

BLOCK 701 LOT 903 QUALIFICATION CODE 7ADDRESS (SITE) 744 Rd. 70PERMIT NO. 12-0955

CONSTRUCTION PERMIT APPLICATION

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

C-18-061130**I. IDENTIFICATION**1. Proposed Work Site at: Shoprite Brick2. Name of Owner in Fee: SOKER ShopriteTel. (732) 294-2379 e-mail george@shoprite.comAddress 922 Highway 33 Freehold, NJ 077283. Ownership in Fee: Public 1 Municipality Freehold, NJ zip code 077284. Principal Contractor: ABC Electric Co Tel. (732) 462-3232Address 918 Highway 33 Freehold, NJ 07728 e-mail george@abc.comLicense No. OR, if new home, Builder Reg. No. 530473 Exp. Date 3/2015Home Improvement Contractor Registration No. or Exemption Reason (if applicable): NoneFederal Emp. ID No. 223-284-873 FAX: (732) 462-34635. Architect or Engineer George Beck Contact George BeckAddress George BeckTel. (732) 462-3463 FAX: (732) 462-34636. Responsible Person in Charge once Work has Begun George BeckTel. (732) 462-3463 FAX: (732) 462-3463**II. PROPOSED WORK**☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit**III. SUBCODES**

(Check all that apply)

☐ Building ☐ Electrical ☐ Plumbing ☐ Fire Protection ☐ Elevator**IV. PLAN REVIEW (optional)**

DO YOU WANT:

1. ☐ Partial Releases2. ☐ Prototype Processing1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks2. ☐ High Pressure Boilers3. ☐ Pressure Vessels4. ☐ Refrigeration Systems5. ☐ Cross-Connections/Backflow Preventers6. ☐ Hazardous Uses/Places of Assembly7. ☐ Sprinklers8. ☐ Smoke Control Systems in Open Wells9. ☐ Underground Storage Tanks10. ☐ Swimming Pools, Spas and Hot Tubs**V. FEE SUMMARY (for office use only)**1. Building \$ 1000 Update2. Electrical \$ 1000 Update3. Plumbing \$ 1000 Update4. Fire Protection \$ 1000 Update5. Elevator Devices \$ 1000 Update6. Subtotal \$ 1000 Update7. Less 20% for State Plan Review \$ 200 Update8. Subtotal \$ 800 Update9. State Permit Surcharge Fee \$ 0 Update10. Subtotal \$ 0 Update11. Cert. of Occupancy \$ 0 Update12. Other \$ 0 Update13. TOTAL \$ 1000 Update**VI. BUILDING/SITE CHARACTERISTICS**1. Number of Stories 1 (office use only)2. Height of Structure 10 ft.3. Area - Largest Floor 1000 sq. ft.4. New Building Area 1000 sq. ft.5. Volume of New Structure 1000 cu. ft.6. Construction Classification 17. Total Land Area Disturbed 1000 sq. ft.8. Flood Hazard Zone 19. Base Flood Elevation 10 ft.10. Wetlands 1 yes11. Max. Live Load 10 no12. Max. Occupancy Load 10**VII. DESCRIPTION OF BUILDING USE**

A. RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

4. No. of dwelling units: All Units Income-restrictedBefore Construction 1000After Construction 1000Net Gain or Loss 0

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

C. MIXED USE -List secondary use(s):

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 ABG Electric Co Inc
Address 918 Highway 33, Ste 1
Freehold, NJ 07728
Telephone (732) 462-3232
Signature [Signature]

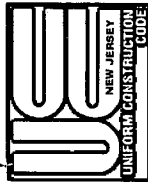
III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

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									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)	
Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
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. _____	_____	_____	_____



ELECTRICAL SUBCODE TECHNICAL SECTION

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

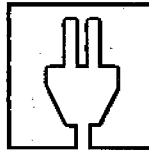
Block 701 Lot 92837 Qualification Code 744 Rt. 110
Work Site Location Shoptite
Owner in Fee: 1321 Chamber Bridge Road
Tel. 732-944-3372 e-mail Saber Shoptite
Address 928 Highway 33 Freehold NJ 07728
Contractor: ABG Electric Co. Inc. Tel. 732 462-3232
Address 918 Highway 33, Ste. 1
Freehold, NJ 07728 e-mail george@abgelectric.com

Contractor License No. 53048 Exp. Date 3/2015
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 223 - 284-873/000 FAX: 732 462-3463

B. ELECTRICAL CHARACTERISTICS

Use Group: ☐ Present ☐ Proposed
☐ Pole/Pad # ☐ Temporary ☐ Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ \$4,500.00

COMMERCIAL



Date Received
Date Issued
Control #
Permit #

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 sign/Contractor sign and seal here:

Print name here: George Beck

☒ Licensed Elec. Contractor ☐ Landscaping Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.SIZE

ITEMS

Lighting Fixture
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

FEE (Office Use Only)

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:	Failure	Type:	Failure	Failure	Approval
☒ No Plans Required		Rough			Initial
☐ Partial-Underslab Utilities Approved		Barrier-Free			
Date: <u>4-10-12</u> Approved by: <u>[Signature]</u>		Trench			
☐ Electric Plans Approved		Temp. Serv.			
Date: <u>4-10-12</u> Approved by: <u>[Signature]</u>		Constr. Serv.			
Joint Plan Review Required:		TCO			
☐ Bldg. ☐ Plumb. ☐ Fire ☐ Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>4-10-12</u>		Final 3-8-12			
Approved by: <u>[Signature]</u>		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
☐ CO ☐ CC0 ☐ CA		Final Cut-in-Card Date Issued			
Date: <u>4-10-12</u>		Annual Pool Inspection			
Approved by: <u>[Signature]</u>		Date of Grounding and Bonding			
		Certification			

UCC/F-120

(rev. 11/09)

Professional Printing
(856) 468-7933

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



CONSTRUCTION PERMIT

Date Issued 4/17/12
Control # C-12-001130
Permit # D-0455

IDENTIFICATION Block: 701 Lot: 7 Qualifier _____
Work Site Location: 744 ROUTE 70 AKA 132 Chambers Bridge Rd. Contractor ABG Electric Co., Inc.
Shop Rite Brick Township, NJ Address 918 HIGHWAY 33, Freehold NJ 07728
Owner in Fee BRICKTOWN VF LLC %VORNADO REALTY Telephone: (732) 462-3232
210 ROUTE 4 EAST, PARAMUS NJ 07652 Lic. No. or Bldrs. Reg. No. 5304B
Telephone: (732) 294-2372 Federal Employee. No. _____

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:

disconnect exist cases and connect new ones.

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 \$4,500

[Signature]
Construction Official

4-12-12
Date

U.C.C. F170
equiv (rev 8/03)

1. WHITE - INSPECTOR

2. CANARY - OFFICE

3. PINK - TAX ASSESSOR

4. GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$160
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$8
CO Fee	
Other	\$0
Total	\$168
Check No.	<u>871430</u>
Cash	\$0
Credit	\$0
Collected By	

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 the 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 granted.

☒ 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 cases 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. 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.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

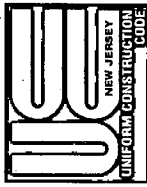
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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.

If you do not understand any of this information, please ask.



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.

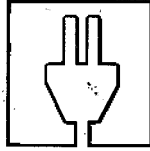
Block 701 Lot 9837 Qualification Code 744 R1-10
Work Site Location Shoptite Bldg 1321 Chamber Bridge Road
Owner in Fee: Saver Shoptite
Tel. 732 294-2372 e-mail
Address 1321 Highway 33 Freehold NJ 07728
Contractor: ABQ Electric Co. Inc. Tel. 732 462-3232
Address 918 Highway 33, Ste. 1
Freehold, NJ 07728 e-mail george@abqelectric.com
Contractor License No. 53049 Exp. Date 3/2015
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 223 284-873/000 FAX: 732 462-3463

B. ELECTRICAL CHARACTERISTICS

Use Group: Present ☐ Proposed ☐
☐ Pole/Pad # ☐ Temporary ☐ Other ☐
Building Occupied as ☐ Utility Co. ☐
Estimated Cost of Electrical Work \$ \$4,500.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☒ No Plans Required	Rough				
☐ Partial-Under-slab Utilities Approved	Barrier-Free				
Date: <u></u> Approved by: <u></u>	Trench				
☐ Electric Plans Approved	Temp. Serv.				
Date: <u></u> Approved by: <u></u>	Constr. Serv.				
Joint Plan Review Required:	TCO				
☐ Bldg. ☐ Plumb. ☐ Fire ☐ Elev. Service	Other				
SUBCODE APPROVAL for PERMIT		Final			
Date: <u>4-10-12</u>	Barrier-Free				
Approved by: <u>JS</u>	Temp. Cut-in-Card Date Issued				
SUBCODE APPROVAL for CERTIFICATE		Final Cut-in-Card Date Issued			
☐ CO ☐ CCO ☐ CA	Annual Pool Inspection				
Date: <u></u>	Date of Grounding and Bonding				
Approved by: <u></u>	Certification				

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



Date Received
Date Issued
Control #
Permit #

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or owner of record) and I am authorized to make this application, and perform the work listed on this application. Applicant sign/Contractor sign and seal here:

Print name here: George Beck

☒ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY./SIZE

ITEMS

Lighting Fixture
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

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

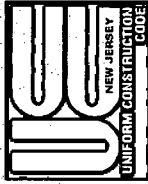
16 Disconnect exist cases
hook up new cases.

FEE (Office Use Only)

\$

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

UCC/F-120
(rev. 11/09)
Professional Printing
(856) 468-7933



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 701 Lot 2372 Qualification Code 144
Work Site Location Shoprite 144 Rt. 170
Owner in Fee: Saker Shoprite
Tel. 332-2372 e-mail 332-2372
Address 144 Highway 33 Freehold NJ 07728
Contractor: ABC Electric Co. Inc. Tel. 332-462-3232 zip code 07728
Address 918 Highway 33, Ste. 1
Freehold, NJ 07728 e-mail georg@apgelectr.com

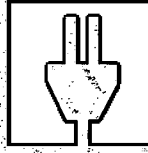
Contractor License No. 3304B Exp. Date 3/30/15
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 223 234-873/000 FAX: 332-462-3463

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$ \$4,500.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☒ No Plans Required	Rough				
☐ Partial-Underlab Utilities Approved	Barrier-Free				
Date: _____ Approved by: _____	Trench				
☐ Electric Plans Approved	Temp. Serv.				
Date: _____ Approved by: _____	Const. Serv.				
Joint Plan Review Required:	TCO				
☐ Bldg. ☐ Plumb. ☐ Fire ☐ Elev.	Other				
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>4-10-12</u>	Final				
Barrier-Free					
Approved by: <u>JS</u>	Temp. Cut-in-Card Date Issued				
SUBCODE APPROVAL for CERTIFICATE		Final Cut-in-Card Date Issued			
☐ CO ☐ CC0 ☐ CA	Annual Pool Inspection				
Date: _____	Date of Grounding and Bonding				
Approved by: _____	Certification				

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



Date Received
Date Issued
Control #
Permit #

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of owner or record add.) I am authorized to make this application, and perform the work listed on this application. Applicant sign/Contractor sign and seal here:

Print name here: George DeBek

☒ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY./SIZE
ITEMS
Lighting Fixture
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/FA.C. Panel

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

16
DISCOUNT EXIST CASES
hook up new cases

FEE (Office Use Only)

\$

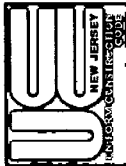
Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$

UCC/F-120

(rev. 11/09)

Professional Printing

(856) 468-7933



FIRE PROTECTION 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 940 Lot 148 Qualification Code _____

Work Site Location 7003 North Dr

Owner in Fee: Brick

Tel. (908) 902-7700 e-mail _____

Address _____

Contractor: NJR HOME SERVICES Tel. 732 919-8090

Address 1415 WYCKOFF RD e-mail _____

WALL NJ 07719

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) 13VH00361500

Federal Emp. ID No. 22-3609806 FAX: 732 938-3010

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: X New OR [] Modification to Existing

OR [] Conversion OR [] Replacement

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

Location: _____

Total Cost of Fire Protection Work \$ 1566.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underlab 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: 12-23-13

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

Other _____

Flam/Combust Tanks _____

Fireplace Venting _____

Final _____

Other _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Dates (Month/Day)

Failure _____ Approval _____ Initial _____

Fire Alarm System: [] New OR [] Existing

Location of Panel: _____

Fire Suppression/Standpipe System: _____

[] New OR [] Existing

Location of Main Control Valve: _____

Fuel Storage Tank: _____

Fuel Type: [] Flammable OR [] Combustible

Capacity _____

Exp. Date _____

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) 13VH00361500

Federal Emp. ID No. 22-3609806 FAX: 732 938-3010

Use Group: Present X Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: X New OR [] Modification to Existing

OR [] Conversion OR [] Replacement

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

Location: _____

Total Cost of Fire Protection Work \$ 1566.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underlab 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: 12-23-13

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

Other _____

Flam/Combust Tanks _____

Fireplace Venting _____

Final _____

Other _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Dates (Month/Day)

Failure _____ Approval _____ Initial _____

Fire Alarm System: [] New OR [] Existing

Location of Panel: _____

Fire Suppression/Standpipe System: _____

[] New OR [] Existing

Location of Main Control Valve: _____

Fuel Storage Tank: _____

Fuel Type: [] Flammable OR [] Combustible

Capacity _____

Exp. Date _____

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) 13VH00361500

Federal Emp. ID No. 22-3609806 FAX: 732 938-3010

Use Group: Present X Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: X New OR [] Modification to Existing

OR [] Conversion OR [] Replacement

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

Location: _____

Total Cost of Fire Protection Work \$ 1566.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underlab 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: 12-23-13

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

Other _____

Flam/Combust Tanks _____

Fireplace Venting _____

Final _____

Other _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Dates (Month/Day)

Failure _____ Approval _____ Initial _____

Fire Alarm System: [] New OR [] Existing

Location of Panel: _____

Fire Suppression/Standpipe System: _____

[] New OR [] Existing

Location of Main Control Valve: _____

Fuel Storage Tank: _____

Fuel Type: [] Flammable OR [] Combustible

Capacity _____

Exp. Date _____

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) 13VH00361500

Federal Emp. ID No. 22-3609806 FAX: 732 938-3010

Use Group: Present X Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: X New OR [] Modification to Existing

OR [] Conversion OR [] Replacement

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

Location: _____

Total Cost of Fire Protection Work \$ 1566.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underlab 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: 12-23-13

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

Other _____

Flam/Combust Tanks _____

Fireplace Venting _____

Final _____

Other _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Dates (Month/Day)

Failure _____ Approval _____ Initial _____

Fire Alarm System: [] New OR [] Existing

Location of Panel: _____

Fire Suppression/Standpipe System: _____

[] New OR [] Existing

Location of Main Control Valve: _____

Fuel Storage Tank: _____

Fuel Type: [] Flammable OR [] Combustible

Capacity _____

Exp. Date _____

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) 13VH00361500

Federal Emp. ID No. 22-3609806 FAX: 732 938-3010

Use Group: Present X Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: X New OR [] Modification to Existing

OR [] Conversion OR [] Replacement

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

Location: _____

Total Cost of Fire Protection Work \$ 1566.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underlab 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: 12-23-13

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

Other _____

Flam/Combust Tanks _____

Fireplace Venting _____

Final _____

Other _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Dates (Month/Day)

Failure _____ Approval _____ Initial _____

Fire Alarm System: [] New OR [] Existing

Location of Panel: _____

Fire Suppression/Standpipe System: _____

[] New OR [] Existing

Location of Main Control Valve: _____

Fuel Storage Tank: _____

Fuel Type: [] Flammable OR [] Combustible

Capacity _____

Exp. Date _____