



CONSTRUCTION PERMIT APPLICATION

009-004533

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

I. IDENTIFICATION

1. Proposed Work Site at: 1614 W. Princeton Avenue B 827 15.01

2. Name of Owner in Fee: Donato + Carole Brezzi
 Tel. [REDACTED] e-mail _____
 Address 1614 W. Princeton Ave Brick NJ 08723
street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: RTR Electric Company Tel. (732) 262-6403
 Address 875 Lynnwood Ave e-mail _____
Brick NJ 08723

License No. OR, if new home, Builder Reg. No. Lic. 11207 Exp. Date 4/12

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

Federal Emp. ID No. _____ FAX: (____) _____

5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun Donato / Carole Brezzi
 Tel. [REDACTED] FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>50</u>	☒	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$ <u>50</u>		
7. Less 20% for State Plan Review	\$ _____		
8. Subtotal	\$ _____		
9. State Permit Surcharge Fee	\$ _____		
10. Subtotal	\$ _____		
11. Cert. of Occupancy	\$ <u>53</u>		
12. Other			
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. 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 _____

(office use only)

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

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

Called 1/4/10

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.

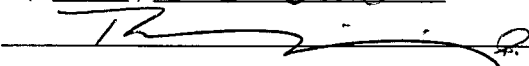
I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

Agent Name RJR Electric Company

Address 875 Lynwood Avenue Brick NJ 08223

Telephone (732) 262-6463

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 08/26/2010
Control Number C-09-004533
Permit Number 10-2141
Permit Issue Date 08/11/2010
Certificate Number 10-2141

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1614 W. PRINCETON AVE. Brick Township, NJ Block: 827 Lot: 15.01 Qual: _____
Owner in Fee: BREZZI, DONATO & CAROLE M.
Owner Address: 1614 W. PRINCETON AVENUE BRICK NJ 08724
Telephone: [REDACTED]
Contractor RJR ELECTRIC CO
Address 875 LYNNWOOD LN BRICK NJ 08723
Telephone: (732) 262-6403 Fax: _____
License Number or Builders Registration Number: 11207 Federal Emp. Number: 22-3812754

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: SERVICE SERVICE UPGRADE

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: _____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

8/11/10
C-09-004533
10-2141

IDENTIFICATION Block: 827 Lot: 15.01 Qualifier
Work Site Location: 1614 W. PRINCETON AVE. Brick Township, NJ Contractor: RJR ELECTRIC CO
Address: 875 LYNNWOOD LN BRICK NJ 08723
Owner in Fee: BREZZI, DONATO & CAROLE M.
1614 W. PRINCETON AVENUE BRICK NJ 08724 Telephone: (732) 262-6403
Telephone: [REDACTED] Lic. No. or Bldrs. Reg. No. 11207
Federal Employee. No. 22-3812754

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:

SERVICE SERVICE UPGRADE

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 \$1,550

Construction Official

Date

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$50
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$53
Check No.	5440
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:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

08/11/10 2:56PM 00155840099
XX01 SERV.001

ELECTRIC

\$50.00

DCA

\$3.00

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

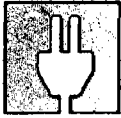
- ☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; 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.



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 827 Lot 15.01 Qualification Code _____
Work Site Location 1614 W. Princeton Ave

Owner in Fee Dagato + Carole Brezzi
Address 1614 W. Princeton Ave
Tel ()
Contractor R.J.R. Electric Company
Address 875 Lynnwood Ave Brick NJ 08723

Tel (732) 262-6403 FAX (732) 262-7460
Contractor License No. 11207
Federal Emp. No. #22-3812754

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
() Pole/Pad # _____ () Temporary () Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 15500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS			Dates (Month/Day)		
			Type:	Failure	Approval	Initial		
☒ No Plans Required	<u>12-22-09</u>	<u> </u>	Rough	_____	_____	_____		
Joint Plan Review Required:			Barrier-Free	_____	_____	_____		
() Building () Plumbing			Trench	_____	_____	_____		
() Fire () Elevator			Temp. Serv.	_____	_____	_____		
() Elec. Plans Approved			Constr. Serv.	_____	_____	_____		
Date: _____			TCO	_____	_____	_____		
Approved by: _____			Other	_____	_____	_____		
			Service	_____	_____	_____		
			Final	_____	_____	_____		
			Barrier-Free	_____	_____	_____		
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued	_____	_____	_____		
() CO () CCO () CA			Final Cut-in-Card Date Issued	_____	_____	_____		
Date: <u>8-23-10</u>			Annual Pool Inspection	_____	_____	_____		
Approved by: <u>VS</u>			Date of Grounding and Bonding	_____	_____	_____		
			Certification	_____	_____	_____		

U.C.C. F120 (rev. 07/03) original plus three photocopies. Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one

Date Received
Control #
Date Issued
Permit #

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's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr' [] Exempt Applicant

D. TECHNICAL SITE DATA

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 837 Lot 1501 Qualification Code _____
Work Site Location 1614 W. Beach Ave

Owner in Fee Deanna Corral

Address 1614 W. Beach Ave

Block 837 Lot 08223

Tel _____

Contractor R.J.R. Electric Company

Address 875 Lynnwood Ave Brick NJ 08723

Tel (732) 262-6403 FAX (732) 262-7460

Contractor License No. 11207

Federal Emp. No. #22-3812754

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 15,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date		Initial		INSPECTIONS		Dates (Month/Day)	
☒ No Plans Required		<u>12/25/01</u>				Type:		Failure	
Joint Plan Review Required:						Rough		Approval	
[] Building [] Plumbing						Barrier-Free		Initial	
[] Fire [] Elevator						Trench			
[] Elec. Plans Approved						Temp. Serv.			
						Constr. Serv.			
Date: _____						TCO			
Approved by: _____						Other			
						Service			
						Final			
						Barrier-Free			
SUBCODE APPROVAL						Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA						Final Cut-in-Card Date Issued			
Date: _____						Annual Pool Inspection			
Approved by: _____						Date of Grounding and Bonding			
						Certification			

U.C.C. F.120 (rev. 07/03) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received
Control #

Date Issued
Permit #

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service Upgrade

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

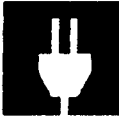
FEE (Office Use Only)

\$

11/8/11/11/10
10-2141



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee _____
Address _____

Tel (_____) _____
Contractor R.J.R. Electric Company
Address 875 Lynnwood Ave Brick NJ 08723

Tel (732) 262-6403 FAX (732) 262-7460
Contractor License No. 11207
Federal Emp. No. #22-3812754

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
() Pole/Pad # _____ () Temporary () Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required			Type:	Failure Approval Initial
Joint Plan Review Required:				
() Building () Plumbing			Rough	
() Fire () Elevator			Barrier-Free	
() Elec. Plans Approved			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	

U.C.C. F120 (rev. 07/03) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received
Control #
Date Issued
Permit #

C. CERTIFICATION—INITIALS OF/DATE
I hereby certify that I am the (agent/on) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/4 HP
		KW Transformer/Generator
		AMP Service <u>150</u>
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

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

FEE (Office Use Only)

\$