Laurel Square Plaza OR# 327 081 471

BLOCK 1149 LOT 5, 5.01, 6 QUALIFICATION CODE _____ ADDRESS (SITE) 1930 Rt 88 Brick PERMIT NO. 12-2948

former Wine World

CONSTRUCTION PERMIT APPLICATION

C12-003761

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1930 Rt 88, Unit 25, Brick, NJ
2. Name of Owner in Fee: New Plan Realty (Brixmor) VACANT
   Tel. (610) 825-7100 e-mail _____
   Address One Fayette St. Two Tower Bridge, Suite 300, Conshohocken P.A. 19428
   street municipality zip code
3. Ownership in Fee: Public _____ Private +
4. Principal Contractor: Ryan & Sons Elec. Cont. Inc. Tel. (732) 269-5333
   Address 82 Sherwood Dr e-mail _____
   Bayville, NJ, 08721
   License No. OR, if new home, Builder Reg. No. 11244 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3152770 Fax: (____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ Fax: (____) _____
6. Responsible Person in Charge once Work has Begun Joe Ryan
   Tel. (732) 269-5333 Fax: (____) _____

V. FEE SUMMARY (for office use only)

		Update
1. Building	$ 40 - ✓	
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	1 -	
10. Subtotal	$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	$ 41 -	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

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	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☒ Electrical	100 -				10-11-12	SJ			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

COMMERCIAL

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____
Proposed _____

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 System
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks
12. ☐ Fire Alarm

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(f)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 Robert + Sons Elec. Cont. Inc.

Address 82 Sherwood Dr.

Bayville, NJ 08721

Telephone (732) 269-5353

Signature By: [signature]

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/25/2012
Control Number C-12-003761
Permit Number 12-2948
Permit Issue Date 10/16/2012
Certificate Number 12-2948

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1930 ROUTE 88 Unit 25 Brick Township, NJ Block: 1149 Lot: 5 Qual:

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC

Owner Address: PO BOX 4900 SCOTTSDALE AZ 85261

Telephone:

Contractor BAHR AND SONS ELECTRIC CON.INC

Address 82 SHOREWOOD DR BAYVILLE NJ 08721-

Telephone: (732) 269-5333 Fax:

License Number or Builders Registration Number: 11244 Federal Emp. Number: 22-3155770

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: METER RESET DR#327081471

Formerly Wine World

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/25/2012 U.C.C. F260 (rev. 08/05)

10-16-12

CONSTRUCTION PERMIT

Date Issued 12-29-12
Control # C-12-003761
Permit #

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 Unit 25 Brick Township, NJ
Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900 SCOTTSDALE AZ 85261
Telephone:

Contractor: BAHR AND SONS ELECTRIC CON.INC
Address: 82 SHOREWOOD DR BAYVILLE NJ 08721-
Telephone: 7322695333
Lic. No. or Bldrs. Reg. No. 11244
Federal Employee. No. 22-3155770

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:
METER RESET DR#327081471
Formerly Wine World

Note: If constuction 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 $100

Construction Official
Date 12-11-12

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	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
Check No.	4829
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

Date Received / Control # 10-16-12

Date Issued / Permit # 12-2948

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

Block 1149 Lot 5.5.01.6 Qualification Code

Work Site Location Laurel Sq. Shopping Center, Unit #25
1930 Rt 88, Brick, NJ 08724

Owner in Fee: New Plan Realty (Brixmor)

Tel. (610) 825-7100 e-mail

Address One Fayette St, Two Tower Bridge, Suite 300, Conshohocken
street municipality PA, 19428 zip code

Contractor: Behr & Sons Elec Cont. Inc. Tel. (732) 269-5333

Address 82 Shorewood Dr e-mail
Bayville, NJ, 08721

Contractor License No. 11244 Exp. Date

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

Federal Emp. ID No. 22-3152770 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-11-12
Approved by: JJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10-23-12
Approved by: JJ

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10.25.12	DJ
Barrier-Free				

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. Bill Behr VP

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
Electrical service restoration
DR# 327 061 471
Unit # 25

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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	
1		Service restorations	

COMMERCIAL

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

Brick Township
Building Department (732) 262-1030

DR\UR # 327-708-407

CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 1930 ROUTE 88 Unit 18 UTILITY CO _____

Brick Township, NJ BLK 1149 LOT 5

OWNER CENTRO NP LAUREL SQ OWNER LLC OCCUPANT CENTRO NP LAUREL SQ OWNER LLC

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE meter reset

INSTALLED BY BAHR AND SONS ELECTRIC CON.INC LICENSE NO 11244

DATE 10/19/2012 PERMIT # 12-2949 INSPECTOR Douglas Donohue

☐ FAXED IN _____ Lic. No: 008914

U.C.C. Form F350B equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

T-49

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10-16-12
Control #
Date Issued
Permit # ✓ 12-3948

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

Block 1149 Lot 5.01.6 Qualification Code

Work Site Location Laurel Sq. Shopping Center, Unit # 25
1930 Rt 66 Neptune NJ 07724

Owner in Fee: New Plan Realty (Brixmor)

Tel. (610) 825-7100 e-mail

Address One Fayette St, The Town Bridge, Suite 300, Conshohocken
street municipality P.A., 19428 zip code

Contractor: Bell + Sons Elec. Cont. Inc. Tel. (732) 269-5233

Address 82 Sherwood Dr e-mail
Bayville NJ 08721

Contractor License No. 11244 Exp. Date

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

Federal Emp. ID No. 22-3152770 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-11-12
Approved by: JD

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

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 Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Electrical service restoration
DRA 327 061 471
Unit # 25

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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	
1		Service restoration	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

New Jersey Uniform Construction Code

Date Received: 12-16-12
Control #
Date Issued
Permit #: 13 3548

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

Block: 1149 Lot: 5.5.01.6 Qualification Code: ________

Work Site Location: [illegible] Shopping Center, Unit #25
1930 Rt 88 [illegible] NJ 08721

Owner in Fee: [illegible] Realty ([illegible])

Tel. (610) 825-7100 e-mail ________

Address: One Fayette St, [illegible] Suite 300 Conshohocken PA. 19428
(street) (municipality) (zip code)

Contractor: [illegible] Elec Cont Inc Tel. (732) 264 5333

Address: 52 [illegible] Dr e-mail ________
[illegible] NJ 08721

Contractor License No. 11244 Exp. Date ________

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

Federal Emp. ID No. 22-2152770 FAX: ( ) ________

B. ELECTRICAL CHARACTERISTICS

Use Group Present ________ Proposed ________

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

Building Occupied as ________ Utility Co. ________

Est. Cost of Elec. Work $ 100 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: ________ Approved by: ________

[ ] Electric Plans Approved
Date: ________ Approved by: ________

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-11-12
Approved by: JJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ________
Approved by: ________

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final				
Barrier-Free				

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

Licensed Electrical Contractor 11064

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Electrical service restoration
DR# 327 061 471
Unit #25

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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	
1		Service restoration	

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

U.C.C. F120 (rev. 12/07) Reorder from OCS Printing 609-390-1400