

Brick

Permit Without a Jacket

Permit Number 000000

Build



Date Received
Date Issued
Control # FEB 29 96 0 0 1 8 6 7
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000.
Block 446-05 Lot 3
Work Site Location 580-Brick Rd
Owner in Fee Brick N.J.
Address 580 Brick Rd 08723
Tele. (908) 477-2008
Contractor L.S.C. Electrical Contracting
Address 3-Italiflex Dr.
Tele. (908) 536-6353
Lic. No. 9425
Federal Emp. No. 22-3100355 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Type:	Failure Failure Approval Initial
☐ Joint Plan Review Required:	Rough	_____
☐ Bldg. ☐ Plumb.	Temporary	_____
☐ Fire ☐ Elevator	Constr. Serv.	_____
☐ Elec. Plans Approved	TCO	_____
Date: _____	Other	_____
Approved by: _____	Service	_____
	Final	_____
SUBCODE APPROVAL	Temp. Cut-in-Card Date Issued _____	
☐ CO ☐ CCO ☐ CA	Final Cut-in-Card Date Issued _____	
Date: _____		
Approved By: _____		

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
_____	_____	Amp Service Entrance
_____	_____	Other

FEE (Office Use Only)

Paid ☒ Check # <u>1201</u>	Administrative Surcharge	\$ _____
	Minimum Fee	\$ _____
	DCA Training Fee	\$ _____
Collected by: _____	TOTAL FEE	\$ <u>40.-</u>

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.
Signature—Contractor Seal

U.C.C. Form F-120B
1 White = Inspector Copy
2 Pink = Office Copy
4 Gold = Applicant Copy