



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I,II,III (optional), IV, VI, and VII C-14-001599

I. IDENTIFICATION

1. Proposed Work Site at: 213 Georges Road, Brick, NJ 08724

2. Name of Owner in Fee: MICHAEL STEWART

Tel. () e-mail
Address 213 Georges Road, Brick, N.J. 08724
street municipality zip code

3. Ownership in Fee: Public _____ Private ☒

4. Principal Contractor: ADT LLC Tel: (856) 324-1915

Address 200 EAST PARK DR., SUITE 200, MT. LAUREL, NJ 08054 e-mail

License No. OR, if new home, Builder Reg. No. 34BF00048300 Exp. Date 1/31/15

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

Federal Emp. ID No. 454343781 Fax (856) 234-4659

5. Architect or Engineer Contact

Address e-mail

Tel. () Fax ()

6. Responsible Person in Charge once Work has Begun STEVE Marshall

Tel. (856) 324-1915 Fax (856) 234-4659

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical		<u>40</u> ✓	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee		<u>1</u> ✓	
10. Subtotal	\$		
11. Cert of Occupancy			
12. Other			
13. TOTAL	\$	<u>41</u> ✓	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area-Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. Max. Live Load	
7. Max Occupancy Load	
8. If Industrialized Building State Approved	HUD
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands	yes _____ no _____

IIa. PROPOSED WORK:

- | | | | |
|---|--|--|---|
| ☐ Minor Work | ☐ 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)

- ☐ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>APR 2</u>	<u>2014</u>						
<u>105.00</u>				<u>5/11/14</u>	<u>To</u>			

TOTAL COSTS \$105.00

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

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

- | | | |
|---|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells |
| | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks |

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units: Total/Units Income-restrict
- | | |
|----------------|-------|
| 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 _____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/15/2014
Control Number C-14-001599
Permit Number 14-1431
Permit Issue Date 5/16/2014
Certificate Number 14-1431

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 213 GEORGES RD Brick Township, NJ Block: 1205.05 Lot: 20 Qual: _____
Owner in Fee: STEWART, MICHAEL
Owner Address: 213 GEORGES RD BRICK NJ 08724
Telephone: [REDACTED]
Contractor ADT LLC
Address 200 East Park Dr. Suite 200 Mt. Laurel NJ 08054
Telephone: (856) 324-1916 Fax: (856) 234-4659
License Number or Builders Registration Number: 34BF00048300 Federal Emp. Number: 454343781

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 NJACS: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

Date Printed: 7/15/2014

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control#
Permit#

5/16/14
14-1431

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

Block 1205.05 Lot 20 Qualification Code _____

Work Site Location 213 George's Road

Owner in Fee: Quit H/S 08724

Tel: _____ e-mail _____

Address 213 George's Road, Baick H/S 08724 Municipality _____ Zip code _____

Contractor: ADT LLC Tel: (856) 324-1915

Address 200 EAST PARK DR., SUITE 200

MT. LAUREL, NJ 08054

Contractor License No. 34BF00048300 Exp. Date 1/31/15

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

Federal Emp. ID No. 454343781 FAX: (856) 234-4659

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$ 105,00

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	Type:	Failure	Dates (Month/Day)
			Failure Approval Initial
☒ No Plans Required	Rough		
☐ Partial-Under-slab Utilities Approved	Barrier-Free		
Date: <u>5/14/14</u> Approved by: <u>[Signature]</u>	Trench		
☐ Elec. Plans Approved	Temp. Serv.		
Date: _____ Approved by: _____	Const. Serv		
Joint Plan Review Required:	TCO		
☐ Bldg. ☐ Plumb. ☐ Fire ☐ Elev.	Other		
SUBCODE APPROVAL for PERMIT	Service		
Date: <u>5/14/14</u>	Final		
Approved by: <u>[Signature]</u>	Barrier-Free		
SUBCODE APPROVAL for PERMIT	Temp. Cut-in-Card Date Issued		
☐ CO ☐ POCO ☐ TCO	Final Cut-in-Card Date Issued		
Date: <u>7/14/14</u>	Annual Pool Inspection		
Approved by: <u>[Signature]</u>	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 I am authorized to make this application, and perform the work listed on this application Applicant Sign/Contractor sign and seal here: [Signature]

Print name here: **ANTHONY PANTALEO**

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION WORK:

Security System

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixture	
		Receptacles	
		Switches	
		Detectors	
2		Light Poles	
2		Motors-Fract. HP	
2		Emergency& Exit Lights	
2		Communications Points	
2		Alarm Devices/A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Rang/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central AC 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	



CONSTRUCTION PERMIT

Date Issued 5/16/14
Control # C-14-001599
Permit # 14-1431

IDENTIFICATION Block: 1205.05 Lot: 20 Qualifier _____
Work Site Location: 213 GEORGES RD Brick Township, NJ Contractor ADT LLC
Address 200 East Park Dr. Suite 200 Mt. Laurel NJ 08054
Owner in Fee STEWART, MICHAEL
213 GEORGES RD BRICK NJ 08724 Telephone: (856) 324-1916
Telephone: _____ Lic. No. or Bldrs. Reg. No. 34BF00048300
Federal Employee No. 454343781

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 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 \$105

Daniel Newman Jr
Construction Official

5/1/14
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

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.	<u>57914</u>
Cash	\$0
Credit	\$0
Collected By	

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.

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

ADT LLC
Anthony Pantaleo
7895 Browning Road
Pennsauken NJ 08109-4640

FOR PRACTICE IN NEW JERSEY AS A(N): BA and FA Business

12/05/2013 TO 01/31/2017

VALID

34BF00048300

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
ADT LLC
BA and FA Business

12/05/2013 TO 01/31/2017

VALID

34BF00048300

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Fire Alarm, Burglar Alarm & Locks
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

ADT LLC

EXPIRATION DATE 2017

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 34BF 00048300 . PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

Fire Alarm, Burglar Alarm & Locksmith Adv Comm
P.O. Box 45006
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.

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

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW:

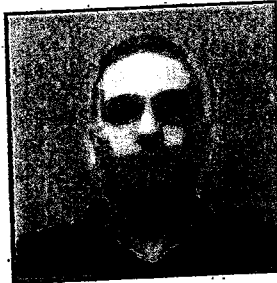
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE
DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

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



State of New Jersey

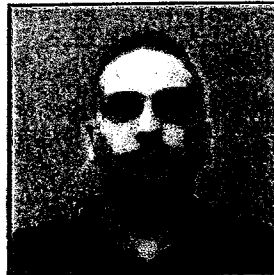
**BURGLAR ALARM
LICENSE**

34BA00179000

EXPIRES: 8/31/2016

DOB: 11/27/1971

ANTHONY PANTALEO



State of New Jersey

**FIRE ALARM
LICENSE**

34FA00140500

EXPIRES: 8/31/2016

DOB: 11/27/1971

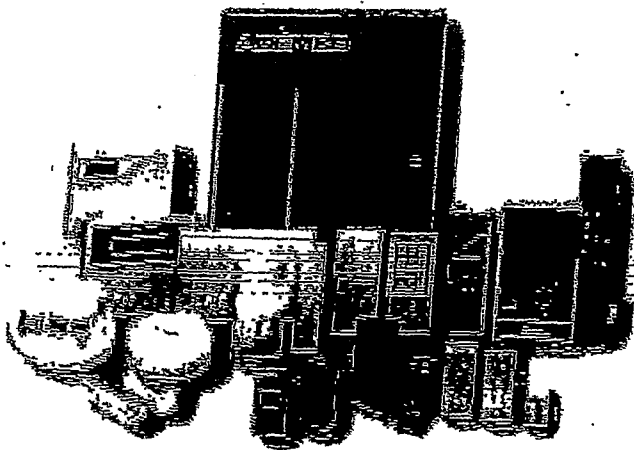
ANTHONY PANTALEO

ADEMCO

An ADEMCO Group Company

VIA-30PSE Control Panel

VIA-30PSE



*Designed for
traditional
security plus
everyday
convenience
and control for
end users.*

As a member of the Vista Plus Family, the VIA-30PSE offers features your customers desire as well as quick and easy installation. The VIA-30PSE is a simple, yet versatile, control panel that provides effective protection of life and property, while supporting unique, easy to use end user interfaces.

Dependable features to meet your most demanding installations:

- ◆ 30 wireless zones, two hardwired zones standard
- ◆ Supports eight additional hardwired zones (22 wireless zones remain)
- ◆ Seven user codes
- ◆ 5800 wireless compatibility
- ◆ Supports 4285 VIP phone module
- ◆ Supports up to four relays
- ◆ False alarm reduction features
- ◆ Paging capabilities
- ◆ Fast and easy E2 programming mode

End users will appreciate the easy to use convenience and control features of the Vista-30PSE:

- ◆ Wireless remote control - single button control of system from a wireless device:
 - 5804 - a four button programmable wireless key
 - 5804BD - a bi-directional button programmable wireless key with status features
- ◆ Single or dual button wireless personal panic 5802MN or 5802MN2
- ◆ Home control features that activate lights, appliances, garage doors and numerous other devices
- ◆ VIP phone module that gives the end user control of their system from any touch tone phone; the 4285 Vista Interactive Phone (VIP) module responds in English, with over a 100 word vocabulary
- ◆ Full English display keypads for clear understanding of system status and zone locations
- ◆ Paging-openings, closings, alarm and trouble messages can be sent directly to a pager, allowing system status to be confirmed; parents can use this feature to verify that their children have arrived home

control panels

ADEMCO

An ADEMCO Group Company

control panels

VIA-30PSE

SPECIFICATIONS:

Electrical

- ◆ Aux power 12 VDC, 500mA max
- ◆ 16.5 VAC/25 VA transformer
- ◆ Alarm output 12 VDC, 2.0 Amps max
- ◆ For UL installations, combined Aux and alarm output cannot exceed 600mA

Output Control

- ◆ Supports one relay board (part no. 4204) for four relays.

Zones

- ◆ Two hardwired zones
 - Selectable response: 10msec., 350msec, 750msec
 - 16 zone types to choose from
 - Programmable swinger suppression

SUPPORTED DEVICES

Hardwired Expansion Devices

- ◆ 4219 - 8 hardwired zones - 16mA
- ◆ 4204 up to 4 relays - 15mA standby (each active relay draws an additional 40mA)
- ◆ 4229 - 8 hardwired zones and two relays - 36mA
- ◆ Keypads
 - 6139 custom English (required for programming) - 100mA
 - 6128 fixed English LCD - 85mA/40mA
- ◆ Voice module 4285 VIP - 160mA
- ◆ Four wire smoke detectors
- ◆ Keyswitch device - 4146 keyswitch

Wireless Receiver Systems:

- ◆ 5800 Series
 - 5881L up to 8 zones - 50mA
 - 5881M up to 16 zones - 50mA
 - 5881H up to 30 zones - 50mA
- ◆ All Receivers Support
 - Diversity reception with two antennae
 - Remote mounting for best location
 - Unique supervision and low battery indications by point

Transmitters

- ◆ 5800 Series
 - Three volt Duracell lithium batteries
 - One mile range
 - Tamper standard

Agency Listings

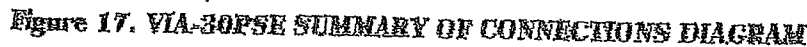
- ◆ UL Residential Fire & Burglary and CFM

Communications

- ◆ Touchtone or pulse
- ◆ Formats supported
 - ADEMCO Contact ID
 - ADEMCO 4+2 Express
 - ADEMCO low speed
 - Saseco/Radionics
- ◆ 3+1, 4+1 and 4+2 reporting
- ◆ Reporting capabilities
 - Split
 - Dual
 - Split/Dual pager
 - Pager
- ◆ Low battery reports 11.2-11.6 VDC
- ◆ Up to four digit PABX code supported
- ◆ True dial tone detection
- ◆ Double pole line seizure
- ◆ AC loss and restoral reporting supported

Ordering Information

Part No.	Description
VIA-30PSE	Control Panel



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(e)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 **ADT LLC**

Address **200 EAST PARK DR., SUITE 200**

MT. LAUREL, NJ 08054

Telephone **(856) 324-1915**

Signature _____

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