STATE PROPERTIES

Tel. 609 561-1515 e-mail _____

Address PO BOX 332 MARLTON NJ 08054
street municipality state zip code

Contractor: DYNAMICS A/C ELECTRIC 856 693 4430

Address 21 EDGEVIEW LANE e-mail _____
SICKLERVILLE NJ 08081

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

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

Fire Alarm Contractor No. 19HC00086300 Exp. Date 6/18

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 27-2180100 FAX: _____

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 $ 100.00

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
[X] No Plans Required
[ ] Partial -Understab 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: 7-27-17
Approved by: AD

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [ ] CA
Date: 8/29/17
Approved by: _____

INSPECTIONS	Dates (Month/Day)			
Type	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			8/29/17	
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.

Applicant/Contractor sign here: _____

Print name here: DANIEL BUTLER

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source Water 80% Sprinkler
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		75
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

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U.C.C. F140 (rev. 02/11)