BLOCK 664 LOT 1 QUALIFICATION CODE COMMERCIAL ADDRESS (FEE) 730 Lynnwood PERMIT NO. 17-4133

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C17-004789

I. IDENTIFICATION

1. Proposed Work Site at: 730 Lynnwood Ave - RECTORY
2. Name of Owner in Fee: Church of Visitation
   Tel. (732) 796 1996 e-mail
   Address 730 Lynwood Ave (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Solar Mite Solution Tel. (732) 796 1996
   Address 1525 Cooliers Ave e-mail Shannon@ Solarmitesolution.com
   Neptune NJ 07753
   License No. OR, if new home, Builder Reg. No. 13VH05377000 Exp. Date 3/31/18
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 27-052443 FAX: (732) 757 0831
5. Architect or Engineer ARC Design Contact James Clancy
   Address 409 N. Main Elmer NJ 08318 e-mail
   Tel. (856) 712 2166 FAX: (856) 355-1511
6. Responsible Person in Charge once Work has Begun Shannon Martich
   Tel. (732) 796 1996 FAX: (732) 757 0831

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 250		
2. Electrical	755	650	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	76	or	
10. Subtotal 2	$ 75		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 1150	1050	

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 41.6 KW	
5. Volume of New Structure ____ cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed ____ sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ____ ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

Solar Panels

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	25000	10/26/17			12/22/17	dex			
☒ Electrical	35000				11/14/17	PS	2/27/18		PS
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng	Exempt		11/3/17	ECC			
TOTAL COST	60,000								

FOR OFFICE USE ONLY (Optional)

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)

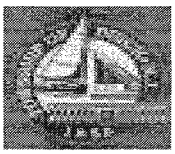
DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

U.C.C. F100-1 (rev. 8/08)

COMMERCIAL COMMERCIAL



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 4/26/2018
Control Number C-17-004789
Permit Number 17-4133
Permit Issue Date 12/27/2017
Certificate Number 17-4133

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 730 LYNNWOOD AVE. Brick Township, NJ Block: 664 Lot: 1 Qual:

Owner in Fee: CHURCH OF THE VISITATION

Owner Address: 730 LYNNWOOD AVE BRICK NJ 08723

Telephone: (732) 796-1996

Contractor Solar Mite Solutions

Address 1525 CORLIES AVE NEPTUNE NJ 07753

Telephone: (732) 796-1996 Fax: (732) 757-0831

License Number or Builders Registration Number: Federal Emp. Number: 27-0524433

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SOLAR PANELS - - RECTORY ...INSTALL 41.6 kw ROOF MOUNT PHOTOVOLTAIC SOLAR SYSTEM

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 J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 4/26/2018

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

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 Solar Mite Solutions

Address 1525 Corlies Ave
Neptune NJ 07753

Telephone (732) 796 - 1996

Signature _____

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

Rectory

NEEDS FINAL APPROVAL

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 12/27/17
Control #
Date Issued
Permit # 17-4133

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

Block 664 Lot 1 Qualification Code

Work Site Location 730 Lynnwood Ave Brick 08723

Owner in Fee: Church of the Visitation

Tel. (732) 796-1996 e-mail

Address same (street, municipality, zip code)

Contractor: Solar Mite Solutions Tel. (732) 796-1996

Address 1525 Carlies Ave e-mail jon@SolarMiteSolutions.com

Neptune NJ 07753

Contractor License No. 34EI01829900 Exp. Date 3/31/2018

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

Federal Emp. ID No. 27-0524433 FAX: (732) 757-0831

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 35,000

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: Jonathan Rosengrant

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Roof Mounted Solar PV

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	
1		~~KW Transformer/Generator~~ Solar Meter	
2	150	AMP ~~Service~~ Disconnects	
1	150	AMP Subpanels	
2	9KW	~~AMP Motor Control Center~~ Inverters	
1	14.4KW	~~KW Elec. Sign/Outline Light~~ Inverter	
130	320W	Solar PV Modules-41.6KW	

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 12/14/17 Approved by: PJC

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 12/14/17

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 4/23/18

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough-In			1-10-18	CM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
* Service SEE BACK.			4/5/18	RC
Final			4-20-18	CM
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued			4/5/18	
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

U.C.C. F120 (rev. 11/09)

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-17-01491
DATE ISSUED 12/27/17

BLOCK: 664 LOT: 1 QUALIFIER: _____ SITE ADDRESS: 730 Lynnwood Ave

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Church of Visitation
COMPLETE ADDRESS: 730 Lynnwood Ave
Brick NJ 08723
PHONE # 732-796-1996 EMAIL: _____

2. NAME OF APPLICANT: Solar Mite Solutions
APPLICANT ADDRESS: 1525 Corlies Ave
Neptune NJ 07753
PHONE # 732 796 1996 EMAIL: shannon@solarmitesolutions.com

3. RESPONSIBLE PERSON FOR WORK: Shannon Mantak
PHONE# 732 796-1996 FAX# 732 757-0831

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75
OTHER: $ _____
TOTAL: $ 75

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: X
EXISTING USE: Visitation Church
PROPOSED USE: Visitation Church

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION X *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER Roof Mounted Solar

DESCRIPTION: _____

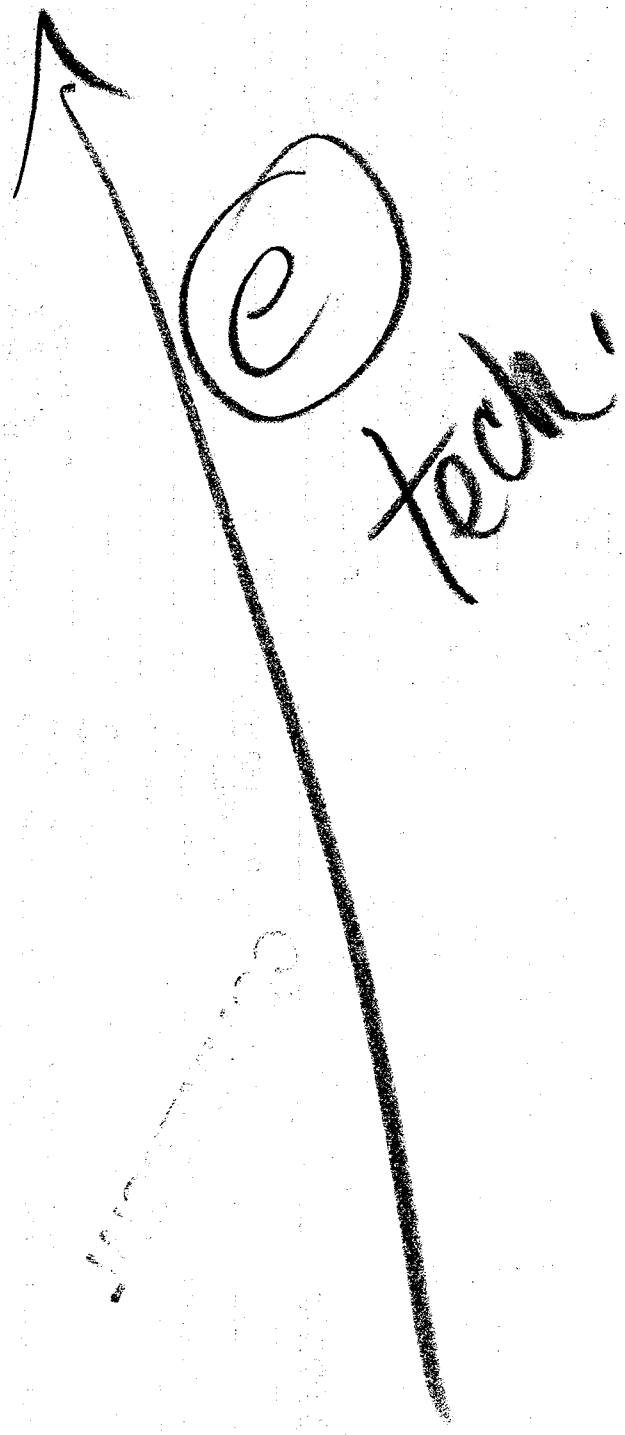
ZONING REVIEW:
DATE REVIEWED: 11-27-17 DATE DENIED: _____ DATE APPROVED: (11-27) INITIALS: CM

(SEE BACK PAGE)

4/5/18 - PASS SERVICE.

NOTE: DRIVE 2-GROUND RODS NEEDS FINAL APPROVAL.

PJC



OFFICE USE ONLY

RECEIVED
NOV 0 2 2017
ZONING

ZONING REVIEW:

DATE REVIEWED: 11/2/17 DATE DENIED: ____ DATE APPROVED: 11/2/17 INTLS: JG

DATE:	COMMENTS:	INITIALS:
11/2/17	Sent to Anm	JG

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 664 LOT: 1 ADDRESS: 730 Lynnwood Ave

IDENTIFICATION:

1. WORK SITE ADDRESS: 730 Lynnwood Ave
2. NAME OF OWNER IN FEE: Church of Visitation
   ADDRESS: 730 Lynnwood PHONE #: (732) 796 1996
   Brick NJ 08723 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Solar Mite Solutions
   ADDRESS: 1525 Corlies Ave PHONE #: (732) 796-1996
   Neptune NJ 07753 FAX #: (732) 757 0831
4. ARCHITECT OR ENGINEER: ARC Design
   ADDRESS: 409 N. Main St. Elmer NJ PHONE: # (856) 712-2166
5. RESPONSIBLE PERSON FOR WORK: Shannon Mantick
   ADDRESS: 1525 Corlies Ave Neptune NJ

PHONE #: (732) 796-1996 FAX #: (732) 757-0831 E-MAIL: shannone solarmitesolutions.com

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER Roof Mounted Solar

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

Permit Update
Permit # 17-4133

Date Received 3/9/18
Control #
Date Issued
Permit # 17-4133 +A

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 6606 Lot 1 Qualification Code

Work Site Location 755 Mantoloking Rd Brick 08723

Owner in Fee: Church of the Visitation

Tel. (732) 796-1996 e-mail

Address Same
street municipality zip code

Contractor: Solar Mite Solutions Tel. (732) 796-1996

Address 1525 Corlies Ave e-mail shannon@solarmitesolutions.com
Neptune, NJ 07753

Contractor License No. 34EI01829900 Exp. Date 3/31/2018

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

Federal Emp. ID No. 27-0524433 FAX: (732) 757-0831

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date: 4/27/18 Approved by: PX
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/27/18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 4/3/18
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4-20-18 MW	
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: **Jonathan Rosengrant**

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: New overhead service wire & CT cabinet

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	
1	800Amp	CT meter cabinet	

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

Rectory

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/27/17

Date Issued / Permit # 17-4133

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

Block 6604 Lot 1 Qualification Code

Work Site Location 730 ~~Wa~~ Lynnwood Ave
Brick 08723

Owner in Fee: Church of the Visitation

Tel. (732) 796-1996 e-mail

Address same
street municipality zip code

Contractor: Solar Mite Solutions Tel. (732) 796-1996

Address 1525 Corlies Ave e-mail shannon@solarmitesolutions.com
Neptune, NJ 07753

Contractor License No. or Builder Registration No. 13VH05377000 Exp. Date 3/31/2018

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

Federal Emp. ID No. 27-0524433 FAX: (732) 757-0831

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All 12/22/17 KM
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 12/22/17
Approved by: KM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 04/20/18
Approved by: KM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			4/20/18	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present ____ Proposed ____

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 5,000

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.

Sign here:

Print name here: **Shannon Martiak**

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roof Mounted Solar Panels

COMMERCIAL

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall ____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [X] Other Alteration
- [ ] Demolition

FEE (Office Use Only)

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

* * * Communication Result Report (Apr. 5. 2018 2:22PM) * * *

1)
2)

Date/Time: Apr. 5. 2018 2:22PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
1253	Memory TX	918889149140	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

DO NOT DISPATCH – LINE CREW ONSITE

Brick Township
Building Department (732) 262-1030

DRWR #_____

CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 730 LYNNWOOD AVE. UTILITY CO JCP&L

Brick Township, NJ BLK 664 LOT 1

OWNER CHURCH OF THE VISITATION OCCUPANT CHURCH OF THE VISITATION

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ___days

DESCRIPTION OF SERVICE 400 Amp 3-Phase 4 wire 120/208V

INSTALLED BY Solar Mile Solutions LICENSE NO 5046

DATE 4/5/2018 PERMIT # 17-4133 INSPECTOR Patrick Callahan

☑ FAXED IN 4/5/2018 Lic. No: 609985

U.C.C. Form 73509 equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

DO NOT DISPATCH – LINE CREW ONSITE

Brick Township
Building Department (732) 262-1030

DR\UR # _____

CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 730 LYNNWOOD AVE. UTILITY CO JCP&L

Brick Township, NJ BLK 664 LOT 1

OWNER CHURCH OF THE VISITATION OCCUPANT CHURCH OF THE VISITATION

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE 400 Amp 3-Phase 4 wire 120/208V

INSTALLED BY Solar Mite Solutions LICENSE NO 5046

DATE 4/5/2018 PERMIT # 17-4133 INSPECTOR Patrick Callahan

☑ FAXED IN 4/5/2018 Lic. No: 009685

U.C.C. Form F350B equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

PERMIT UPDATE

Date Update Issued 3/9/18
Control # C-17-004789+A
Permit # 17-4133+A

IDENTIFICATION Block: 664 Lot: 1 Qualifier
Work Site Location: 730 LYNNWOOD AVE. Brick Township, NJ

Owner in Fee: CHURCH OF THE VISITATION
730 LYNNWOOD AVE BRICK NJ 08723
Telephone: (732) 796-1996

Contractor: Solar Mite Solutions
Address: 1525 CORLIES AVE NEPTUNE NJ 07753
Telephone: (732) 796-1996
Lic. No. or Bldrs. Reg. No. 13VH05377000 5046 13VH05377000 5046
Federal Employee. No. 27-0524433

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:
- RECTORY ...INSTALL 41.6 kw ROOF MOUNT PHOTOVOLTAIC SOLAR SYSTEM

PAYMENTS (Office Use Only)

Building	$0
Electrical	$650
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total 4/21	$652
Check No.	
Cash 03/09/18 3:10PM 00155BH60%	$0
Credit 003 SERV 003	$0
Collected By	

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

Estimated Cost of Work $1,200

D. Hurman Jr. / MP 3/28/18
Construction Official Date

$650.00
DCA 2.00
CO 52.00

U.C.C. F170
equiv (rev 1/04)
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.

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1336

Date Issued: 12/27/17
Application Number: ZA-17-01399
Application Date: 11/2/2017
Project Number:
Permit Number: ZP17-01491
Fee: $75.00

Zoning Permit

Worksite **730 LYNNWOOD AVE.**
Location: **Brick Township, NJ 08723**

Block: **664**
Lot: **1**
Qualifier:
Zone: **R-7.5**

Owner: **CHURCH OF THE VISITATION**
Address: **730 LYNNWOOD AVE**
BRICK, NJ 08723

Applicant: **Solar Mite Solutions**
Address: **1525 CORLIES AVE**
NEPTUNE, NJ 07753

Application Approved Date: 11/2/2017

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Place of Assembly (Church of the Visitation-Rectory)
Nonconforming Use is:

Work Description:
Solar Energy System - Installation of a 41.6 KW solar panel system mounted onthe roof of the house.

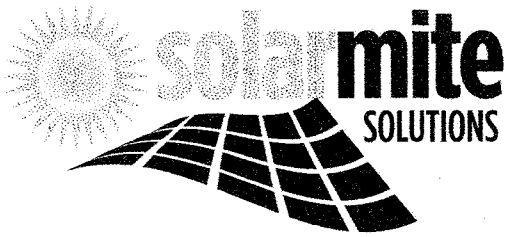
Additional Zoning Permit is required for additional work.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 11/2/2017 Date

Sean Kinnevy, Zoning Officer — 11/2/17 **Date**



To: Brick Twp Building Dept

Date: February 20, 2018

Re: Permit Update (Permit #17-4133)

We are submitting a permit update for a roof mounted solar project at 755 Mantoloking Rd, permit #17-4133. Specifically, we are replacing the existing underground service with new overhead service wire. Additionally, we are installing a new CT meter cabinet. Please see enclosed electrical one line for details.

Thank You,

Shannon Martiak
Solar Mite Solutions

1525 Corlies Avenue ~ Neptune ~ New Jersey ~ 07753
(732) 796-1996 ~ Fax (732) 757-0831
Solarmitesolutions.com

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Examiners of Electrical Contractors
124 Halsey Street, 6th Floor, Newark NJ 07102

CHRISTOPHER S. PORRINO
Attorney General

SHARON M. JOYCE
Acting Director

Mailing Address:
P.O. Box 45006
Newark, NJ 07101
(973) 504-6410
(973) 504-6534

October 4, 2017

TO WHOM IT MAY CONCERN

This is to inform you that JONATHAN ROSENGRANT is a newly-licensed electrical contractor who has not yet been supplied with a pressure seal by the vendor for:

SOLAR MITE SOLUTIONS LLC
1525 Corlies Avenue
Neptune NJ 07753

Business Permit No. 34EB01829900

Please accept this letter as an interim device pending the furnishing of this pressure seal.

This letter will be rendered invalid 180 days after the date of its issuance.

Sincerely,

Philameana L. Tucker
Executive Director

PLT:gkb

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

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors

HAS LICENSED

SOLAR MITE SOLUTIONS LLC
JONATHAN ROSENGRANT
1525 Corlies Avenue
Neptune NJ 07753

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

10/03/2017 TO 03/31/2018
VALID

Signature of Licensee/Registrant/Certificate Holder

34EB01829900
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors
HAS LICENSED
SOLAR MITE SOLUTIONS LLC
Electrical Business Permit

10/03/2017 TO 03/31/2018
VALID

SIGNATURE

34EB01829900
License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Exam. of Electrical Contrac
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

CONSTRUCTION PERMIT

Date Issued 12/27/17
Control # C-17-004789
Permit # 17-4133

IDENTIFICATION Block: 664 Lot: 1 Qualifier
Work Site Location: 730 LYNNWOOD AVE. Brick Township, NJ
Owner in Fee: CHURCH OF THE VISITATION
730 LYNNWOOD AVE BRICK NJ 08723
Telephone: (732) 796-1996

Contractor: Solar Mite Solutions
Address: 1525 CORLIES AVE NEPTUNE NJ 07753
Telephone: (732) 796-1996
Lic. No. or Bldrs. Reg. No. 13VH05377000 5046 13VH05377000 5046
Federal Employee. No. 27-0524433 27-0524433000 5046

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SOLAR PANELS - RECTORY ...INSTALL 41.6kW PHOTOVOLTAIC SYSTEM

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $40,000

D. Pearman Jr. 12/22/17
Construction Official Date

PAYMENTS (Office Use Only)

Building	$250
Electrical	$755
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$76
CO Fee	
Other	$0
Total	$1,081
Check No.	
Cash	$0
Credit	$0
Collected By	CW

+75
1156

12/27/17 12:04PM 001556#4713
#03 SERV 003
BUILDING $250.00
ELECTRIC $755.00
DCA $76.00
ZBA $75.00
$1156.00

U.C.C. F170
equiv (rev 1/04)

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.

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  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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- [x] A complete copy of released plans must be kept on the job site.

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

License Information

Accurate as of October 09, 2017 10:23 AM

Return to Search Results

Name: JONATHAN ROSENGRANT

Address: Howell,NJ

Profession/License Type: Electrical Contractors,Electrical Contractor

License No: 34EI01829900

License Status: Active

Status Change Reason: License Issuance

Issue Date: 10/3/2017

Expiration Date: 3/31/2018

For more information contact the New Jersey State Board of Examiners of Electrical Contractors (973) 504-6410

ANSE

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

SOLAR MITE SOLUTIONS, LLC
Shannon Martiak-owner, Arun Chaddha-owner
1525 Corlies Avenue
Neptune NJ 07753

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

02/06/2017 TO 03/31/2018
VALID

13VH05377000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
SOLAR MITE SOLUTIONS, LLC
Home Improvement Contractor

NOT AN ELECTRICIANS OR PLUMBERS LICENSE
02/06/2017 TO 03/31/2018
VALID
SIGNATURE
DIRECTOR
13VH05377000
License/Registration/Certificate #

PLEASE DETACH HERE

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

PLEASE DETACH HERE

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Examiners of Electrical Contractors
124 Halsey Street, 6th Floor, Newark NJ 07102

CHRISTOPHER S. PORRINO
Attorney General

SHARON M. JOYCE
Acting Director

Mailing Address:
P.O. Box 45006
Newark, NJ 07101
(973) 504-6410
(973) 504-6534

October 4, 2017

TO WHOM IT MAY CONCERN

This is to inform you that JONATHAN ROSENGRANT is a newly-licensed electrical contractor who has not yet been supplied with a pressure seal by the vendor for:

SOLAR MITE SOLUTIONS LLC
1525 Corlies Avenue
Neptune NJ 07753

Business Permit No. 34EB01829900

Please accept this letter as an interim device pending the furnishing of this pressure seal.

This letter will be rendered invalid **180 days** after the date of its issuance.

Sincerely,

Philameana L. Tucker
Executive Director

PLT:gkb

License Information

Accurate as of October 09, 2017 10:23 AM

Return to Search Results

Name: JONATHAN ROSENGRANT

Address: Howell,NJ

Profession/License Type: Electrical Contractors,Electrical Contractor

License No: 34EI01829900

License Status: Active

Status Change Reason: License Issuance

Issue Date: 10/3/2017

Expiration Date: 3/31/2018

For more information contact the New Jersey State Board of Examiners of Electrical Contractors (973) 504-6470

ENSE

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

SOLAR MITE SOLUTIONS, LLC
Shannon Martiak-owner, Arun Chaddha-owner
1525 Corliss Avenue
Neptune NJ 07753

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

12/06/2017 TO 03/31/2018
VALID

13VH05377000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

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Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
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SOLAR MITE SOLUTIONS, LLC
Home Improvement Contractor

NOT AN ELECTRICIANS OR PLUMBERS LICENSE

02/06/2017 TO 03/31/2018
VALID

SIGNATURE

13VH05377000
License/Registration/Certificate #

DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
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PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE