



CONSTRUCTION PERMIT APPLICATION

09-00/641

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

I. IDENTIFICATION

1. Proposed Work Site at: 1930 Rt. 88

2. Name of Owner in Fee: Leite Pools, Brick N.J. 1930 Hwy. 88

Tel. () e-mail

Address street municipality zip code

3. Ownership in Fee: Public Private ☒

4. Principal Contractor: Coastal A/C Inc. Tel. ()

Address 8 Crown Plaza Ste 116 e-mail

License No. OR, if new home, Builder Reg. No. Hazlet NJ 07730 Exp. Date

Home Improvement Contractor Registration No. Fed# 383-880-259 (if applicable):

Federal Emp. ID No. Lic# 13VH00863600 Ph 732-316-5554 FAX: ()

5. Architect or Engineer: 732-316-5560 Fax Contact

Address e-mail

Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun

Tel. () FAX: ()

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$		
2. Electrical	\$		
3. Plumbing	\$		
4. Fire Protection	\$		
5. Elevator Devices	\$		
6. Subtotal	\$		
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$		
10. Subtotal	\$		
11. Cert. of Occupancy	\$		
12. Other	\$		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Construction Classification _____

7. Total Land Area Disturbed _____ sq. ft.

8. Flood Hazard Zone _____

9. Base Flood Elevation _____ ft.

10. Wetlands yes _____ no _____

11. Max. Live Load _____

12. Max. Occupancy Load _____

(office use only)

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

Est. Cost	Plans Rejected	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building								
☐ Electrical								
☐ Plumbing								
☐ Fire Protection								
☐ Elevator								

TOTAL COSTS

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-restricted

Before Construction _____

After Construction _____

Net Gain or Loss _____

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):

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks

2. ☐ High Pressure Boilers

3. ☐ Pressure Vessels

4. ☐ Refrigeration Systems

5. ☐ Cross-Connections/Backflow Preventers

6. ☐ Hazardous Uses/Places of Assembly

7. ☐ Sprinklers

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

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 _____	Other _____
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. _____	_____	_____	_____	_____

U.C.C. F100-3 (rev. 3/96)

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 Jim Paskowski Constal Air Cond.
Address 442-1st NJ. 07230
Telephone (732) 620-2013 CM
Signature [Signature]

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

U.C.C. F100-2 (rev. 10/2005)



Coastal

Air Conditioning Inc.

- Air Conditioning
- Heating
- Refrigeration
- Commercial
- Industrial

Jim Paslowski

Project Manager

8 Crown Plaza, Suite 111, Hazlet, New Jersey 07730

Tel: 732-316-5554 • Cell: 732-620-2013 • Fax: 732-316-5560

Email: jpaslowski@verizon.net

COASTAL AIR CONDITIONING, INC.

Township of Brick

8/17/2011

20402

213.00

*Per Russell
732-267-1083
1930 Route 88
Brick, NJ*

checking

213.00



1140 5 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 1140 Lot 5 Qualification Code _____
 Work Site Location 1930 Hwy 88 Beach 08724
 Owner in Fee: _____
 Tel. (732) 620-2013 e-mail _____

Address _____ street _____ municipality _____ zip code _____
 Contractor: Coastal A/C Inc.
 Address 8 Crown Plaza Ste 110 e-mail hazler@coastalac.com
 Fire Protection Equipment, NJ Div of Fire Safety Permit No. Fed# 383-660-253
 Fire Protection Equipment, NJ Div of Fire Safety Installer No. Lic# 13VH008830
 Fire Alarm Contractor No. 732-316-5534
 Federal Emp. No. _____ FAX: 732-316-5560

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing
 Constr. Class: Present _____ Proposed _____ Location of Panel: _____
 Heating System: [] New or [] Existing [X] HVAC Fire Suppression/Standpipe System:
 Type: [] Gas [] Oil [X] Electric [] Solar [] New or [] Existing
 [] Other _____ Location of Main Control Valve: _____
 Location: _____

Fuel Storage Tank:

Fuel Type: [] Flammable or [] Combustible Capacity _____
 Total Cost of Fire Protection Work \$ 0

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[X] No Plans Required	Alarm System				
[] Joint Plan Review Required	Suppression Sys.				
[] Building [] Plumbing	Standpipe				
[] Electric [] Elevator	Fire Pump				
[] Fire Plans Approved	Pre-Eng. System				
Date: <u>5-20-07</u>	Mechanical				
Approved by: <u>[Signature]</u>	Smoke Control				
SUBCODE APPROVAL	TCO				
[] CO [] CCO [] CA	Flam/Combust Tanks				
Date: _____	Fireplace Venting				
Approved by: _____	Final				
	Other				

Reorder From OCS Printing (609) 398-4375
 U.C.C. F140 (rev. 5/05)
 1 White = Inspector Copy
 3 Pink = Office Copy

Date Received
 Control #
 Date Issued
 Permit #

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent of owner, contractor and am authorized to make this application.

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Rafter (2) RTU's

(Roof Top units)

Water Supply Source

Method of Alarm/Suppression System Supervision

FEE (Office Use Only)

NUMBER

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

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fired Appliances [X] Gas or [] Oil

Fireplace Venting/Metal Chimney

Other _____

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

2 Canary = Office Copy
 4 Gold = Applicant Copy



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #

8/18/11

Date Issued
Permit #

11-2527

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the duly authorized owner of record and am authorized to make this application and perform the work listed on this application.

Block 1149 Lot 5 Qualification Code 12514
Work Site Location Beick NJ Hwy # 98
Owner in Fee: Beick NJ 08724
Tel. () e-mail _____
Address _____
Contractor: JAC Electrical Service Tel. 732 680 9449 zip code 08054
Address 1171 Lake Ave. Clarks Summit e-mail jac@jacserv.com
Contractor License No. 8934C Exp. Date 6/3/12
Federal Employee No. 043606513 FAX: 732 413 0006

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		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. Range/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

COMMERCIAL

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

2

Perf Top unit

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date Initial	INSPECTIONS	Dates (Month/Day)
04 No Plans Required 5-18-94	Type:	Rough	Failure Approval Initial
Joint Plan Review Required:		Barrier-Free	
[] Building [] Plumbing		Trench	
[] Fire [] Elevator		Temp. Serv.	
[] Elec. Plans Approved		Constr. Serv.	
Date:		TCO	
Approved by:		Other	
		Service	
		Final	
		Barrier-Free	
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued	
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued	
Date:		Annual Pool Inspection	
Approved by:		Date of Grounding and Bonding	
		Certification	



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

8/18/11
C-09-001641
11-3227

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 NJ Contractor: Coastal AC, Inc.
Address: 145 Third Street Keyport NJ 07735
Owner in Fee: SUPER INTERMEDIATE CO LLC % E PROP TAX
1930 ROUTE 88 BRICK NJ Telephone: (732) 316-5554
Lic. No. or Bldrs. Reg. No. 13VH00863600
Telephone: 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:

HVAC REPLACE 2 ROOFTOP HVAC UNITS, COOLING WITH ELECTRIC HEAT.
<COMMERCIAL>

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 \$1,501

[Signature]
Construction Official

8-16-11
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	\$40
Electrical	\$80
Plumbing	\$0
Fire Protection	\$90
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$213
Check No.	50904
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.



**BUILDING SUBCODE
TECHNICAL SECTION**



COMMERCIAL

Date Received 05/19/2009
Control # 8/18/11
Date Issued 11-2009
Permit # 11-2009

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

Block 1149 Lot 5 Qualification Code _____
Work Site Location: 1930 ROUTE 88 NJ
Owner in Fee: SUPER INTERMEDIATECO LLC% E PROP TAX
Address 1930 ROUTE 88 BRICK NJ
Tel. _____
Contractor: COASTAL AIR COND
Address 8 CROWN PLAZA SUITE 111 HAZELET NJ 07730
Tel. (732) 620-2013 Fax. (732) 316-5560
Contractor License No. or, if new home, Bldrs Reg. No. _____
Federal Employee No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required	_____	_____
☐ All	_____	_____
☐ Footing	_____	_____
☐ Foundation	_____	_____
☐ Frame	_____	_____
☒ Other	<u>6/16/11</u>	<u>BA</u>
Joint Plan Review Required		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____
SUBCODE APPROVAL		
☐ CO ☐ CCO ☐ CA	_____	_____
Date:	_____	_____
Approved by:	_____	_____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed U Est. Cost of Bldg. Work: _____
Constr. Class Present _____ Proposed _____ 1. New Bldg. _____
Number of Stories _____ 2. Rehabilitation \$1,000
Height of Structure _____ Ft. 3. Total (1+2) \$1,000
Area - Largest Floor _____ Sq. Ft.
New Bldg. Area / All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HVAC, REPLACE 2 ROOFTOP HVAC UNITS, COOLING WITH ELECTRIC HEAT. <COMMERCIAL>

TYPE OF WORK

- ☐ New Building
☐ Addition
☒ Rehabilitation
☐ Roofing
☐ 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)

\$24

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE



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 11487 Lot 5 Qualification Code 12040
Work Site Location 1930 Hwy # 98
Brick NJ 08724

Owner In Fee: _____

Tel. () _____ e-mail _____

Address _____

Contractor: Jax Electrical Service Tel. 732 6505449 zip code _____

Address 1171 Lake Ave Clark NJ e-mail axel@jaxelectrical.com

Contractor License No. 8934C Exp. Date 6/31/12

Federal Employee No. 043606513 FAX: 732 4130006

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 500.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date Initial	INSPECTIONS	Dates (Month/Day)
		Failure	Approval
Joint Plan Review Required:			
☐ Building	☐ Plumbing		
☐ Fire	☐ Elevator		
☐ Elec. Plans Approved			
Date: _____			
Approved by: _____			
SUBCODE APPROVAL			
☐ CO	☐ CCO	☐ CA	
Date: _____			
Approved by: _____			
Date of Grounding and Bonding Certification			

White = Applicant Copy Canary = Office Copy Index = Inspector Copy

Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN HEREBY OATH

I hereby certify that I am the registered owner of record and am authorized to make this application and perform the work described in this application.

Applicant's Signature, Contractor's Seal and Signature

Licensed Elec. Contractor ☐ Cert'd Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures _____
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. Range/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 _____
Disconnect/Reconnect _____
Pool top unit _____

\$

FEE (Office Use Only)

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

DATE**JOB CONDITION / COMMENTS**



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 1149 Lot 5 Qualification Code _____
Work Site Location 15513 Bulls Street
1930 Hwy 98 Beik 08724
Owner in Fee: _____
Tel. (732) 620-2013 e-mail: _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. (_____) _____

Address _____ e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 8 Crown Plaza Site 111

Fire Protection Equipment, NJ Div of Fire Safety Installer No. Hazlet NJ 07730

Fire Alarm Contractor No. _____ Exp. Date _____

Federal Emp. No. _____ FAX: (_____) 732-383-660-259

732-316-5554 Ph

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New OR [] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

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

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

Location: _____ Location of Main Control Valve: _____

Fuel Storage Tank: _____

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

Total Cost of Fire Protection Work \$ 0

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required	Alarm System				
[] Joint Plan Review Required	Suppression Sys				
[] Building [] Plumbing	Standpipe				
[] Electric [] Elevator	Fire Pump				
[] Fire Plans Approved	Pre-Eng. System				
Date: _____	Mechanical				
Approved by: _____	Smoke Control				
SUBCODE APPROVAL	TCO				
[] CO [] CCO [] CA	Flam/Combust Tanks				
Date: _____	Fireplace Venting				
Approved by: _____	Final				
	Other				

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Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Roughed (2) RTUs

(Roof Top units)

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

FEE (Office Use Only)

NUMBER

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110v Interconnected _____

[] CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, _____

waterflow) _____

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 _____

CO₂ 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 \$

2 Canary = Office Copy

4 Gold = Applicant Copy