

Brick

Permit Without a Jacket

Permit Number 01-1731

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

2000 NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/16/2001
Date Issued 5/25/01
Control # C18-49
Permit # 01-1731

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-0000

Block 1149 Lot 1 Quat
Work Site Location 163-169 VAN ZILE RD
SIGN

Owner is Fee BRICKTOWN PLAZA ASSOC
Address 600 OLD COUNTRY RD SUITE 425
GARDEN CITY, NY 11530-

Tele. (732) 505-1636 Fax ()

Contractor ERIC GLARSON ELECTRIC CONT

Address 451 NORTHAMPTON BLVD.
TOMS RIVER, NJ 08757-

Tele. (732) 505-1636

Lic. No. of Bldgs. Reg. No. 113508

Federal Emp. No. 22-3399001

B. ELECTRICAL CHARACTERISTICS
Use Group - Present II Proposed II
[] Pole/Pad [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 250

COMMERCIAL

D. TECHNICAL SITE DATA
NO. SIZE ITEM

0	0	Lighting Fixtures
0	0	Receptacles
0	0	Switches
0	0	Detectors
0	0	Light Poles
0	0	Motors-Fract HP
0	0	Emergency & Exit Lights
0	0	Communications Points
0	0	Alarm Devices/F.A.C. Panel
0	0	TOTAL NUMBERS
0	0	Pool Permit/with UVW Lights
0	0	Storage Pool/Spa/Hot Tub
0	0	KW Elect Range/Receptacle
0	0	KW Oven/Surface Unit
0	0	KW Elect Water Heater
0	0	KW Elect Dryer/Receptacle
0	0	KW Dishwasher
0	0	HP Garbage Disposal
0	0	KW Central A/C Unit
0	0	HP/KW Space Heater/Air Handler
0	0	Baseboard Heat
0	0	HP Motors 1/4 HP
0	0	KW Transformer/Generator
0	0	AMP Service
0	0	AMP Subpanels
0	0	AMP Motor Control Center
0	0	KW Elect Sign/Outline Light
0	0	Other
0	0	Other

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[] Bldg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved
Date: 5-22-01
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: _____
Approved By: _____

INSPECTIONS	Dates (Month/Day)	Failure	Failure Approval	Initial
Type				
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.

Paid [] Check #
Collected by: _____
Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$
DCA Training Fee \$