BLOCK 821 LOT 19 QUALIFICATION CODE _____ ADDRESS (SITE) 1595 Lakeside St PERMIT NO. 07-2825

CONSTRUCTION PERMIT APPLICATION

C07-004215

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

Called 9/7/07

I. IDENTIFICATION

1. Proposed Work Site at: Rt 88 West.
2. Name of Owner in Fee: Lawton Park Baptist Church
   Tel. ( ) e-mail
   Address Route 88 West (street) Brick, NJ (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Heim Electronics Tel. (732) 202-1601
   Address 1868 Rt 88 e-mail
   License No. OR, if new home, Builder Reg. No. 900532 Exp. Date
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 222140037 FAX: (732) 202 1610
5. Architect or Engineer _____ Contact
   Address _____ e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun HEIM
   Tel. (732) 202-1601 FAX: (732) 202 1610

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	40	40 ✓
2. Electrical		17032	
3. Plumbing			
4. Fire Protection		130 ✓	
5. Elevator Devices			
6. Subtotal		170	
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	190 ✓	40

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

IIa. PROPOSED WORK

- ☐ Minor Work — Alarm Devices
- ☐ 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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		SC	8/23/07						
☑ Electrical					9-5-07	MC	11-19-07		
☐ Plumbing									
☐ Fire Protection					9-30	DB	11-16-07		
☐ Elevator									
TOTAL COSTS	1,000								

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 1
   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):

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

LDS BR-B 10526357

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 HEIM ELECTRONICS
Address 1868 Rt 88 E.
BRICK NJ 08724
Telephone (732) 202-1601
Signature [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. _____	_____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	11/20/2007
Control Number	C-07-004275
Permit Number	07-2825
Permit Issue Date	09/10/2007
Certificate Number	07-2825

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1595 LARSEN ST. Brick Township, NJ Block: 821 Lot: 19 Qual:

Owner in Fee: LAURELTON PARK BAPTIST CHURCH INC

Owner Address: P.O. BOX 514 BRICK NJ 08724

Telephone:

Contractor HEIM ELECTRONICS

Address 1868 ROUTE 88 EAST BRICK NJ 08724-

Telephone: 732/8993400 Fax: 732/202-1610

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Used: ALARM SYSTEM (BURGLAR OR FIRE)

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/20/2007

CONSTRUCTION PERMIT

Date Issued 9/10/2007
Control # C-07-004275
Permit # 07-2825

IDENTIFICATION Block: 821 Lot: 19 Qualifier

Work Site Location: 1595 LARSEN ST. Brick Township, NJ

Owner in Fee: LAURELTON PARK BAPTIST CHURCH INC
P.O. BOX 514 BRICK NJ 08724

Telephone:

Contractor: HEIM ELECTRONICS
Address: 1868 ROUTE 88 EAST BRICK NJ 08724-

Telephone: 732/8993400
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 222140037

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:

ALARM SYSTEM (BURGLAR OR FIRE)

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $15,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$130
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$20
CO Fee	
Other	$0
Total	$190
Check No.	2757
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

PERMIT UPDATE

Date Update Issued 11/9/2007
Control # C-07-004575
Permit # 07-2825+A

IDENTIFICATION Block: 821 Lot: 19 Qualifier
Work Site Location: 1595 LARSEN ST. Brick Township, NJ
Owner in Fee LAURELTON PARK BAPTIST CHURCH INC
P.O. BOX 514 BRICK NJ 08724
Telephone:

Contractor HEIM ELECTRONICS
Address 1868 ROUTE 88 EAST BRICK NJ 08724-
Telephone: 732/8993400
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 222140037

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:
ALARM SYSTEM (BURGLAR OR FIRE) PLUS RECEPTACLE

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $150

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$40
Check No.	999
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 9/19/07
Permit # 07-2825+A

11-9-07

C07-004575

Called 9/19/07

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

Block 821 Lot 19 Qualification Code

Work Site Location 858 + 1595 LARSEN ST. BRICK, N.J.

Owner in Fee LAUREL TON PARK BAPTIST Church Inc.

Address PO Box 514 BRICK, N.J.

Tel (732) 899-3400

Contractor Kelly Kilowatt Elect. Co Inc.

Address PO Box 886 Lakewood, N.J. 08701

Tel (732) 367-3030 FAX (732) 363-3838

Contractor License No. 5918

Federal Emp. No. 22-2835201

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Church Utility Co.

Est. Cost of Elec. Work $ 150.00

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

Edward P Kelly Pres.

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
1		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
1		Alarm Devices/F.A.C. Panel
2		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)

$ COMMERCIAL

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

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: 9/19/07

Approved by: MM

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 11/19/07

Approved by: MM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	11/6/07 MM		11/9/07 MM	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

N/A

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 11-907
Date Issued 9/10/07
Permit # 07-2825+A
07-004575

Called 9/19/07

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

Block 821 Lot 19 Qualification Code

Work Site Location 1588 + 1595 LARSEN ST
BRICK, N.J.

Owner in Fee LAUREL TON PARK BAPTIST CHURCH INC.

Address PO Box 514
BRICK, N.J.

Tel (732) 899-3400

Contractor KELLY KILGWATT ELECT. CONTR.

Address PO Box 886
LAKEWOOD, N.J. 08701

Tel (732) 367-3030 FAX (732) 363-3928

Contractor License No. 5918

Federal Emp. No 22-2835-201

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as church Utility Co.

Est. Cost of Elec. Work $ 150.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
1		Alarm Devices/F.A.C. Panel	
2		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	

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

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: 91907

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) 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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 07-2825

Date Issued
Permit # 9-10-07

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

Block 821.00 Lot 19 Qualification Code _____

Work Site Location Rt 88 West Bowman St.
E. Park Dr. at T.J. Church

Owner in Fee Hamilton Park Baptist Church

Address RT 88 WEST
BRICK NJ 08724

Tel (_____) _____

Contractor Neon Electronics

Address 1818 Rt 88 E
BRICK NJ 08724

Tel (732) 202 1611 FAX (732) 202 1610

Contractor License No. P00532

Federal Emp. No. 222142037

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 4000.00

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.

W A Strassheim
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
53		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	
		_____	
		_____	

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

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: 9507
Approved by: MA

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS — Dates (Month/Day)

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

Temp. Cut-in-Card Date Issued 9/10/07

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

Ron Pizzar

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

07-2825
9-10-07

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

Block 821 Lot 19
Work Site Location Rt 88 West & Larsen St.
Owner in Fee Lourelton Park Baptist Church
Address Rt 88 West Brick, NJ 08724
Tele. ( )
Contractor HEIM ELECTRONICS
Address 868 Rt 88 E Brick NJ.
Tele. 732) 202-1601 Fax (732) 202 1610
Lic. No. P00532
Federal Emp. No. 222140037

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ 11,000.00

Fire Alarm System
New [X] Existing [ ]
Location of Panel: Front Door
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 9.5.07
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11-16-07
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			11-16-07	
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			11-16-07	
Other				

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.

W A Strassheim
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Alarm Devices
Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [X] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	32	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	21	
Other Devices ____		
TOTAL	53	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other ____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other ____		

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

UCC F140
(rev. 3/96)

Ron Flosser

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 07-2825, 9-10-07

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

Block 821 Lot 19
Work Site Location Rt 88 West & Lanslon St
Owner in Fee Lanelton Park Baptist Church
Address Rt 88 West BRK, NJ 08724
Tele. ( )
Contractor HELM ELECTRONICS
Address 868 Rt 88 E
BRICK NJ
Tele. (732) 202-1601 Fax (732) 202-1610
Lic. No. P00532
Federal Emp. No. 221140037

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 11,000.00

Fire Alarm System
New [X] Existing [ ]
Location of Panel: Front Door
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 9-5-07
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

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.

W A Strawbridge
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Alarm Devices
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [X] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	32	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	21	
Other Devices _____		
TOTAL	53	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

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

UCC F140
(rev. 3/96)

TO
Kevin Batsel

(732) 477-6577

Laurelton Park Baptist Church

Route 88 West at Larsen Street

G. Richard Fisher
Pastor

Post Office Box 514
Bricktown, NJ 08723

HEIM ELECTRONICS, INC.

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SURVEILLANCE SYSTEMS - ACCESS CONTROLS
HOME THEATER - HOME AUTOMATION

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SUITE C
BRICK, NJ 08724

UTE 88 EAST
CK, NJ 08724
WWW.HEIMELECTRONICS.COM

(800) 564-4346
(732) 899-3400
FAX (732) 202-1610

HEIM ELECTRONICS, INC.

A Company Built on Quality & Satisfaction

FAMILY OWNED AND OPERATED SINCE 1976

FIRE ALARM INSPECTION AND TESTING REPORT

PREMISES NAME: LAURELTON CHURCH	DATE: 11-16-07	Pg. 1 of 4
PREMISES ADDRESS		
SERVICEMAN: MIKE STRASSHEIM	SIGNATURE: Mike Strassheim	
PREMISES PHONE:	ACCOUNT# VX7909	
FIRE ALARM REGISTRATION #P00532		

This inspection report is solely based on the testing and inspection of the specific fire protection components as noted on the report. This report in no way constitutes a fire protection engineering or loss prevention survey and does not address the level of protection provided by the system, the acceptability of the equipment installed, or the overall design, engineering or fire code compatibility or acceptability of the system(s) and all related components. This inspection and certification is strictly limited to those items specifically tested and the results of the tests at the time of the actual inspection.

The results of this inspection indicated that the systems at the time of inspection were:

✓ Found to be in operational condition.

In need of repairs to place the system in operational condition.

TYPE OF TRANSMISSION	INSPECTION / SERVICE	ALARM TRANSMISSION
	Weekly	Central Station: SECURALL
Digital	Monthly	Phone No.: 800-624-1180
	Quarterly	
Long Range Radio (R/F)	Semi-Annually	Police Dept.
Multiplex	Annually ✓	Fire Dept.
Other (specify)	Other (specify)	Other (specify)

Panel Manufacture Control: ADEMCO	Model No.: VISTA 100
Circuit Style :	No.Of Circuits (zones)
LAST DATE SYSTEM HAD SERVICE PERFORMED	/ /
SIGNALING LINE CIRCUITS: QUANTITY	STYLE(S)
PRIMARY POWER SOURCE: (110VAC SINGLE PHASE)	220VAC DOUBLE PHASE
SECONDARY POWER SOURCE STANDBY GENERATOR	(BATTERY)
IF SYSTEM IS EQUIPPED WITH A REMOTE ANNUNCIATOR, DO ALL INDIVIDUAL INDICATORS ILLUMINATE	
ANNUNCIATOR LOCATION FRONT DOOR 6160CR	

USER CONTROL FUNCTION TEST	GOOD	N/A	INOP
RESET	✓		
TROUBLE SILENCE	✓		
FUSES	✓		
ALARM SILENCE	✓		
LAMPS	✓		

PANEL VISUAL TEST	GOOD	N/A	INOP
AC POWER	✓		
SYSTEM TROUBLE	✓		
ZONE TROUBLE	✓		
ZONE ALARM	✓		
GROUND FAULT	✓		

SECONDARY POWER SOURCE

BATTERY TEST: QTY: 2 VOLTS 12 AMP HOUR RATING 7 BATTERY TYPE LEAD

CHARGER OUTPUT VOLTAGE: VDC 1370

OPEN BATTERY VOLTAGE: VDC 1367

BATTERY OPERATION UNDER PRIMARY POWER INTERRUPTION

BATTERY VOLTAGE: VDC (5 MINUTES) 1340

BATTERY VOLTAGE IN ALARM VDC (5 MINUTES) 1290

DID BATTERY APPEAR SATISFACTORY yes

ANNUNCIATOR MANUFACTURE: MODEL NO :

Panel Manufacture Power Supply SILENT KNIGHT | Model No.: 5495

Circuit Style : | No.Of Circuits (zones) 4

LAST DATE SYSTEM HAD SERVICE PERFORMED / /

SIGNALING LINE CIRCUITS: QUANTITY STYLE(S)

PRIMARY POWER SOURCE: (110VAC SINGLE PHASE) 220VAC DOUBLE PHASE

SECONDARY POWER SOURCE STANDBY GENERATOR (BATTERY)

IF SYSTEM IS EQUIPPED WITH A REMOTE ANNUNCIATOR, DO ALL INDIVIDUAL INDICATORS ILLUMINATE

ANNUNCIATOR LOCATION

ANNUNCIATOR MANUFACTURE: MODEL NO :

USER CONTROL FUNCTION TEST	GOOD	N/A	INOP
RESET	✓		
TROUBLE SILENCE	✓		
FUSES	✓		
ALARM SILENCE	✓		
LAMPS	✓		

PANEL VISUAL TEST	GOOD	N/A	INOP
AC POWER	✓		
SYSTEM TROUBLE	✓		
ZONE TROUBLE	✓		
ZONE ALARM	✓		
GROUND FAULT	✓		

SECONDARY POWER SOURCE BELL SUPPLY

BATTERY TEST: QTY.: 2 VOLTS 24 AMP HOUR RATING 14 BATTERY TYPE LEAD

CHARGER OUTPUT VOLTAGE: VDC 27.1

OPEN BATTERY VOLTAGE: VDC 26.8

BATTERY OPERATION UNDER PRIMARY POWER INTERRUPTION

BATTERY VOLTAGE: VDC (5 MINUTES) 26.4

BATTERY VOLTAGE IN ALARM VDC (5 MINUTES) 25.8

DID BATTERY APPEAR SATISFACTORY yes

NOTIFICATION	APPLIANCE	INFORMATION
	QUANTITY OF:	CIRCUIT SYTLE:
BELLS	N/A	
HORN	N/A	
HORN / STROBES	16	2wire
STROBES	3	2wire
CHIMES	N/A	
SPEAKERS	N/A	
OTHER (SPECIFY)	N/A	

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION		Pg. 4 of 4
	QUANTITY OF:	CIRCUIT STYLE:
PHOTO SMOKE DETECTOR	36	Polling Loop
DUCT DETECTOR	N/A	
HEAT DETECTOR	1	Polling Loop
LOW TEMPERATURE	N/A	
MANUAL PULL STATIONS	8	Polling Loop
BEAM TYPE SMOKE DETECTOR	1	Polling Loop
WATER FLOW SWITCHES	N/A	
SUPERVISORY SWITCHES	N/A	
ANSUL SWITCHES	N/A	

DEFECTS NOTED	REPAIRS/CORRECTED
1.	
2.	
3.	