



Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

***This File Contains Personal Identifiable
Information of Private Citizen(s).***

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- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson".

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 1091 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 250 Old Square Rd. PERMIT NO. 18-2909



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: St Dominic School 250 Old Square Rd
 2. Name of Owner in Fee: St Dominic School
 Tel. (732) 840-1412 e-mail _____
 Address 250 Old Square Rd street municipality zip code
 3. Ownership in Fee: Public ☐ Private ☒
 4. Principal Contractor: Stallman Tel. (718) 761-5700
 Address 1600 South Ave e-mail Stallman
SI-VY-10314 @Stallman.com
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. 54-1950049 FAX: (718) 761-5956
 5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. () _____ FAX: () _____
 6. Responsible Person in Charge once Work has Begun Stallman
 Tel. (908) 217-3060 FAX: (718) 761-5956

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>100</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	\$ <u>38</u>	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other	\$ <u>180</u>	
13. TOTAL	\$ <u>180</u>	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	<u>2</u>
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 _____	

COMMERCIAL

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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>MP</u>	<u>10/2/18</u>		<u>10/4/18</u>	<u>PR</u>			

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 _____

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):

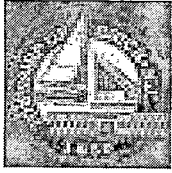
- D. Construct. Classification: Present _____
 Proposed _____

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 Systems
 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. ☐ LPGas Tanks
 12. ☐ Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/29/2021
Control Number C-18-003732
Permit Number 18-2909
Permit Issue Date 10/16/2018
Certificate Number 18-2909

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 250 OLD SQUAN RD. Brick Township, NJ Block: 1091 Lot: 5 Qual: _____
Owner in Fee: ST DOMINICS R C CHURCH
Owner Address: 250 OLD SQUAN RD BRICK NJ 08724
Telephone: (732) 840-1412
Contractor STATLAND
Address 1000 SOUTH AVE STATEN ISLAND NY 10314
Telephone: (718) 761-5700 Fax: (718) 761-5956 Federal Emp. Number: _____
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private

Use Group: E Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ELECTRICAL ALTERATIONS - - ST. DOMINICS ...ADDED CARD READERS AT ALL DOORS

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:

David Newman Jr

Construction Official

Date Printed: 01/29/2021

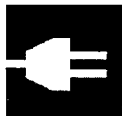
U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

**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 1091 Lot 5 Qualification Code _____

Work Site Location St Dominic School

250 Old Squan Rd, Brick NJ

Owner in Fee: St Dominic School

Tel. 732 840-1412 e-mail bzolkiewicz2@stdomschool.org

Address 250 Old Squan Rd Brick 08724

Contractor: Kastle New York Tel. 718-761 5700

Address 655 3rd Ave Site 1520 e-mail SFerrara@

NY, NY 10617 Statlms.com

Contractor License No. 348X00014200 Exp. Date 11/31/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 54-1950049 FAX: 718 761-5956

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed ☒

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 20,000.00

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
☐ No Plans Required	Type: <u>AWC</u> Failure Failure Approval Initial
☐ Partial - Underslab Utilities Approved	Rough <u>AWC</u>
Date: _____ Approved by: _____	Barrier-Free _____
☒ Electric Plans Approved	Trench _____
Date: <u>10/4/18</u> Approved by: <u>ATC</u>	Temp. Serv. _____
Joint Plan Review Required:	Constr. Serv. _____
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	TCO _____
SUBCODE APPROVAL for PERMIT	Other _____
Date: <u>10/4/18</u>	Service _____
Approved by: <u>ATC</u>	Final <u>12-14-20</u> <u>Q</u>
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free _____
☐ CO ☐ CCO ☐ CA	Temp. Cut-in-Card Date Issued _____
Date: <u>12-17-20</u>	Final Cut-in-Card Date Issued _____
Approved by: <u>ATC</u>	Annual Pool Inspection _____
	Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or 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 ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

CAAD Pendur Access control Doors

QTY.	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	Light Poles
_____	_____	Motors—Fract. HP
_____	_____	Emergency & Exit Lights
_____	_____	Communications Points
_____	_____	Alarm Devices/F.A.C. Panel

17

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 _____

FEE (Office Use Only)

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 1091 Lot 5 Qualification Code Null
Work Site Location 250 OLD SQUAN RD BRICK NJ 08724

Owner in Fee: ST. DOMINICS SCHOOL

Tel. (732) 840-1410 e-mail BZOLKIEWICZ@STDOMSCHOOL.ORG

Address 250 OLD SQUAN RD BRICK NJ 08724

Contractor: MUTUAL SECURITY SERVICES Tel. (212) 768-0808

Address 10 W 46TH ST #L1 e-mail MASSENZA@4MUTUAL.CC
NEW YORK NY 10036

Contractor License No. 34BX00014200 Exp. Date 01/31/2020

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 541950049 FAX: (212) 768-9629

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 13,490

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	<u>Per Spec's</u>	Type:	<u>Abuse</u>	Failure	<u>5/16/19</u>
[X] No Plans Required	<u>4/23/19</u>	Rough			
[] Partial - Underslab Utilities Approved		Barrier-Free			
Date: _____	Approved by: _____	Trench			
[] Electric Plans Approved		Temp. Serv.			
Date: _____	Approved by: _____	Constr. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>4/23/19</u>		Final		<u>12/14/20</u>	
Approved by: _____		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued			
Date: <u>12/17/20</u>		Annual Pool Inspection			
Approved by: _____		Date of Grounding and Bonding Certification			

Date Received
Control #
Date Issued
Permit #

5/1/19
19-1065

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: Mike Assenza

Print name here: Mike Assenza

☒ Licensed Elec. Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REPLACING EXISTING FACP

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices <u>E.A.C. Panel</u>	_____
_____	_____	<u>REMOTE ANNOUNCIATOR</u>	_____
_____	_____	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

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

8/15/19

19-2155

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

Block 104 Lot 5 Qualification Code _____

Work Site Location 250 OLD SQUAN RD

BRICK NJ 08724

Owner In Fee: ST. DOMINIC ROMAN CATHOLIC CHURCH

Tel. 732 840-1410 e-mail NWahrc@churchdominic.com

Address 250 OLD SQUAN RD BRICK 08724

Contractor: Facility Solutions Group Inc Tel. (732) 423-5633

Address 224 Washington St e-mail Kevin.grella@fsgl.com

Perth Amboy, New Jersey 08861

Contractor License No. 10671C Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 74-2942838 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ ~~22,600~~ 33,600 KML

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial/Underlab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: 7/30/19 Approved by: PJC

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 7/30/19

Approved by: PJC

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 12/17/20

Approved by: [Signature]

INSPECTIONS

Type: _____ Failure: _____ Failure: _____ Approval: _____ Initial: _____

Rough: _____

Barrier-Free: _____

Trench: 8/22/19

Temp. Serv: 8/22/19

Constr. Serv: 8/22/19

TCO: _____

Other: _____

Service: _____

Final: 12-14-20

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 sign/Contractor sign and seal here:

Print name here:

[X] Licensed Elec. Contractor [] Central Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Replace 9 poles, bases, conduit and wire

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	_____
_____	_____	LED Pole Lights	_____
_____	_____	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	_____
_____	_____	trenching (incl.)	_____

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



ELECTRICAL SUBCODE TECHNICAL SECTION



SCHOOL

Date Received
Control #
Date Issued
Permit #

7/15/20

20-1532

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

Block 1011 Lot 250 Qualification Code 000
Work Site Location 250 OLD SQUARE RD

Owner in Fee: ST DOMINIC'S

Tel. 732-840-1410 e-mail

Address 250 OLD SQUARE RD street municipality zip code

Contractor: more Power Elec Tel.

Address 205 N. WILK e-mail

MAGNOLIA NJ 08049

Contractor License No. 34EB01325500 Exp. Date 3-31-21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223376262 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
[] No Plans Required		Type:	Failure	Failure	Approval Initial
[] Partial -Underslab Utilities Approved		Rough			
Date: Approved by:		Barrier-Free			
[] Electric Plans Approved		Trench			
Date: <u>6-30-20</u> Approved by: <u>Spec</u>		Temp. Serv.			
[] Joint Plan Review Required:		Constr. Serv.			
[] Bldg. [] Plumb. [] Fire. [] Elev.		TCO			
SUBCODE APPROVAL for PERMIT		Other			
Date: <u>1-1-2020</u>		Service			
Approved by: <u>WM</u>		Final		<u>12-14-20</u>	<u>RP</u>
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free			
[] CO [] CCO [] CA		Temp. Cut-in-Card Date Issued			
Date: <u>12-17-20</u>		Final Cut-in-Card Date Issued			
Approved by: <u>RP</u>		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 sign/Contractor sign and seal here:

Print name here:

[] Licensed Elec. Contractor [] Certif'd Landscape & Outdoor Contr. [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

1-Million BTU Boiler

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	
<u>1</u>	<u>3.4</u>	<u>1-Million BTU Boiler</u>	

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



41945428

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 1091 Lot 500 Qualification Code 20
Work Site Location 250 OLD SQUARE RD

Owner in Fee: ST DOMINIC'S

Tel. 732-840-1410 e-mail Church

Address 250 OLD SQUARE RD zip code 08049

Contractor: More Power Elec Tel. 08049

Address 205 N. WHP e-mail magnoia

Contractor License No. 34E301325500 Exp. Date 3-31-21

Home Improvement Contractor Registration No. or Exemption Reason 223376262

Federal Emp. ID No. 223376262 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as 1500 Utility Co.

Est. Cost of Elec. Work \$ 1500

JOB SUMMARY (Office Use Only)**PLAN REVIEW**

[] No Plans Required

[] Partial -Underslab Utilities Approved

Date: Approved by:

[] Electric Plans Approved Spec

Date: 6-30-20 Approved by: TCC

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 7-1-20

Approved by: VM

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 12-17-20

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, owner, or tenant) and am authorized to make this application and perform the work listed in this application.

Applicant sign/Contractor sign and seal here: Edward [Signature]

Print name here: Edward [Signature]

[] Licensed Elec. Contractor [] Certif'd Landsc. Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA**DESCRIPTION OF WORK:**

2 - 1.5 million BTU Boilers

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 JW 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	
<u>2</u>	<u>3.4</u>	<u>1.5 million BTU Boilers</u>	

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 1091 Lot 5 Qualification Code _____

Work Site Location 250 Old Squan Road
Brick Township NJ 08724

Owner in Fee: Church of St. Dominic

Tel. _____ e-mail fr.brian@churchofstdominic.com

Address 250 Old Squan Road Brick Twsp NJ 08724

Contractor: Zsenak Electric Co., Inc. Tel. (609) 586-5567

Address 1465 Klockner Rd e-mail _____

Hamilton NJ 08619

Contractor License No. 11520 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 52-225865 FAX: (609) 586-5568

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed _____

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

Building Occupied as School Utility Co. JCP&L

Est. Cost of Elec. Work \$ 50,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[X] Electric Plans Approved

Date: 7-17-2020 Approved by: [Signature]

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 7-17-2020 Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO [] CA

Date: 12-17-20 Approved by: [Signature]

INSPECTIONS

Type: _____ Failure: _____ Approval: _____ Initial: _____

Rough _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Constr. Serv. _____

Other 700 ABOVE CEILING _____

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 sign/Contractor sign and seal here: [Signature]

Print name here: Frank Zsenak

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
(22 Split Systems) 22 CU and 34 AHU (1) sub pnl

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	_____

22

34

6

1

400

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 1091 Lot 5 Qualification Code _____

Work Site Location 250 Old Squan Road
Brick Township NJ 08724

Owner in Fee: Church of St. Dominic

Tel. _____ e-mail fr.brian@churchofstdominic.com

Address 250 Old Squan Road Brick Twsp NJ 08724
street municipality zip code

Contractor: Zsenak Electric Co., Inc. Tel. (609) 586-5567

Address 1465 Klockner Rd e-mail _____
Hamilton NJ 08619

Contractor License No. 11520 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 52-225865 FAX: (609) 586-5568

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as School Utility Co. JCP&L

Est. Cost of Elec. Work \$ 50,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
[] No Plans Required	Type:	Failure	Failure	Approval	Initial
[] Partial -Underslab Utilities Approved	Rough				
Date: _____ Approved by: _____	Barrier-Free				
☒ Electric Plans Approved	Trench				
Date: <u>11-2-2020</u> Approved by: <u>[Signature]</u>	Temp. Serv.				
Joint Plan Review Required:	Constr. Serv.				
[] Bldg. [] Plumb. [] Fire. [] Elev.	TCO				
SUBCODE APPROVAL for PERMIT	Other				
Date: <u>11-2-2020</u>	Service				
Approved by: <u>[Signature]</u>	Final			<u>12-14-20</u>	<u>[Signature]</u>
	Barrier-Free				
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card	Date Issued			
[] CO [] CCO [] CA	Final Cut-in-Card	Date Issued			
Date: <u>12-17-20</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/contractor and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: [Signature]

Print name here: Frank Zsenak

☒ Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: reivision

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	
<u>0</u>		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	
<u>2</u>	<u>200</u>	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

MFF 10/21/2020

Date Received
Control #
Date Issued
Permit #

11/23/20
20-K16-1A



18-2909

If you do not understand any of this information, please ask.

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State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Fire Alarm, Burglar Alarm & Locksmith Adv Comm

HAS REGISTERED

KASTLE NEW YORK LLC D/B/A KASTLE SYSTEMS
Michael Assenza
655 3rd Avenue, Suite 1520
New York NY 10017

FOR PRACTICE IN NEW JERSEY AS A(N): **Burglar Alarm Business**

04/24/2017 TO 01/31/2020
 VALID

34BX00014200
 LICENSE REGISTRATION/CERTIFICATION #

Michael Assenza
 SIGNATURE OF LICENSEE/REGISTRANT/CERTIFICATE HOLDER

DIRECTOR

PLEASE DETACH HERE
 IF YOUR LICENSE/REGISTRATION
 CERTIFICATE ID CARD IS LOST
 PLEASE NOTIFY:
 Fire Alarm, Burglar Alarm & Locksmith Adv Comm
 P.O. Box 45003
 Newark, NJ 07101

PLEASE DETACH HERE

04/24/2017 TO 01/31/2020
 VALID

SIGNATURE

Lianna Rodriguez
 P 718.761.5700, x4810
 E LRodriguez@Statland.com

STAT LAND SECURITY SERVICES

a Kastle Systems company

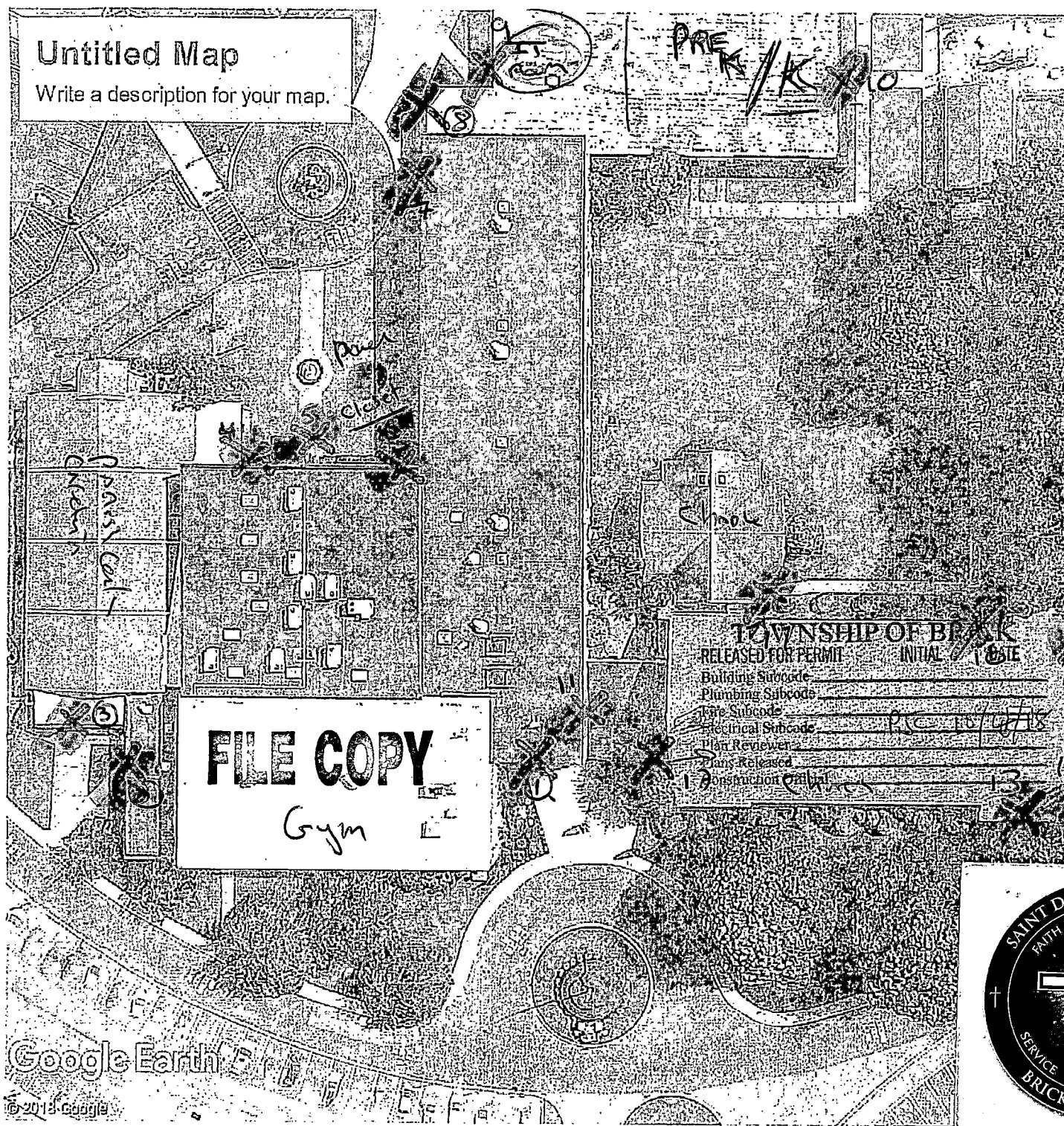
718.761.5700 | STATLAND.COM
 1000 SOUTH AVENUE, STATEN ISLAND, NY 10314

Follow us on [LinkedIn](#) or [Twitter](#) for Security Tips!

Licensed by the New York State Department of State #120000013300 - NJDFS Permit #150255
 State of New Jersey Office of the Attorney General Division of Consumer Affairs Burglar Alarm License #34BX00014200

Untitled Map

Write a description for your map.

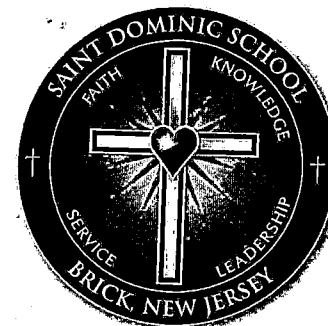


School Perimeter Access Control System Door Schedule:

1. Main school entrance
 2. *Kitchen
 3. Parish center entrance
 4. Parish center exit
 5. Community room entrance
 6. Community room hallway
 7. School rear stairs
 8. Maintenance door
 9. Computer lab
 10. Pre-k door
 11. School vestibule door
 12. Church entrance
 13. *Church right front
 14. *Church rear alter right
 15. *Church rear alter left
 16. *Church left front
 17. *Chapel
- * Single swing doors electric strikes (6)

Google Earth

© 2013 Google



Robert A. Zolkiewicz
Director of Technology

Saint Dominic School
250 Old Squan Road
Brick, NJ 08724

PH: (732) 840-1412
FAX: (732) 840-6457
www.stdomschool.org
bzolkiewicz@stdomschool.org

SECRET

1. NAME OF THE COMPANY
 2. DATE OF THE ORDER
 3. QUANTITY OF THE ORDER
 4. PRICE OF THE ORDER
 5. DATE OF DELIVERY
 6. NAME OF THE CUSTOMER
 7. ADDRESS OF THE CUSTOMER
 8. PHONE NUMBER OF THE CUSTOMER
 9. NAME OF THE SELLER
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