

BLOCK 1158.15 LOT 5,6,7,8 QUALIFICATION CODE C26-58ADDRESS (SITE) 2 BEDFORD AVEPERMIT NO. 00-0259

RECEIVED

24200

CONSTRUCTION PERMIT
APPLICATION

DIV. OF INSPECTION

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

I. IDENTIFICATION

1. Proposed Work Site at: 2 BEDFORD AVE BAICK
2. Name of Owner in Fee: FRANK A. TALLARIDA Tel. [REDACTED]
Address 2 BEDFORD AVE. BAICK 08224
street municipality zip code
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: ALL STATE FENCE Tel. (732) 431-4944
Address 1389 RT 9 NORTH HOWELL NJ
License No. OR, if new home, Builder Reg. No. 22-220546-9 Exp. Date _____
Federal Employee No. 22-220546-9 FAX: (732) 431-9352
5. Architect or Engineer _____ Tel. (732) 431-4944
Address _____
6. Responsible Person in Charge of Work _____
Tel. (_____) _____ FAX (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>64</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	<u>1</u>		
10. Subtotal			
11. Cert. of Occupancy	<u>15</u>		
12. Other	<u>06</u>		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>CHS</u>	<u>1/25/2000</u>		<u>2/1/2000</u>	<u>JK</u>			
<u>FWL</u>	<u>1/31/00</u>		<u>1/31/00</u>	<u>JK</u>			

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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.vii:

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

Frank A. Pallante

Date

1-25-2000

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. 5:32-2.15(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 _____

Address _____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)
Name of Code & Edition _____

Building _____	Energy _____	Other _____
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED	(office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

0011
0259##
BLOCK 115815 # 0.00
LOT 5 # 0.00
BUILDING 64.00
D.C.A. 7.00
ZONEPLOT 15.00
TOTAL 86.00
CHECK 86.00
CHANGE 0.00
0023A005 13.40

Date Issued 02/02/2000
Control #
Permit # 00-0259

IDENTIFICATION Block 1158.15 Lot 5 Qual 02/02/00

Work Site Location 2 BEDFORD AVE
FENCE REPLACEMENT
Owner in Fee TALLARIDA, FRANK A
Address SAME
BRICK, NJ 08724-
Telephone [REDACTED]
Contractor ALL STATE FENCE TECH
Address 1389 RT 9 NORTH
HOWELL, NJ 07731-
Telephone (732)341-4944
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2205469

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FENCE REPLACEMENT w/ 6' PVC STOCKADE FENCE

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 \$ 8,500

Construction Official J. Curran 302/182 02/02/2000
Date

U.C.C. FID (rev. 3/94)

PAYMENTS (Office Use Only)

Building 64
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA Training Fee 7
Cert. of Occupancy 0
Other 224
Total 86.71
Check No. 6313
Cash
Collected By SC

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/26/2000
Date Issued 2/12/00
Control # C26-58
Permit # 00-0259

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

Block 1158.15 Lot 5 Quad

Work Site Location 2 BEDFORD AVE

FENCE REPLACEMENT

Owner in Fee TALLARIDA, FRANK A

Address SAME

BRICK, NJ 08724-

Tele [REDACTED]

Contractor ALL STATE FENCE TECH

Address 1389 RT 9 NORTH

HOWELL, NJ 07731-

Tele (732) 341-4944 Fax ()

Lic. No. of Bldgs. Reg. No.

Federal Emp. No. 22-2205469

** Same location as old AS NOTED ON PLAN*

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. *9/10/98 J.A.*

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date: *9-9-02*

Approved By: *JAM*

BarrierFree

Final

Other

TCO

Mechanical

Energy

Finishes

Insulation

BarrierFree

Frame

Slab

Foundation

Dates (Month/Day)

Failure Failure Approval Initial

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☒ Other FENCE

Other

☐ Demolition

Height (exceeds 6')

Sq. Ft.

0

0

0

0

0

0

0

PER (Office Use Only)

0

0

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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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FENCE REPLACEMENT W/ 6' PVC STOCKADE FENCE

Administrative Surcharge

Minimum Fee

TOTAL PER

DCA Training Fee

U.C.C. P110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD.
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/26/2000
Date Issued 2/12/00
Control # C26-58
Permit # CC-0359

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

Block 1158.15 Lot 5 Qual
Work Site Location 2 BEDFORD AVE

FENCE REPLACEMENT

Owner in Fee THALABIDA, FRANK A

Address SAME
EDIFY HI 08724-

Tele

Contractor ALL STATE FENCE TECH

Address 1389 RT 9 NORTH
ROSELLE, NJ 07731-

Tele (732)341-4944 Fax ()

Lic. No. of Bldgs. Reg. No.

Federal Emp. No. 22-2205469

JOB SUMMARY (Office Use Only) *Same location as old as noted on plan*

PUGH REVIEW Date Initial INSPECTIONS Dates (Month/Day)
Type Failure Failure Approval Initial

☐ No Plans Req. *offered* ☐ Foundation Slab Foundation

☐ Footing ☐ Foundation Slab Foundation

☐ Frame ☐ Foundation Slab Foundation

☐ Other ☐ Foundation Slab Foundation

Joint Plan Review Required: ☐ Insulation ☐ BarrierFree

☐ Elect ☐ Plumb ☐ Fire ☐ Finishes

SURCODE APPROVAL ☐ Elev ☐ Energy

☐ CO ☐ CCO ☐ CA ☐ Mechanical

Date: ☐ TCO ☐ other ☐ Final

Approved By: ☐ BarrierFree

B. BUILDING CHARACTERISTICS

Use Group Present ☐ Proposed ☐ Est. Cost of Bldg. Work:

Constr. Class Present ☐ Proposed ☐ 1. New Bldg. \$ 0

No. of Stories 0 2. Alteration \$ 0,500

Height of Structure 0 Ft. 3. Total (1+2) \$ 8,500

Area Largest Floor 0 Sq. Ft. Industrialized Building:

New Bldg. Area/All Floors 0 Sq. Ft. ☐ State Approved

Volume of New Structure 0 Cu. Ft. ☐ HUD

Total Land Area Disturbed 0 Sq. Ft.

TYPE OF WORK ☐ New Building ☐ Alteration

☐ Addition ☐ Alteration

☐ Roofing ☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other FENCE

☐ Other

☐ Demolition

Administrative Surcharge \$ 0

Minimum Fee \$ 0

TOTAL FEE \$ 0

Paid ☐ Check \$

Collected by: DCA Training Fee \$ 0

U.C.C. P110 (rev. 3/96)

TOWNSHIP OF BRICK ZONING PERMIT

Permit Approved: January 31, 2000

No. 2000-0077

Block: 1158.15

Lot: 5

Zone: R-7.5

Property Address: 2 Bedford Avenue

Owner: Frank A. Tallarida

Applicant: Same

Phone: [REDACTED]

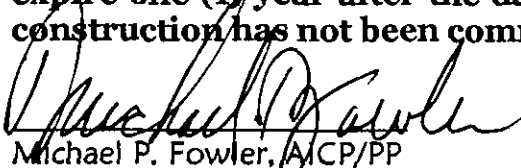
Existing Use: Single family residential

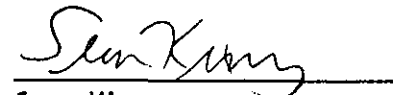
Proposed Use: Same

Proposed Construction: replace stockade fence, 6' high

Conditions: The new fence is to be the same size and in the same location as the existing fence.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.


Michael P. Fowler, AICP/PP
Municipal Planner


Sean Kinnevy
Zoning Officer

RECEIVED
JAN 26 2000
ZONING

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 1158.15 LOT 5, 6, 7, 8

PROPERTY ADDRESS (number and street) 2 BEDFORD AVE.

NAME OF PROPERTY OWNER FRANK A. TALLARIDA

PERSONAL NAME OF APPLICANT FRANK A. TALLARIDA

BUSINESS NAME OF APPLICANT _____

MAILING ADDRESS OF APPLICANT 2 BEDFORD AVE. BRICK NJ 08724

TELEPHONE NUMBER OF APPLICANT _____

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family Dwelling
☐ Commercial (please describe) _____

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family Dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION REPLACE EXISTING 14 YR. OLD WOODEN FENCE

All dimensions: _____ Width ~~HEIGHT~~ Length ~~HEIGHT~~ Height

Deck or Garage: _____ Attached _____ Detached _____ Height

Fence: ^{STORAGE} Style SEVILLE Material PVC Height 6'
_{LATTICE TOP}

CHECKLIST:

- ☒ All information completed above
- ☒ Two (2) copies of the property survey map containing:
 - ☒ All existing and proposed structures
 - ☒ All dimensions of the lot and structures
 - ☒ All setbacks from the structures to the property lines
 - ☒ All adjacent streets and waterways

If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the site map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of applicant Frank A. Tallarida Date 1-25-00

Reviewed by Zoning Officer _____ Date 1-31 ☒ Approved ☐ Rejected

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723



Joseph C. Scarpelli, Mayor
Township Council
Helen Fayad, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Lee Hartman
Mary Lou Powner
Michael A. Thulen

Department of Engineering
Office of the Municipal Engineer
(908) 262-1038
Fax (908) 262-8954
<http://gbshost.com/brick>

Date: JAN 25, 2000

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 1158.15 Lot: 5, 6, 7, 8

Property Address: 2 BEDFORD AVE BRICK

I, Frank Lallanda of 2 BEDFORD AVE
(name) (address)

Request to be exempted from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in Chapter 190.31 of the Codified Ordinances of the Township of Brick.

Frank A. Lallanda
Applicant's Signature

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

OFFICE USE

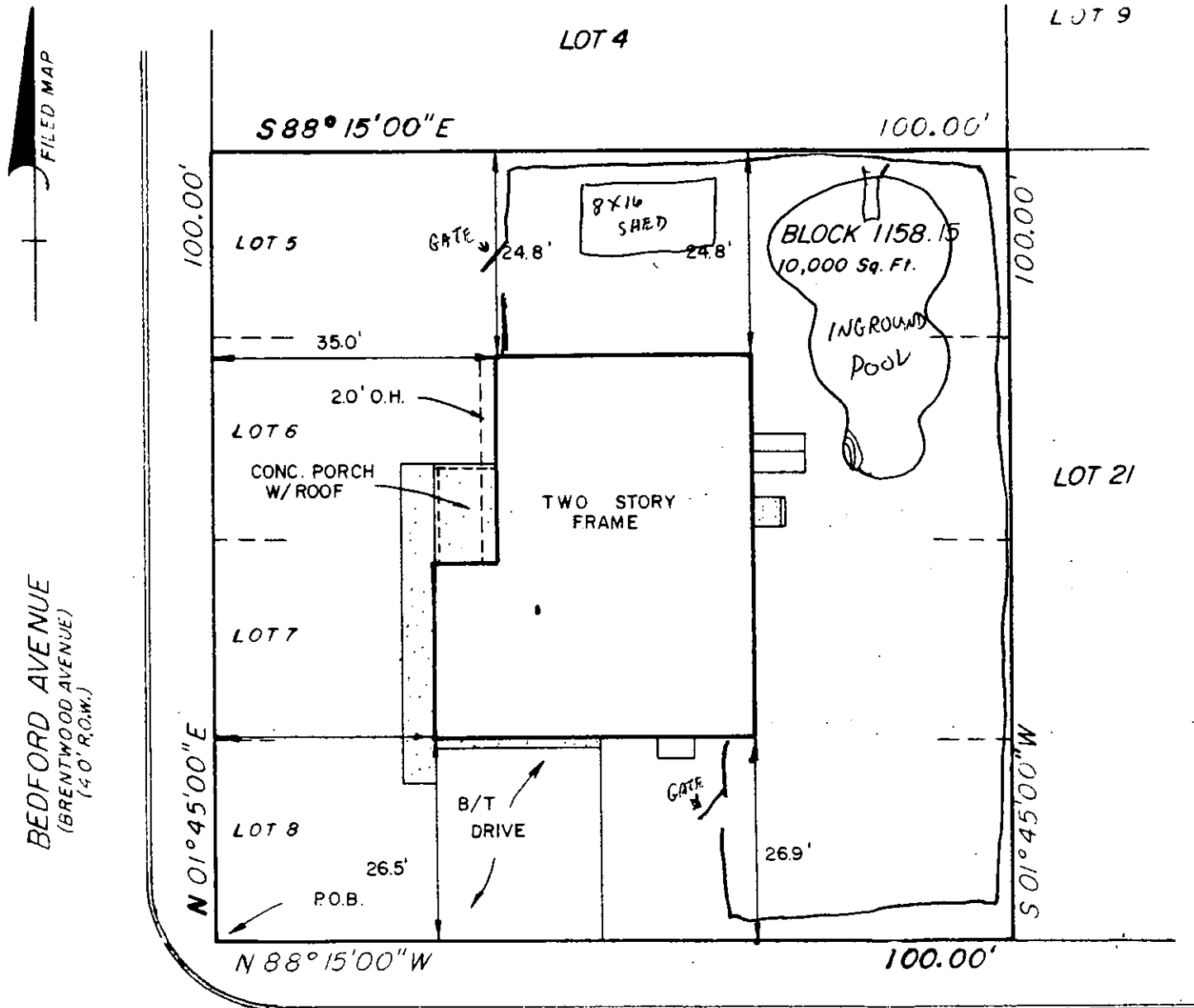
Approved: 1/31/00

Signed: [Signature]

Rejected: _____

Signed: _____

Comments: _____



ALBERT CUCCI DRIVE
(FORMERLY LAKEWOOD AV.)
(40' R.O.W.)

— = EXISTING FENCE TO
BE REPLACED

CERTIFIED TO:

FRANK A. TALLARIDA AND AMELIA S. TALLARIDA, H/W
THE DIME REAL ESTATE SERVICES-NEW JERSEY, INC.
TRIDENT ABSTRACT COMPANY
SHARKEY AND SACKS, ESQ.

SURVEY NOTE

1. ALSO BEING KNOWN AS LOTS 5, 6, 7
AND 8 IN BLOCK 9, AS SHOWN ON
THE MAP ENTITLED LAKEWOOD GARDENS
SUBDIVISION "C" OCEAN COUNTY, NEW
JERSEY, AND FILED AS MAP NO. B-71 ON
DEC. 19, 1910.

NOTE:
NO PROPERTY CORNERS REQUESTED

TAX MAP SHEET 60A

SURVEY OF
LOTS 5, 6, 7, 8, BLOCK 1158.15

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY

STAB

Charles W. Thomas
CHARLES W. THOMAS P.L.S. # 27495
P.P. # 03188

SCHOOR, DePALMA & GILLEN, INC.
(a member of the Schoor Engineering Group)

CONSULTING & MUNICIPAL ENGINEERS • (201) 840-1700
1466 ROUTE NO. 88 WEST • BRICK, NEW JERSEY 08723

DATE SEPT. 8, 1986 REVISIONS FINAL SURVEY ORDER NO. E.J.H.

SCALE 1" = 20' DATE AUGUST 5, 1985 DRAWN BY E.J.H. CHK'D BY C.W.T. FILE NO. 584014 FIELD BK. 252

Township of Brick

Counter Form (PLEASE PRINT)

Site Location: 2 BEDFORD AVE.
Block: 1158.15 Lot: 5, 6, 7, 8
Owner's Name: FRANK A. TALLARIDA
Owner's Mailing Address: 2 BEDFORD AV. BRICK NJ 08724
Phone: [REDACTED]

BUILDING

Contractor: ALL STATE FENCE
Address: 1389 RT. 9. HOWELL NJ
Phone#: 732-431-4944
Lis # _____
Federal Emp # or SSN 22-220546-9

Technical Data

Description of Work:

Type of Work

☐ New Building ☐ Siding
☐ Addition ☒ Fence - REPLACEMENT
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: 1
Area of the largest floor: _____
Area of New Building: _____
Volume of Structure: _____
Total Land Disturbed: _____

Estimated Cost of Building Work: \$8,500.00

Signature: Frank A. Tallarida

Please Print Name FRANK A. TALLARIDA

ELECTRICAL

Contractor: _____
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Pool	_____
Spa/Hot Tub/Storable Pool	_____
Electric Range	_____ KW
Oven/Surface Unit	_____ KW
Electric Water Heater	_____ KW
Electric Dryer	_____ KW
Dishwasher	_____ KW
Garbage Disposal	_____ HP
A/C Unit - Central Air	_____ KW
Space Heater/Air Handler	_____ KW
Baseboard Heating	_____ KW
Motors 1+ HP	_____
Transformer/Generator	_____ KW
Light Stander	_____ AMP
Service	_____ AMP
Subpanel	_____ AMP
Motor Control Center	_____ AMP
Sign/Outline Light	_____ KW
Furnace	_____
Steam Boiler	_____
Other:	_____

Estimated Cost of Electrical Work: _____

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL