BLOCK 670 LOTS 901, 902, 903 & 904 QUALIFICATION CODE C11-70 ADDRESS (SITE) 990 Cedarbridge Ave., Brick, NJ PERMIT NO. 00-4183

Toms River Shoppes

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 990 Cedarbridge Ave., Brick NJ
2. Name of Owner in Fee: Townhall Shoppes Joint Venture Tel. (732) 886-1566
   Address 1195 Rt. 70 S-2000 (street) Lakewood, NJ (municipality) 08701 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: R. Stowe & Company Tel. (732) 244-6771
   Address 16 Madison Ave. Toms River, NJ 08753
   License No. OR, if new home, Builder Reg. No. 5097 Exp. Date 7/01
   Federal Employee No. 22-2213402 FAX: (732) 244-5526
5. Architect or Engineer Barlo & Associates Tel. (477) 7751
   Address 92 Manitoking Road, Brick, NJ 08723
6. Responsible Person in Charge of Work Bob Stowe / Paul Duggan
   Tel. (732) 244-6771 FAX (732) 244-5526

Temp const. trailer & temp pole

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 50		
2.	Electrical	115		
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	1		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 166		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 2	
2.	Height of Structure ____ ft.	
3.	Area — Largest Floor 10,620 sq. ft.	
4.	New Building Area 21,240 sq. ft.	
5.	Volume of New Structure 293,725 cu. ft.	
6.	Construction Classification 5-B	
7.	Total Land Area Disturbed ____ sq. ft.	
8.	Flood Hazard Zone N/A	
9.	Base Flood Elevation ____ ft.	
10.	Wetlands yes ____ no ✓	
11.	Max. Live Load ____	
12.	Max. Occupancy Load ____	

10/13/00

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☑ New Building		Fld	10/10/00				11/9/00		
3.	☐ Addition									
4.	☐ Alteration	100 —								
5.	☑ Fire Protection									
6.	☑ Plumbing									
7.	☑ Electrical	1000 —				10/19/00	WW	11/13/00		OK
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	1100 —								

III. DO YOU WANT: (optional)

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

U

No. of dwelling units:
Before Construction ____
After Construction ____
Net Gain or Loss ____

B. NON-RESIDENTIAL

1. State Specific Use: B - Business
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10401409

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.vii:

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. 5:32-2.15(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 R. Stone & Co

Address 16 Madison Ave

Toms River 08753

Telephone (732) 2446771

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	_____	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. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/19/2000
Control #
Permit # 00-4183

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 670 Lot 901 Qual

Work Site Location 990 CEDARBRIDGE AVE
TEMP CONS TRAILER/TEMP PL
Owner in Fee TOWNHALL SHOPPES JOINT VENTURE
Address 1195 ROUTE 70S-2000
LAKEWOOD, NJ 08701-
Telephone (732)886-1500

Contractor R STONE AND COMPANY
Address 16 MADISON AVE
TOMS RIVER, NJ 08753-
Telephone (732)244-6771
Lic. No. or Bldrs. Reg. No. 5097
Federal Emp. No. 22-2213402

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
TEMP CONSTRUCTION TRAILER

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 $ 1,100

Construction Official

10/19/2000
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)	
Building	50
Electrical	115
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	166
Check No.	23718
Cash	
Collected By	LRT

Turnbull Shoppes

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10-19-00
Date Issued
Control #
Permit # 00-4183

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

Block 670 Lot 901, 902, 903 (4 Lots) 0904
Work Site Location 490 Cedarbridge Ave.
Brick NJ
Owner in Fee Turnbull Shoppes Joint Venture
Address 1195 Rt. 70 S-2000
Lakewood, NJ 08701
Tele. (732) 886-1500
Contractor R. Stark & Company
Address 10 Madison Ave.
Toms River NJ 08753
Tele. (732) 244-6771 Fax (732) 244-5526
Lic. No. or Bldrs. Reg. No. 5097
Federal Emp. No. 22-2213402

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.

Signature [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Temporary Construction Trailer

must be anchored (8 ct)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Dates (Month/Day)

TYPE OF WORK:

- [✓] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] 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)
$ ______

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed B-Business
Constr. Class Present ______ Proposed 5-B
No. of Stories 2
Height of Structure ______ Ft.
Area — Largest Floor 10,620 Sq. Ft.
New Bldg. Area/All Floors 21,240 Sq. Ft.
Volume of New Structure 293,725 Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ —
2. Alteration $
3. Total (1+2) $ 100—

U.C.C. F110
(rev. 3/96)

1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant Copy

Townhall Shoppes

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10-19-00
Date Issued
Control #
Permit # 00-4183

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

Block 670 Lot 901, 902, 903 (4 Lots) 0904

Work Site Location 990 Cedarbridge Ave, Brick NJ

Owner in Fee Townhall Shoppes Joint Venture

Address 1195 Rt. 70 S-2000 Lakewood, NJ 08701

Tele. (732) 886-1500

Contractor R. Stone & Company

Address 10 Madison Ave, Toms River NJ 08753

Tele. (732) 244-6771 Fax (732) 244-5526

Lic. No. or Bldrs. Reg. No. 5097

Federal Emp. No. 22-2213402

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.

Signature [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Temporary Construction Trailer

Must be anchored (8ct)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Required							
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator			Finishes				
SUBCODE APPROVAL			Energy				
[ ] CO [ ] CCO [ ] CA			Mechanical				
Date: 7-19-02			TCO				
Approved by: KM			Other				
			Final			7-11-02	FM
			Barrier-Free				

Dates (Month/Day)

R. Stone Gone

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed B-Business

Constr. Class Present ______ Proposed 5-B

No. of Stories 2

Height of Structure ______ Ft.

Area — Largest Floor 10,620 Sq. Ft.

New Bldg. Area/All Floors 21,240 Sq. Ft.

Volume of New Structure 293,725 Cu. Ft.

Total Land Area Disturbed ______ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ ______
2. Alteration $ ______
3. Total (1+2) $ 100—

TYPE OF WORK:

- [✓] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] 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)

$ ______

Administrative Surcharge $ ______
Minimum Fee $ ______
DCA Training Fee $ ______
TOTAL FEE $ ______

U.C.C. F110
(rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10-19-00
Date Issued
Control #
Permit # 00-483

Townhall Shores Temporary Pole Trailer Permit

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

Block 670 Lot 9.01, 9.02, 9.03
Work Site Location 990 Cedarbridge Ave. Brick, NJ
Owner in Fee/Occupant Townhall Shores Townhouse
Address 1195 Rt. 70 S-2000 Lakewood, NJ 08701
Tele. (732) 886-1500
Contractor Pro-Tech Electric, Corp.
Address 23 Fulton St Woodbridge, NJ 07095
Tele. (732) 855-8855 Fax (732) 855-8865
Lic. No. 13178
Federal Emp. No. 13-3805754

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed TEMP. SERVICE
[ ] Pole/Pad # _____ [X] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10 11 00
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] GCO [X] CA
Date: 11 13 00
Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.	11-6-00		11 15 00	TO
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.

_____
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
—		Lighting Fixtures	
4		Receptacles	
—		Switches	
—		Detectors	
—		Light Poles	
—		Motors—Fract. HP	
—		Emergency & Exit Lights	
—		Communications Points	
—		Alarm Devices/F.A.C. Panel	
—		.....	
4		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	
1	200A	AMP Service	
1	200A	AMP Subpanels	
—	—	AMP Motor Control Center	
—	—	KW Elec. Sign/Outline Light	
—	—	.....	
—	—	.....	

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10-19-00
Date Issued
Control #
Permit # 00-4183

Townhouses Stages Temporary Pole Trailer & Permit

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

Block 670 Lot 9.01, 9.02, 9.03

Work Site Location 996 Cedarbridge Ave.
Brick, NJ

Owner in Fee/Occupant Townhall Stages Townhouse

Address 1195 Rt. 70 S-1000
Lakewood, NJ 08701

Tele. (732) 886-1566

Contractor Pro-Tech Electric, Corp.

Address 72 S. Fulton St
Woodbridge, NJ 07095

Tele. (732) 855-8855 Fax (732) 855-8865

Lic. No. 13178

Federal Emp. No. 13-3805754

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed TEMP. SERVICE

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[ ] Elec. Plans Approved		
Date: 10/11/00		
Approved by:		

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

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
-		Lighting Fixtures	
4		Receptacles	
-		Switches	
-		Detectors	
-		Light Poles	
-		Motors—Fract. HP	
-		Emergency & Exit Lights	
-		Communications Points	
-		Alarm Devices/F.A.C. Panel	
-		.....	
4		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	
1	200A	AMP Service	
1	200A	AMP Subpanels	
-	-	AMP Motor Control Center	
-	-	KW Elec. Sign/Outline Light	
-	-	.....	
-	-	.....	

Administrative Surcharge	$	_____
Minimum Fee	$	_____
DCA Training Fee	$	_____
TOTAL FEE	$	_____