BLOCK 6664 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) ~~730 Lynnwood Ave~~ 755 Mantoloking PERMIT NO. 17-4136

CONSTRUCTION PERMIT APPLICATION COMMERCIAL

C17-004785

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

I. IDENTIFICATION

1. Proposed Work Site at: ~~730 Lynnwood Ave~~ 755 Mantoloking
2. Name of Owner in Fee: Church of Visitation
   Tel. (732) 796-1996 e-mail _____
   Address 730 Lynnwood Ave (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Solar Mite Solutions Tel. (732) 796-1996
   Address 1525 Corlies Ave e-mail shannon@solarmitesolutions.com
   Neptune, NJ 07753
   License No. OR, if new home, Builder Reg. 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
5. Architect or Engineer ARC Design Contact James Clancy
   Address 409 N. Main St Elmer, NJ 08318 e-mail _____
   Tel. (856) 712-2166 FAX: (856) 358-1511
6. Responsible Person in Charge once Work has Begun Shannon Martlak
   Tel. (732) 796-1996 FAX: (732) 757-0831

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 500		
2. Electrical	1125		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	85		
10. Subtotal	$ 2		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories ARRAY A
2. Height of Structure
3. Area — Largest Floor sq. ft.
4. New Building Area 81.92 kW sq. ft.
5. Volume of New Structure cu. ft.
6. Max. Live Load
7. Max. Occupancy Load
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed sq. ft.
10. Flood Hazard Zone
11. Base Flood Elevation ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

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

Solar Panels

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	~~35~~,000	CW Mi	10/26/17		12/22/17	VGK			
☒ Electrical	~~35~~,000				11/14/17	PJE			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Ener Exempt			11/3/17	ecc			
TOTAL COST	~~$120,000~~ 60,000								

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

COMMERCIAL

COMMERCIAL

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 4/26/2018
Control Number C-17-004785
Permit Number 17-4136
Permit Issue Date 12/27/2017
Certificate Number 17-4136

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 755 MANTOLOKING RD. Brick Township, NJ Block: 666 Lot: 1 Qual:

Owner in Fee: CHURCH OF THE VISITATION

Owner Address: 730 LYNNWOOD AVE BRICK NJ 08723

Telephone:

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: A-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SOLAR PANELS - - VISITATION CHURCH ...INSTALL 81.92 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)

CHURCH

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/27/17
Date Issued / Permit # 17-4136

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

Block 6666 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)

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

Address 1525 Carlies Ave e-mail jon@solarmitesolution.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 $ ~~30,000~~ 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

COMMERCIAL

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	
1	250	AMP ~~Service~~ Disconnect	
1	250	AMP Subpanels	
5	14.4KW	~~AMP Meter Control Center~~ Inverters	
		KW Elec. Sign/Outline Light	
256	320W	Solar PV panels - 81.92KW	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date: 1/4/17 Approved by: PE

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1/4/17
Approved by: PE

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 4/23/18
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough	1-10-18		1-18-18	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4-20-18	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

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)

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

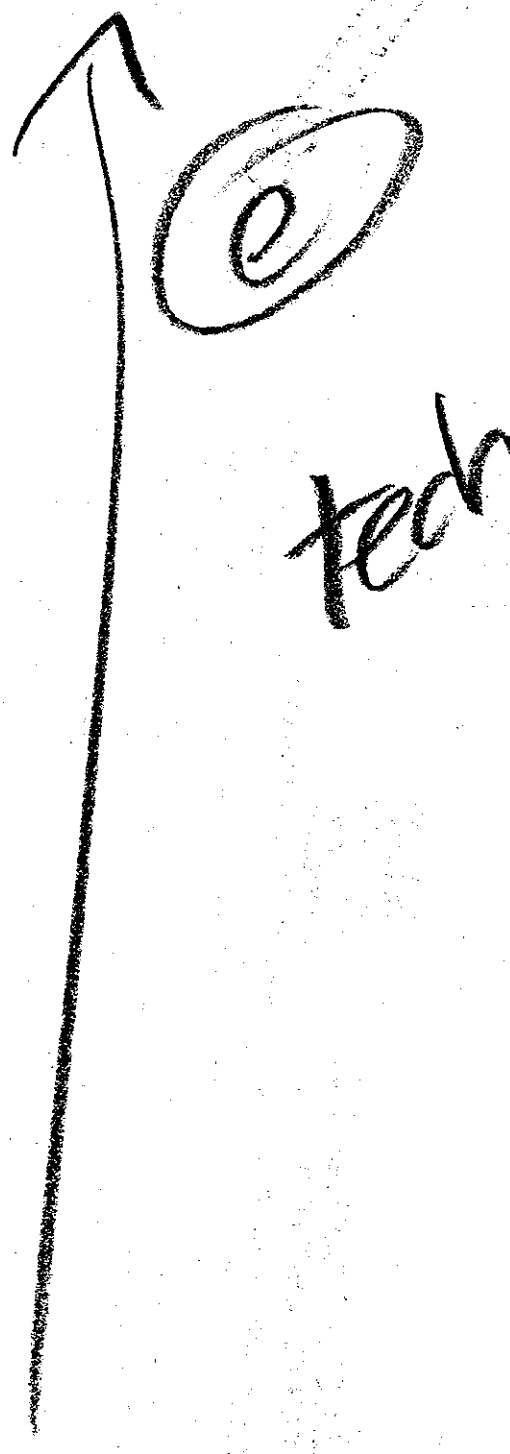
Telephone **732 796-1996**

Signature _____

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

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

1-10-18 - UIC not Ready



CHURCH

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 12/27/17

Date Issued Permit # 17-4136

A. IDENTIFICATION—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. 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
- [X] All 12/28/17 KAH
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 12/28/17
Approved by: KAH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 01/30/18
Approved by: KAH

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) $ 10,000

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 $

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # 17-01492
DATE ISSUED 12/27/17

BLOCK: 666 LOT: 1 QUALIFIER: _____ SITE ADDRESS: ~~730 Lynnwood Ave~~ 755 Mantoloking Rd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Church of Visitation
COMPLETE ADDRESS: ~~730 Lynnwood Ave~~ 755 Mantoloking Rd 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 Martiak
PHONE# 732-796-1996 FAX# 732-757-0831

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 25
OTHER: $ _____
TOTAL: $ 25

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 _____

HEIGHT: _____ (*APPLICABLE)

OTHER _____

DESCRIPTION: Roof mounted Solar Panels

ZONING REVIEW:
DATE REVIEWED: 11-2-17 DATE DENIED: _____ DATE APPROVED: 11-2-17 INTLS: [initials]

(SEE BACK PAGE)

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 12/27/17.
Application Number: ZA-17-01400
Application Date: 11/2/2017
Project Number:
Permit Number: 17-01492
Fee: $75.00

Zoning Permit

Worksite **755 MANTOLOKING RD.**
Location: **Brick Township, NJ 08723**

Block: **666**
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)
Nonconforming Use is:

Work Description:
Solar Energy System - Installation of a 81.92 KW solar panel system mounted on the 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 — 11/6/17 **Date**

CONSTRUCTION PERMIT

Date Issued 12/27/17
Control # C-17-004785
Permit # 17-4136

IDENTIFICATION Block: 666 Lot: 1 Qualifier
Work Site Location: 755 MANTOLOKING RD. Brick Township, NJ
Owner in Fee: CHURCH OF THE VISITATION, 730 LYNNWOOD AVE BRICK NJ 08723
Telephone:
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. 27-0524435

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 - VISITATION CHURCH ...INSTALL 81.92 kw ROOF MOUNT PHOTOVOLTAIC SOLAR SYSTEM

PAYMENTS (Office Use Only)

Building	$500
Electrical	$1,125
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$85
CO Fee	
Other	$0
Total	$1,710
Check No. 4213	$1785
Cash	$0
Credit	$0
Collected By	

+75

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 $45,000

D. Newman Jr. PP
Construction Official

12/22/17
Date

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.

12/27/17 3:43PM 00135884722
#006 SERV.006
BUILDING $500.00
ELECTRIC $1125.00
DCA $85.00
CHECK $1710.00

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:

- [x] 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".

- [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.

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) 504-6410

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State of New Jersey

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
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

02/08/2017 TO 03/31/2018
VALID

Signature of Licensee/Registrant/Certificate Holder

13VH05377000
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
SOLAR MITE SOLUTIONS, LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

02/08/2017 TO 03/31/2018
VALID

SIGNATURE

13VH05377000
License/Registration/Certificate #

DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46026
Newark, NJ 07101

PLEASE DETACH HERE

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: ~~666~~ 666 LOT: 1 ADDRESS: ~~730 Lynnwood Ave~~ 755 Mantoloking

IDENTIFICATION: 755 Mantoloking

1. **WORK SITE ADDRESS:** ~~730 Lynnwood Ave~~
2. **NAME OF OWNER IN FEE:** Church of Visitation
   ADDRESS: 730 Lynnwood Ave **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 Martiak
   ADDRESS: 1525 Corlies Ave Neptune NJ 07753

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

PROJECT DESCRIPTION:

- ☐ GRADING/CLEARING
- ☐ ROAD OPENING
- ☐ SOIL REMOVAL/FILL
- ☐ RETAINING WALL
- ☐ POOL
- ☐ BULKHEAD/DOCK
- ☐ DWELLING
- ☐ TREE REMOVAL _____
- ☒ OTHER Roof Mounted Solar Panels

LENGTH: _____ **WIDTH:** _____ **HEIGHT:** _____

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: _____

ENGINEERING REVIEW:

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