

BRICK, TOWNSHIP
OF
(BUILDING DEPT.)

PERMIT WITHOUT
A JACKET



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

SEP 3 96 008026

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

Block 524 Lot 37
Work Site Location 953 Midvale Ave
BRICK HT 08223
Owner in Fee GAIL VAN DIKE
Address 953 Midvale Ave
BRICK HT 08223
Tele. [REDACTED]
Contractor ITS Electrical Contractors
Address 566 Michelle Pl.
BRICK HT 08223
Tele. (908) 477-1225
Lic. No. 11930
Federal Emp. No. _____ or Social Security No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 1650.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)			
		Type:	Failure	Approval	Initial
[] No Plans Required	Rough	_____	_____	_____	_____
Joint Plan Review Required:	Temporary	_____	_____	_____	_____
[] Bldg. [] Plumb.	Constr. Serv.	_____	_____	_____	_____
[] Fire [] Elevator	TCO	_____	_____	_____	_____
[] Elec. Plans Approved	Other	_____	_____	_____	_____
Date: _____	Service	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: 5/12/00

Approved By: [Signature]

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

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

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.

[X] Licensed Electrical Contractor [] Exempt Applicant

[Signature]
Signature—Contractor Seal

Paid [X] Check # <u>4269</u>	Administrative Surcharge	\$	_____
_____	Minimum Fee	\$	<u>35.</u>
_____	DCA Training Fee	\$	<u>1.</u>
Collected by: <u>[Signature]</u>	TOTAL FEE	\$	<u>36.</u>

U.C.C. Form F-1208

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

S

5/10/00 NO ACCESS 1215 HRS - WHITE CAR 101 YARD.

LEFT NOTE.

5/10/00 OK TO INSPECT AND NO REINSTATEMENT
REQUIRED PER MARCEL.

OWNER REQUESTS INSPECTION AFTER 3 PM.

932