

BLOCK 1171 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 1568 Rt. 88 West PERMIT NO. 11-1075



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII (west) C-11-001079

I. IDENTIFICATION

1. Proposed Work Site at: 1568 Rt 88 Corner of JACK
2. Name of Owner in Fee: Joe and Rose Falowitz martin Blvd
Tel. _____ e-mail _____
Address _____ street _____ municipality _____ zip code _____
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: GARDEN STATE ELECTRICAL CONTRACTORS Tel. (_____) _____
Address 208 East Main Street e-mail Dpyk16@msn.com
License No. OR, if new home, Building Reg. No. MANASQUAN NEW JERSEY 08736 #6720 Exp. Date 03/12
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 222937324 FAX: (732) 223-8289
5. Architect or Engineer N/A Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun C. Peters
Tel. (_____) Same FAX: (_____) Same

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>200</u> ✓	
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	\$ <u>7</u>	
11. Cert. of Occupancy		
12. Other	\$ <u>200</u>	
13. TOTAL	\$	

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)

- ☐ Building
☒ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

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
<u>4K</u>				<u>4/14/11</u>	<u>JP</u>			

TOTAL COST 4K

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

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):

D. Construction Classification:

8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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 _____

Address _____

Telephone (_____) _____

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	Other
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. _____	_____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/18/2011
Control Number C-11-001079
Permit Number 11-1075
Permit Issue Date 04/19/2011
Certificate Number 11-1075

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1568 ROUTE 88 Brick Township, NJ Block: 1171 Lot: 2 Qual: _____
Owner in Fee: LEON ROTHKOPF PARTNERSHIP LP
Owner Address: %FALOWITZ 3910 LITTLE AVE COCONUT GROVE FL 33133
Telephone: _____
Contractor GARDEN STATE ELECTRICAL
Address 208 EAST MAIN STREET MANASQUAN NJ 08736
Telephone: (732) 223-8600 Fax: _____
License Number or Builders Registration Number: 6720 Federal Emp. Number: 22-2937324

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ELECTRICAL ALTERATIONS

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 NJACS: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

Date Printed: 05/18/2011 U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



CONSTRUCTION PERMIT

Date Issued 11/15/15
Control # C-11-001079
Permit # 111515

IDENTIFICATION Block: 1171 Lot: 2 Qualifier _____
Work Site Location: 1568 ROUTE 88 Brick Township, NJ Contractor GARDEN STATE ELECTRICAL
Address 208 EAST MAIN STREET MANASQUAN NJ 08736
Owner in Fee LEON ROTHKOPF PARTNERSHIP LP
%FALOWITZ 3910 LITTLE AVE COCONUT Telephone: (732) 223-8600
GROVE FL 33133 Lic. No. or Bids. Reg. No. 6720
Telephone: _____ Federal Employee. No. 22-2937324

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:

ELECTRICAL ALTERATIONS

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 \$4,000

Construction Official _____

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	\$0
Electrical	\$200
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$7
CO Fee	
Other	\$0
Total	\$207
Check No.	
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.



CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 1171 Lot 2 Qualification Code _____
Work Site Location 1568 Rt 88 West Contractor _____
Address GARDEN STATE ELECTRICAL CONTRACTORS
Owner in Fee Joe + Rose Falowitz Address 208 East Main Street
Address Same MARLTON, NEW JERSEY 08736
Tel. _____ Lic. No. or Bldrs. Reg. No. # 6720

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

Replace Service

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 \$ 4K

Construction Official

Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

UCC F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

OCS Printing (509) 398-1375

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. Radon Inspection
5. 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.

☐ 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.



CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 1171 Lot 2 Qualification Code _____
Work Site Location 1568 Rt 88 West Contractor _____
Address GARDEN STATE ELECTRICAL CONTRACTORS
Owner in Fee Joe + Rose Falowita 208 East Main Street
Address same MANASSAQUAN, NEW JERSEY 08736
Tel. () _____ Tel. No. or Bldrs. Reg. No. # 6720

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

Rephase Service

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 \$ 4K

Construction Official

Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

UCC F170 (rev 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

OCS Printing (509) 398-4375

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. Radon Inspection
5. 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.

☐ 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.



CONSTRUCTION PERMIT

Date Issued _____

Permit # _____

IDENTIFICATION Block 1518 Lot 2 Qualification Code _____

Work Site Location 1518 15th St West

Contractor _____

Address _____

Owner in Fee Tom & Ruth Pedersen

GARDEN STATE ELECTRICAL CONTRACTORS

Address same

Tel. () MANASSA, NEW JERSEY 08730

Tel. _____

Lic. No. or Bldrs. Reg. No. 1000000000

Is hereby granted permission to perform the following work:

- | | | |
|--|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER _____ |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

Replace Service

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 \$ 216

Construction Official _____

Date _____

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

UCC F170 (rev 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

OCS Printing (509) 398-4375

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. Radon Inspection
5. 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.

☐ 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.



CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 1171 Lot 2 Qualification Code _____
Work Site Location 1568 Rt 88 West Contractor _____
Address GARDEN STATE ELECTRICAL CONTRACTORS
Owner in Fee Joe + Rose Palowitz 208 East Main Street
Address same MANASQUAN, NEW JERSEY 08736
Tel. () _____ (908) 225-8800
Lic. No. or Bldrs. Reg. No. 11 012

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

Rephue Service

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 \$ 4K

Construction Official

Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

OCS Printing (609) 399-4375

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. Radon Inspection
5. 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.

☐ 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.

GARDEN STATE ELECTRICAL CONTRACTORS / PH. 732-223-8600 LICENSE #6720

323

TWSP. OF BRICK

Date	Type	Reference
4/14/2011	Bill	

Original Amt.
207.00

4/14/2011	Discount
Balance Due	207.00
Check Amount	

Payment
207.00
207.00

OceanFirst

FALOWITZ BL-1171 LOT -2

207.00



ELECTRICAL SUBCODE



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

Block 1171 Lot 2 Qualification Code _____
 Work Site Location 1568 Rt 88 Brick

Owner In Fee: Joe and Rose Falowitz corner of Jct Martin Blvd.

Contractor: GARDEN STATE ELECTRICAL CONTRACTORS Tel: (____) _____ Zip code _____
 Address: 208 East Main Street e-mail: gstate@msc.com
MANASSQUAN, NEW JERSEY 08736 (732) 223-8287

Contractor License No. 6720 Exp. Date 03/12

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. 22937324 FAX: (732) 223-8287

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
 Building Occupied as _____ Utility Co. _____
 Est. Cost of Elec. Work \$ 4K

COMMERCIAL

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type	Failure	Approval	Initial
☒ No Plans Required					
☒ Partial Underslab Utilities Approved		Rough			
Date: _____	Approved by: _____	Barrier-Free			
☒ Electric Plans Approved		Trench			
Date: _____	Approved by: _____	Temp. Serv.			
☒ Joint Plan Review Required		Const. Serv.			
☒ Bldg. ☒ Plumb ☒ File ☒ Elec.		TCO			
☒ SUBCODE APPROVAL FOR PERMIT		Other			
Date: <u>5-14-11</u>	Approved by: <u>[Signature]</u>	Service			
☒ SUBCODE APPROVAL FOR CERTIFICATE		Barrier-Free			
Date: <u>5-14-11</u>	Approved by: <u>[Signature]</u>	Final			
☒ Temp. Cut-in-Card Date Issued		Barrier-Free			
☒ Final Cut-in-Card Date Issued		Barrier-Free			
☒ Annual Pool Inspection		Barrier-Free			
☒ Date of Grounding and Bonding		Barrier-Free			
☒ Certification		Barrier-Free			

U.C.C. F120 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

To record call: CCS Printing - A Member of the Allegra Network (809) 390-1400 - or order online @ www.AlegraNetwork.com

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 sign/Contractor sign and seal here: _____
 Print name here: _____
 Licensed Elec. Contractor [] Certified Landscape Irrigation Contr' [] Exempt Applicant

Date Received _____
 Control # _____
 Date Issued _____
 Permit # _____

11-6075
 04/19/11

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
 QTY. SIZE ITEMS

Replace Service (cellar) (cable)
 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 UV 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 1/4- HP _____
 KW Transformer/Generator _____
 AMP Service _____
 AMP Subpanels _____
 AMP Motor Control Center _____
 KW Elec. Sign/Outline Light _____

Note: only refeeding studio apt. feed

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit # 111119111

11/14/05
04/19/11

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

Block 1171 Lot 2 Qualification Code 1

Work Site Location 1500 Rt-88 Brick
West Corner of Tel Martin
Blvd.

Owner in Charge Joe and Anne Falavitz

Address Same street municipality zip code

Contractor GARDEN STATE ELECTRICAL CONTRACTORS Tel. () e-mail gsc@gscc.com

Address 208 East Main Street MANASQUAN, NEW JERSEY 08736

Contractor License No. 6720 Exp. Date 03/12

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

Federal Emp. ID No. 222937324 FAX: (732) 223-0280

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 4K

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type	Failure	Failure	Approval
☒ No Plans Required		Rough			
☒ Partial, Underslab Utilities Approved		Barrier-Free			
Date: <u>11/14/05</u> Approved by: <u>[Signature]</u>		Trench			
☒ Electric Plans Approved		Temp. Serv.			
Date: <u>11/14/05</u> Approved by: <u>[Signature]</u>		Constr. Serv.			
Joint Plan Review Required		TCO			
☒ Bling, 1, 1 Plumb, 1, 1 Fire, 1, 1 Elev.		Other			
SUBCODE APPROVAL FOR PERMIT		Service			
Date: <u>11/14/05</u> Approved by: <u>[Signature]</u>		Final			
SUBCODE APPROVAL FOR CERTIFICATE		Barrier-Free			
Date: <u>11/14/05</u> Approved by: <u>[Signature]</u>		Temp. Cut-in-Card Date Issued			
SUBCODE APPROVAL FOR CERTIFICATE		Final Cut-in-Card Date Issued			
Date: <u>11/14/05</u> Approved by: <u>[Signature]</u>		Annual Pool Inspection			
Approved by: <u>[Signature]</u>		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 sign/Contractor sign and seal here:

Print name here: Joe Falavitz

Licensed Elec. Contractor [] Certified Landscape Irrigation Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Service

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 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

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 1171 Lot 2 Qualification Code

Work Site Location 1520 Rt 88 Brick

Owner In Fee: Joe and Rose Falovitz Blvd.

Address: 208 East Main Street

Contractor: GARDEN STATE ELECTRICAL CONTRACTORS

Contractor License No. 6120

Federal Emp. ID No. 22937324

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

Building Occupied as Temporary Other

Est. Cost of Elec. Work \$ 4K

Job Summary (Office Use Only) PLAN REVIEW INSPECTIONS

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 sign/Contractor sign and seal here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace service

- 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, Storage 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 1/4 HP, KW Transformer/Generator, AMP Service, AMP Subpanels, AMP Motor Control Center, KW Elec. Sign/Outline Light

Date Received 11/14/05, Control #, Date Issued 04/19/11, Permit #

Note: only refeeding studio apt. feed

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