E 563 LOT 68 QUALIFICATION CODE ADDRESS (SITE) 437 S. Community Dr PERMIT NO. 09-3126

check enclosed

CONSTRUCTION PERMIT APPLICATION

09.004480

08723

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

I. IDENTIFICATION

1. Proposed Work Site at: 437 S. Community Dr. Brick, NJ
2. [redacted] e-mail
   Address (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: ____ Tel. ( ) ____
   Address ____ e-mail ____
   Slomin's 610 561-9088
   467 Creamery Way, Exton, PA 19341
   License No. OR, if new home, Builder Reg. No. P00804 Exp. Date 2010
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH01245500
   Federal Emp. ID No. 11-1339259 FAX. (610) 363-7382
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Ed Swanson
   Tel. ( ) ____ FAX: ( ) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40		
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	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 40		

REC'D DEC 2009

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
- ☐ Repair
- ☐ New Building
- ☐ Alteration
- ☐ Addition
- ☐ Renovation
- ☐ Demolition
- ☐ 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									
☑ Electrical	150				12-18-09	DD			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	150								

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

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(f)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 _____

Slomin's Security
467 Creamery Way
Exton, PA 19341
610-561-9088

Telephone _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/17/2010
Control Number C-09-004480
Permit Number 09-3126
Permit Issue Date 12/23/2009
Certificate Number 09-3126

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 437 S. COMMUNITY DR. Brick Township, NJ Block: 563 Lot: 68 Qual:

Owner in Fee: AMY IOZZI

Owner Address: 437 S COMMUNITY DR BRICK NJ 08723

Telephone [redacted]

Contractor SLOMIN'S SECURITY

Address 467 CREAMERY WAY EXTON PA 19341

Telephone: (610) 561-9088 Fax: (610) 363-7382

License Number or Builders Registration Number: 13VH01245500 Federal Emp. Number: 11-1339259

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALARM SYSTEM (BURGLAR OR FIRE) LOW VOLT BURGLAR ALARM

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: 02/17/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 1/13/09
Control # C-09-004480
Permit # 04-17

IDENTIFICATION Block: 563 Lot: 68 Qualifier
Work Site Location: 437 S. COMMUNITY DR. Brick Township, NJ
Owner in Fee AMY IOZZI
437 S COMMUNITY DR BRICK NJ 08723
[redacted]

Contractor SLOMIN'S SECURITY
Address 467 CREAMERY WAY EXTON PA 19341
Telephone: (610) 561-9088
Lic. No. or Bldrs. Reg. No. 13VH01245500
Federal Employee. No. 11-1339259

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) LOW VOLT BURGLAR ALARM

Note: If constuction 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 $150

Construction Official DOW Date 1-13-09

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
Check No.	1111
Cash	$0
Credit	$0
Collected By	

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.

ELECTRIC $40.00
DCA $1.00
CHECK 41.00

☐ 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.

Hobbs

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-3126

Date Issued
Permit # 12-23-09

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

Block 503 Lot 08 Qualification Code

Work Site Location 437 S. Community Dr. Brick, NJ. 08723

Ow [redacted] Amy 1221

Te [redacted] e-mail

Address
street municipality zip code

Contractor: Slomin's Tel. (610) 561-9088

Address 467 Creamery Way, Exton, PA 19341 e-mail

Contractor License No. P00804 Exp. Date 2010

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH01245500

Federal Emp. ID No. 11-1339259 FAX: (610) 363-7382

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[No] No Plans Required — 12-14-09 — DO

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 2-9-10
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-5-10	DO
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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install low volt burglar alarm

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	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 09-3156
Control #
Date Issued 12-23-09
Permit #

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

Block ______ Lot ______ Qualification Code ______

Work Site Location ______

Owner in Fee: ______

T [redacted] e-mail ______

Address ______ (street) (municipality) (zip code)

Contractor: ______ Tel. ( ) ______

Address **Slomin's** e-mail **610 561-9088**

467 Creamery Way, Exton, PA 19341

Contractor License No. ______ Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): **P00804** **2010** **13VH01245500**

Federal Emp. ID No. **11-1339259** FAX: (**610**) **363-7382**

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[x] No Plans Required 12-11-09

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: ______
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 ______

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 [x] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install low volt burglar alarm

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	

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

U.C.C. F120 (rev. 7/08) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Slomin's

125 LAUMAN LANE, HICKSVILLE, NEW YORK 11801 • 516/932-7000 • FAX 516/932-7030

December 4, 2009

Brick Township
Attn: Building Department
401 Chambers Bridge Road
Brick, NJ 08723
732-262-1024

Dear Sir/Madam:

Enclosed herewith please find permit applications for the following locations:

AMY IOZZI
437 S COMMUNITY DR
Chk 262317 $41

Please call us at 1-610-561-9088 ext. 6861 if you have any questions. Thank you for your assistance.

Very truly yours,

Kim Mozol
Lisa Glah-Donahue
Permit Administrators

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Slomins, Inc.
Jason Salzman
125 Lauman Lane
Hicksville NY 11801

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

11/12/2008 TO 12/31/2009
VALID

Signature of Licensee/Registrant/Certificate Holder

13VH01245500
LICENSE/REGISTRATION/CERTIFICATION #

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Slomins, Inc
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
11/12/2008 TO 12/31/2009
VALID
Signature
13VH01245500

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATIO CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Slomins, Inc.

EXPIRATION DATE **2009**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 01245500** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC

HOME [ ]

BUSINESS [ ]

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDEI

HOME [ ]

BUSINESS [ ]

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

Business License

Fire Alarm, Burglar Alarm and Locksmith Advisory Committee

Issued to:

Slomin's Inc
28 Kennedy Blv
East Brunswick, NJ 088161255

34BF00014900

BA and FA Business

ISSUE DATE: 06/12/2008 **EXPIRATION DATE: 01/31/2011**

Underwriters Laboratories Inc.®

Northbrook, IL San Jose, CA
Melville, NY

A not-for-profit organization dedicated to public safety and committed to quality service

Applicant ID No: 180666-001
Service Center No 1
Expires: 31-MAR-2010

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY that the Alarm Service Company indicated below is included by Underwriters Laboratories Inc. (UL) in its Product Directories as eligible to use the UL Listing Mark in connection with Certificated Alarm Systems. The only evidence of compliance with UL's requirements is the issuance of a UL Certificate for the Alarm System and the Certificate is current under UL's Certificate Verification Service. This Certificate does not apply in any way to the communication channel between the protected property and any facility that monitors signals from the protected property unless the use of a UL listed or Classified Alarm Transport Company is specified on the Certificate.

Listed Service From: HICKSVILLE, NY

Alarm Service Company: (180666-001)

SLOMIN'S INC
125 LAUMAN LN
HICKSVILLE NY 11801

Service Center: (180666-001)

SLOMIN'S INC
125 LAUMAN LN
HICKSVILLE NY 11801

The Alarm Service Company is Listed in the following Certificate Service Categories:

File - Vol No.	CCN	Listing Category
BP9824 - 1	CVSG	[Burglar Alarm Systems] Mercantile
BP6694 - 1	CVSU	[Burglar Alarm Systems] Monitoring Station, Residential
S5152 - 1	UUFX	[Signal and Fire Alarm Equipment and Services] (Protective Signaling Services) Central Station

***THIS CERTIFICATE EXPIRES ON 31-MAR-2010 ***

"LOOK FOR THE UL ALARM SYSTEM CERTIFICATE"

Engineering Manager
28-APR-2009

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

Department Of DCA Community Affairs

State of New Jersey
Department of Community Affairs
Division of Fire Safety

DIVISION OF FIRE SAFETY STATE OF NEW JERSEY

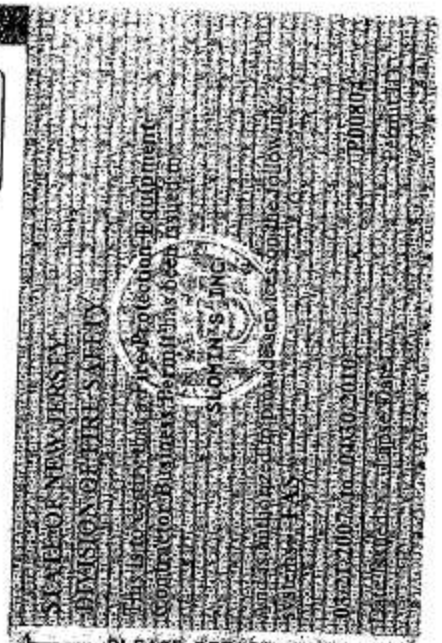
Hereby Issues To

SLOMIN'S INC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Alarm System



PLEASE DETACH HERE

Fire Protection System Abbreviation Key:

AFPES-All Fire Protection Equipment Systems
FSS-Fire Sprinkler System
SHFSS-Special Hazard Fire Suppression System
FAS-Fire Alarm System
PFE-Portable Fire Extinguisher
KFSS-Kitchen Fire Suppression System

PLEASE DETACH HERE

P00804	03/21/2007 to 04/30/2010	
Permit ID	Date Issued	Lapse Date

Susan Bass Levin
Commissioner

Dear Contractor:

Congratulations on receiving a business permit as a Fire Protection Equipment Contractor. The business identified above is authorized by the New Jersey Department of Community Affairs to install, service, repair, inspect and maintain fire protection equipment on the systems/services identified on the permit. The services authorized by this permit are restricted to the Fire Protection Equipment services identified on the business permit application, and may be limited within each permit classification.

Let me commend you on your professional attitude and desire to provide a valuable service to the citizens of New Jersey. The business permit will be valid for a period of three years. At least one employee of the business must be certified within "each" specialty listed on the permit. An individual certified as a "All Fire Protection Equipment Systems" contractor is permitted to work on all fire protection equipment systems authorized by Public Law P.L. 2001, c. 289.

Please do not hesitate to contact our office if we may further assist you. Our mailing address is: Division of Fire Safety, Contractor Certification and Emblems Unit, P.O. Box 809, Trenton, New Jersey 08625-0809, or phone us at (609) 633-6737.

Sincerely,

Susan Bass Levin

Susan Bass Levin, Commissioner

09/13/01

SLOMIN'S, INC.
125 LAUMAN LANE
HICKSVILLE NY 11801

Taxpayer Identification# 111-339-259/000

Dear Business Representative:

Recently enacted State law (Public Law 2001, c.134) requires all contractors and subcontractors with State, county and municipal agencies to provide proof of their registration with the Department of the Treasury, Division of Revenue. The law became effective September 1, 2001.

Our records indicate that you are currently registered with the Division of Revenue, and accordingly, we have attached a Proof of Registration Certificate for your use. If you are currently under contract or entering into a contract with a State, county or local agency, you must provide a copy of the certificate to the contracting agency.

Please note that the law sets forth penalties for non-compliance with the provisions above. See N.J.S.A. 54:52-20.

Finally, please note that the new law amended Section 92 of the Casino Control Act, which deals with the casino service industry.

Should you have any questions or require more information about the attached certificate, or are involved with the casino service industry, call (609) 292-1730.

Thank you in advance for your consideration and cooperation.

Sincerely,

Patricia A. Chiacchio
Director, Division of Revenue

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE
FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 252
TRENTON, NJ 08646-0252

TAXPAYER NAME:
SLOMIN'S, INC.

TRADE NAME:

TAXPAYER IDENTIFICATION#
111-339-259/000

CONTRACTOR CERTIFICATION#
0057400

ADDRESS
125 LAUMAN LANE
HICKSVILLE NY 11801

ISSUANCE DATE:
09/13/01

EFFECTIVE DATE:
03/01/91

Patricia A. Chiacchio
Director, Division of Revenue

FORM-BRC(08-01)

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/25/2009

PRODUCER Phone: 516-745-0800 Fax: 516-745-0082
The Treiber Group, LLC
377 Oak Street - CS 601
Garden City NY 11530-0601

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Slomin's Inc.
125 Lauman Lane
Hicksville NY 11801

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Lexington Ins Co.	19437
INSURER B: National Union Fire Insurance	19445
INSURER C: New Hampshire Insurance Compa	23841
INSURER D: National Casualty Company	11991
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE [X] OCCUR [X] Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC	059331767	12/3/2008	12/3/2009	EACH OCCURRENCE	$ 2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurance)	$ Included
						MED EXP (Any one person)	$ Included
						PERSONAL & ADV INJURY	$ Included
						GENERAL AGGREGATE	$ 2,000,000
						PRODUCTS - COMP/OP AGG	$ Included
B		AUTOMOBILE LIABILITY [X] ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS	CA7203981	7/2/2009	7/2/2010	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	$
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
D		EXCESS/UMBRELLA LIABILITY [X] OCCUR [ ] CLAIMS MADE DEDUCTIBLE RETENTION $	XL00018126	12/3/2008	12/3/2009	EACH OCCURRENCE	$ 25,000,000
						AGGREGATE	$ 25,000,000
							$
							$
							$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC7207584	7/2/2009	7/2/2010	[X] WC STATU-TORY LIMITS [ ] OTH-ER	
						E.L. EACH ACCIDENT	$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	$ 1,000,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Proof of Insurance
125 Lauman Lane
Hicksville NY 11801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

TELECOMMUNICATIONS WIRING EXEMPTION

Issued to: Slomin's Inc.

125 Lauman Lane, Hicksville, NY 11801
Address

Signature of Holder

Exemption No. 0682

State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS
124 HALSEY STREET, 6TH FLOOR, NEWARK NJ

CHRISTINE TODD WHITMAN
Governor

JOHN J. FARMER, JR.
Attorney General
MARK S. HERR
Director

Mailing Address:
P.O. Box 45006
Newark, NJ 07101
(973) 504-6410

September 21, 2000

Mr. Ron Virack
Slomin's Inc.
125 Lauman Lane
Hicksville, NY 11801

RE: TELECOMMUNICATIONS WIRING EXEMPTION CARD: # 682

Dear Mr. Virack:

Attached is the Telecommunications wiring exemption card.

Please be advised that pursuant to N.J.A.C. 13:31-1.17, the Telecommunications Wiring Exemption, adopted January 6, 1993, by the Board of Examiners of Electrical Contractors, the exempt Entity shall:

(g) Notify the Board in writing of any change of address within ten (10) days of the address change;

(h) Notify the Board in writing of any change in name, ownership, or form of ownership, within 30 days of such change.

These changes may be reported by writing to the Board of Examiners of Electrical Contractors, P. O. Box 45006, Newark, NJ 07101.

Additionally, any questions concerning your exemption or your card should be directed to the Board by calling (973) 504-6410.

Sincerely,

Barbara A. Cook
Executive Director

BAC:gkb
encl:

State of New Jersey

BURGLAR ALARM
LICENSE
34BA00044900
EXPIRES: 8/31/2010
DOB: 1/30/1958

EDWARD P. SWANSON