BLOCK 848 LOT 17 QUALIFICATION CODE _____ ADDRESS (SITE) 1729 W. Princeton PERMIT NO. 11-26032

CONSTRUCTION PERMIT APPLICATION

C-11-003090

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

I. IDENTIFICATION

1. Proposed Work Site at: 1729 W. Princeton
2. Name of Owner in Fee: Gabriel Diaz
   Tel. [redacted] e-mail _____
   Address 1729 W. Princeton (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Defender Security Tel. (317) 810 4720
   Address 3750 Priority Way South Dr e-mail _____
   Suite 200 Indianapolis IN 46240
   License No. OR, if new home, Builder Reg. No. 34BF00021800 Exp. Date 1/31/14
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 35-2042072 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Debbie Ward
   Tel. (609) 297 8103 FAX: (317) 564 2547

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	$ 41		

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

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

IIb. SUBCODES

(Check all that apply)

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									
[X] Electrical	8560	AUG 15 2011			8-23-11	DD			
[ ] Plumbing									
[ ] Fire Protection									
[ ] Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. [ ] Partial Releases
2. [ ] Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. [ ] Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. [ ] High Pressure Boilers
3. [ ] Pressure Vessels
4. [ ] Refrigeration Systems
5. [ ] Cross-Connections/Backflow Preventers
6. [ ] Hazardous Uses/Places of Assembly
7. [ ] Sprinklers/Standpipes
8. [ ] Smoke Control Systems in Open Wells
9. [ ] Underground Storage Tanks
10. [ ] Swimming Pools, Spas and Hot Tubs
11. [ ] LPGas Tanks
12. [ ] Fire Alarm

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.

(X) Check if contractor.

Agent Name John D. Sorrell

Address 3750 Priority Way South Dr., Suite 200
Indianapolis, IN 46240

Telephone (317) 810-4720

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 10/07/2011
Control Number C-11-003090
Permit Number 11-2622
Permit Issue Date 08/30/2011
Certificate Number 11-2622

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1729 W. PRINCETON AVE. Brick Township, NJ Block: 848 Lot: 17 Qual:

Owner in Fee: AURIEMMA, ROBERT W. & IRENE J.

Owner Address: 109 FREDE DR. BRICK NJ 08724

Telephone:

Contractor Defender Direct Security

Address 3750 Priority Way South Drive Suite 200 Indianapolis ID 46240

Telephone: (317) 810-4720 Fax:

License Number or Builders Registration Number: 34BA00037000 Federal Emp. Number: 35-2042072

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)

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: 10/07/2011 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued
Control # C-11-003090
Permit #

IDENTIFICATION Block: 848 Lot: 17 Qualifier
Work Site Location: 1729 W. PRINCETON AVE. Brick Township, NJ
Owner in Fee AURIEMMA, ROBERT W. & IRENE J.
109 FREDE DR. BRICK NJ 08724
Telephone:

Contractor Defender Direct Security
Address 3750 Priority Way South Drive Suite 200 Indianapolis ID 46240
Telephone: (317) 810-4720
Lic. No. or Bldrs. Reg. No. 34BA00037000
Federal Employee. No. 35-2042072

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ALARM SYSTEM (BURGLAR OR FIRE)

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $850

Construction Official Date

PAYMENTS (Office Use Only)

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

☐ 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.

Defender Direct, Inc.

Check Number: 156499

To: BRICK TOWNSHIP 1506 BRICK

Date: 08/25/2011

Invoice Number	Date	Description	Amount	Discount	Paid Amount
TK 1424351	08/25/2011	G. Diaz 1729 W. Princeton	$41.00	$0.00	$41.00

TOTALS:	$41.00	$0.00	$41.00

Defender Direct, Inc.

Check Number: 156499

To: BRICK TOWNSHIP 1506 BRICK

Date: 08/25/2011

Invoice Number	Date	Description	Amount	Discount	Paid Amount
TK 1424351	08/25/2011	G. Diaz 1729 W. Princeton	$41.00	$0.00	$41.00

TOTALS:	$41.00	$0.00	$41.00

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/30/11
Control #
Date Issued
Permit # 11-2622

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

Block 848 Lot 1-7 Qualification Code

Work Site Location 1729 W. Princeton

Owner in Fee: Gabriel Diaz

Tel. [redacted] e-mail

Address 1729 W. Princeton (street) Brick (municipality) 08724 (zip code)

Contractor: Defender Security Tel. (317) 810 4720

Address 3750 Priority Way South Dr e-mail
Suite 200 Indianapolis IN 46240

Contractor License No. 34BF00021800 Exp. Date

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

Federal Emp. ID No. 35-2041272 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 850.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 8-23-11
Approved by: D.D

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10-6-11
Approved by: JJ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	9-26-11		10-4-11	JJ
Barrier-Free				

NO ENVS

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: John A. Sorrell

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Install UL Listed Alarm Devices

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
5	1	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. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 8/30/11
Date Issued / Permit # 11-2622

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

Block 848 Lot 1-1 Qualification Code

Work Site Location 1729 W Princeton

Owner in Fee: Gabriel Diaz

Tel. [redacted] e-mail

Address 1729 W. Princeton (street) Brick (municipality) 08724 (zip code)

Contractor: Defender Security Tel. (317) 810 4720

Address 3750 Priority Way South Dr e-mail
Suite 200 Indianapolis IN 46240

Contractor License No. 34RF00021800 Exp. Date

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

Federal Emp. ID No. 35-2041207? FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 850.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[x] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 8-23-11
Approved by: D. J. ...

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

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

Temp. Cut-in-Card Date Issued
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: John P Sorrell

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install UL Listed Alarm Devices

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
1		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. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Defender Security Company
3750 Priority Way S.Dr., #200
Indianapolis, IN 46240
Attn: Permits Dept./NJ

To Construction Department;

Enclosed is a permit application for the installation of security systems in your township. Per NJAC 5:23-2.17A(c), we understand that these wireless installations of burglar alarms are considered "minor work," but still require a permit application. Note that the system installation is a wireless plug-in unit with a cell uplink, not a hard-wired primary system. If smoke sensors are installed, these are secondary wireless battery units that do not modify existing systems.

Please review the enclosed documents:

- Construction Permit Application: UCCF100-1
- Short form UCCF170
- Electrical Sub-code Technician Form: UCCF120
- Optional: Fire Sub-code Technician Form: UCCF140 (*if smoke detectors installed*)
- A copy of our Licensed Electrician (& optional Fire) Contractor's information
- A copy of our NJ State License

Once you have determined the fee, we need the following in order to mail a payment:

- Your name, phone and municipality
- Owner name and address
- Fee amount

For your convenience, please feel free to provide this information by phone (609) 297-8103, or Fax: 317.564.2547.

Once the inspection completed, please fax or mail a copy of the Certificate of Approval or the reason for the failed inspection to our office: **317-564-2547**

Sincerely,

Amanda Hutchison
Permit Manager
Amanda.hutchison@defenderdirect.com

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY AND

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

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

HAS REGISTERED

Defender Security Company
John D Sorrell
295 US 46 West
Suite 207
Fairfield NJ 07004
FOR PRACTICE IN NEW JERSEY AS A(N): BA and FA Business

01/11/2011 TO 01/31/2014
VALID

34BF00021800
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Fire Alarm, Burglar Alarm & Locksmith Adv Comm
HAS REGISTERED
Defender Security Company
BA and FA Business

01/11/2011 TO 01/31/2014
VALID

34BF00021800
License/Registration/Certificate #

SIGNATURE

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Fire Alarm, Burglar Alarm & Locksm
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

State of New Jersey

BURGLAR ALARM
LICENSE
34BA00037000
EXPIRES: 8/31/2013
[illegible]: 5/23/1965

JOHN D. SORRELL

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 848 Lot 17 Qualification Code

Work Site Location 1729 W. Princeton

Owner In Fee Gabriel Diaz

Address 1729 W. Princeton
Rock [redacted] 8774

Tel. [redacted]

Contractor Defender Security Company

Address 3750 Priority Way S Dr; Ste 200
Indianapolis, IN 46240

Tel. (317) 810-4720 34BF00021800

Lic. No. or Bldrs. Reg. No.

35-2042072

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:

Install UL Listed Wireless Alarm Devices

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 $ 850.00

Construction Official

Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 848 Lot 17 Qualification Code

Work Site Location 1729 W. Princeton

Owner in Fee Gabriel Diaz

Address 1729 W. Princeton Brick 08724

Tel. [redacted]

Contractor

Address

Tel. (317) 810 4720

Lic. No. or Bldrs. Reg. No.

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:

Install UL Listed Wireless Alarm Devices

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 $ 850.00

Construction Official

Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

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