1730 W. Princeton

BLOCK 8419 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) Bergen Ave Brick NJ PERMIT NO. 15-3745

# CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C-15-004778

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

**I. IDENTIFICATION**

1. Proposed Work Site at: Card Access System 1730 W. Princeton Ave
2. Name of Owner in Fee: Lawelton Fire Co. #1
   Tel. ( 732 ) 840-0583 e-mail _____
   Address 1469 RT 88 (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: Top Security Locksmith Tel. ( 732 ) 899-1414
   Address 2319 Bridge Ave e-mail _____
   Pt Pleasant NJ
   License No. OR, if new home, Builder Reg. No. 34AL00000200 Exp. Date 01/31/2017
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( _____ ) _____
5. Architect or Engineer Hankin & Hayes Contact _____ ✓
   Address _____ e-mail _____
   Tel. ( _____ ) _____ FAX: ( _____ ) _____
6. Responsible Person in Charge once Work has Begun (Chosen)
   Tel. ( _____ ) _____ FAX: ( 732 ) 899-2220

**V. FEE SUMMARY (for office use only)**

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 100 ✓ | | |
| 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 | 60 | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | $ 160 | | |

**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.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____
12. Wetlands yes ____ no ____

COMMERCIAL

**IIa. PROPOSED WORK**

☐ 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 | | LW | | | | | | | |
| ☐ Electrical | | | | 9-19-13 | | TO | 10/22/15 | | PF |
| ☐ 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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/12/2016
Control Number C-15-004778
Permit Number 15-3745
Permit Issue Date 10/30/2015
Certificate Number 15-3745

# Certificate

Construction Code Division

(Certificate of Approval)

## Identification

Work Site Location: 1730 W. PRINCETON AVE. LAURELTON FIRE CO #1 Brick Township, NJ 08723 Block: 847 Lot: 1 Qual:

Owner in Fee: LAURELTON FIRE CO #1

Owner Address: PO BOX 66 BRICK NJ 08723

Telephone: (732) 840-0583

Contractor TOP SECURITY LOCKSMITHS INC

Address 1729 HWY 71 WALL NJ 07719-

Telephone: (732) 681-0793 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3051702

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: S-1 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: CARD ACCESS 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:**

Construction Official

Fee: $0.00
Check Number:
Collected By:

*Date Printed: 1/12/2016*

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 Top Security Locksmith

Address 2319 Bridge Ave
Pt Pleasant NJ

Telephone (732) 899-1414

Signature _____

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

847 / 1

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received
Control #
Date Issued 10-30-15
Permit # 15-3745

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

Block 847 Lot 1 Qualification Code

Work Site Location Laurelton Fire Co #1 1730 W. Princeton Ocean Ave Brick NJ

Owner in Fee: Laurelton Fire Co #1

Tel. (732) 840-0583 e-mail

Address 1759 RT 88 (street) Brick (municipality) 08724 (zip code)

Contractor: Top Security Locksmiths Tel. (732) 899 1414

Address 2319 Bridge Ave Pt Pleasant NJ e-mail

Contractor License No. 34AL00000200 Exp. Date 01/31/2017

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

Federal Emp. ID No. FAX: ( )

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 31,634.90

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved
Date: 10/22/15 Approved by: PJC

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

SUBCODE APPROVAL for PERMIT
Date: 10/22/15
Approved by: PJC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12/28/15
Approved by: PJC

12/10/15 – NO ENTRY.

| INSPECTIONS | Dates (Month/Day) | | | |
|---|---|---|---|---|
| Type: SEE BACK. | Failure | Failure | Approval | Initial |
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service Final | PJC 12/10/15 | | 12/28/15 | PJC |
| 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: Scott McClelland

Print name here: Scott A McClelland

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: Card Access System

COMMERCIAL

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| 5 | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | | |
| | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | | |

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

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

**Brick Township**

# CORRECTION NOTICE

PG. 1

ADDRESS LAURELTON FIRE CO. #1

PERMIT NUMBER 15-3745 BLOCK _____ LOT _____

OWNER SAME

Upon inspection, violations of the ____ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

BASEMENT BOILER ROOM -
1. - NEED EMT BUSHING.
2. - MOVE CABLES AWAY FROM HEAT PIPE.
3. - FIRE CAULK PENETRATION.
STAIRWELLS + FOYERS -
1. FIRE CAULK PENETRATIONS.
2. - INDEPENDENT SUPPORT OF CABLES / LAYING ON 2X4 LAY-IN FIXTURE.
BASEMENT HALL -
1. - FIRE CAULK CEILING / FLOOR PENETRATIONS.
2. - INDEPENDENT SUPPORT OF CABLING.

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 12/10/15 INSPECTOR P. CALLAHAN

PER FIRE CO. – 12/4/15

CHECK:

1. COAT CLOSET – RIGHT OF FOYER:
   OPEN SPLICES ABOVE CEILING.

2. – BOILER ROOM – BASEMENT: EMT BUSHING – N/G
   WIRE PENETRATIONS – NO FIRE CAULK (N/G)
   WIRE TY-WRAPPED ~~TO~~ CLOSE TO HEAT PIPES N/G

3. – ENGINE BAY WIRE PENETRATIONS –
   NO FIRE CAULK.

4. – IS FIRE PERMIT NEEDED TO TIE-IN TO
   FA SYSTEM?

5. – STAIRWELLS – NO FIRE CAULK

6. – DOOR CONTACT GAP.

(e) tech

# CONSTRUCTION PERMIT

Date Issued 10/30/15
Control # C-15-004778
Permit # 15-3745

IDENTIFICATION Block: 847 Lot: 1 Qualifier
Work Site Location: 1730 W. PRINCETON AVE. LAURELTON FIRE CO #1 Brick Township, NJ 08723
Owner in Fee: LAURELTON FIRE CO #1, PO BOX 66 BRICK NJ 08723
Telephone: (732) 840-0583

Contractor: TOP SECURITY LOCKSMITHS INC
Address: 1729 HWY 71 WALL NJ 07719-
Telephone: (732) 681-0793
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3051702

**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:
CARD ACCESS SYSTEM

**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** $31,634

David J. Newman Jr. 10/28/15
Construction Official Date

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $0 |
| Electrical | $0 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $0 |
| CO Fee | |
| Other | $0 |
| Total | $0 |
| Check No. | |
| Cash | $0 |
| Credit | $0 |
| Collected By | |

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.

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

**Brick Township**

# CORRECTION NOTICE

PG. 2

ADDRESS LFC

PERMIT NUMBER _____ BLOCK _____ LOT _____

OWNER _____

Upon inspection, violations of the ____ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

ENTRY FOYER-
SUPPORT CABLE
COAT CLOSET-
FIRE CAULK PENETRATIONS;
ENGINE ROOM-
FIRE CAULK PENETRATIONS

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 12/10/15 INSPECTOR P. CALLAHAN

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTICOLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

**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

Top Security Locksmiths Inc
Fred R Rible, Jr
1729 Hwy 71
Wall NJ 07719

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

12/05/2013 TO 01/31/2017
VALID

34AL00000200
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
Fire Alarm, Burglar Alarm & Locksmith Adv Comm
HAS REGISTERED
Top Security Locksmiths Inc
FBL Business

12/05/2013 TO 01/31/2017
VALID

34AL00000200
License/Registration/Certificate #

SIGNATURE

DIRECTOR

PLEASE DETACH HERE

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

PLEASE DETACH HERE

10/07/2015 12:08 17328992220 TOP SECURITY SOUTH PAGE 02/02

Oct. 6. 2015 12:07PM 1431 No. 0140 P. 1

Attn. Pam

Fax 732-899-7226

(1)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

# Subcode Official Review

Date: Friday, September 18, 2015

To: LAURELTON FIRE CO #1
PO BOX 66
BRICK, NJ 08723

RE: Electrical Subcode
Block: 847 Lot: 1 Qual:
1730 W. PRINCETON AVE.
Permit Number: Control Number: C-15-004778
Last Submit Date: Thursday, September 17, 2015

Dear LAURELTON FIRE CO #1,

Your request is hereby denied based upon the following infractions.

Need copy of exemption card from state of N J

Sincerely,

Thomas Olson, Subcode Official

CC:

THIS DOCUMENT IS PRINTED ON A WATERMARKED PAPER WITH A VAULT/COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

# 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

Top Security Locksmiths Inc
Fred R Rible, Jr
1729 Hwy 71
Wall NJ 07719

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

12/05/2013 TO 01/31/2017
VALID

34AL00000200
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
Fire Alarm, Burglar Alarm & Locksmith Adv Comm
HAS REGISTERED
Top Security Locksmiths Inc
FBL Business

12/05/2013 TO 01/31/2017
VALID

34AL00000200
License/Registration/Certificate #

SIGNATURE

DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Fire Alarm, Burglar Alarm & Locksmi
P.O. Box 45046
Newark, NJ 07101

PLEASE DETACH HERE

10/22/2015 08:52 17328992220 TOP SECURITY SOUTH PAGE 02/02
10-22-15 A10:23 IN

10-22-15 A13:43 IN

New Jersey Office of the Attorney General
Division of Consumer Affairs
124 Halsey Street, 7th Newark NJ 07102

# LICENSEE VERIFICATION LETTER

DATE: Thu Oct 22 07:34:34 EDT 2015

TO WHOM IT MAY CONCERN

This is to verify the following License/Permit holder is licensed/permited by The State of New Jersey.
The information below reflects the current status.

The Division's records indicate that no public disciplinary action has been taken against this license.

BOARD NAME: Home Improvement Contractors
OCCUPATION: Home Improvement Contractor

LICENSE NUMBER: 13VH07590900 STATUS: Active
NAME: PALS HOME IMPROVEMENTS LLC
ADDRESS: 316 Vose Ave

South Orange NJ 07079

LICENSE ISSUED: 07/30/2013
EXPIRATION DATE: 03/31/2016
CHANGE OF STATUS DATE: 07/30/2013

VERY TRULY YOURS,
Steve C. Lee
Acting Director

Oct. 6. 2015 12:07PM No. 0240 P. 1

ATTN. Pam

Fax 732-899-2226

(D)

732-262-2941

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

# Subcode Official Review

Date: Friday, September 18, 2015

To: LAURELTON FIRE CO #1
PO BOX 66
BRICK, NJ 08723

RE: Electrical Subcode
Block: 847 Lot: 1 Qual:
1730 W. PRINCETON AVE.
Permit Number: Control Number: C-15-004778
Last Submit Date: Thursday, September 17, 2015

Dear LAURELTON FIRE CO #1,

Your request is hereby denied based upon the following infractions.

Need copy of exemption card from state of N J

Sincerely,

Thomas Olson, Subcode Official

CC:

ATTN PAM

RESUBMIT (2)

SUBCODES Elect

DATES 10/22/15

2 pgs

10/5/15 D
FAX 732-899-2220
10/6/15 D

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

# Subcode Official Review

Date: Friday, September 18, 2015

To: LAURELTON FIRE CO #1
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RE: Electrical Subcode
Block: 847 Lot: 1 Qual:
1730 W. PRINCETON AVE.
Permit Number: Control Number: C-15-004778
Last Submit Date: Thursday, September 17, 2015

Dear LAURELTON FIRE CO #1,

Your request is hereby denied based upon the following infractions.

Need copy of exemption card from state of N J

Sincerely,

Thomas Olson, Subcode Official

CC:

* * * Communication Result Report ( Oct. 5. 2015 4:35PM ) * * *

1)
2)

Date/Time: Oct. 5. 2015 4:28PM

| File No. | Mode | Destination | Pg(s) | Result | Page Not Sent |
|---|---|---|---|---|---|
| 0222 | Memory TX | 917328592220 | P. 1 | E-3) 3) | P. 1 |

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

Attn: Lt
Fax 732-859-7230
9

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

**Subcode Official Review**

Date: Friday, September 18, 2015

To: LAURELTON FIRE CO #1
PO BOX 88
BRICK, NJ 08723

RE: Electrical Subcode
Block: 847 Lot: 1 Qual:
1730 W. PRINCETON AVE.
Permit Number: Control Number: C-15-004778
Last Submit Date: Thursday, September 17, 2015

Dear LAURELTON FIRE CO #1,

Your request is hereby denied based upon the following infractions.

Need copy of exemption card from state of N J

Sincerely,

Thomas Olson, Subcode Official

CC:

* * * Communication Result Report ( Oct. 6. 2015 12:07PM ) * * *

1)
2)

Date/Time: Oct. 6. 2015 12:06PM

| File No. | Mode | Destination | Pg(s) | Result | Page Not Sent |
|---|---|---|---|---|---|
| 0240 | Memory TX | 917328992220 | 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

Attn: DI
Fax 732-899-7296
3

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

**Subcode Official Review**

Date: Friday, September 18, 2015

To: LAURELTON FIRE CO #1
PO BOX 66
BRICK, NJ 08723

RE: Electrical Subcode
Block: 847 Lot: 1 Qual:
1730 W. PRINCETON AVE.
Permit Number: Control Number: C-15-004778
Last Submit Date: Thursday, September 17, 2015

Dear LAURELTON FIRE CO #1,

Your request is hereby denied based upon the following infractions.

Need copy of exemption card from state of N J

Sincerely,

Thomas Olson, Subcode Official

CC:

# OFFICE USE ONLY

| DATE: | COMMENTS: | INITIALS: |
|---|---|---|
| 10/5/15 | Called Contra - Advised new Fax # for Elect: Per Charles 732-859-2220 | CO |
| | | |
| 10/6/15 | Rec'd call from David @ Contra - Faxed Agmt to 732-899-2220 | D. |
| | | |
| 10.22.15 | Ready for P/U - called contractor 732 899 1414 = wall office | AB |
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