BLOCK 100 LOT 27 QUALIFICATION CODE _____ ADDRESS (SITE) 61 Nejecho Dr PERMIT NO. 05-0294

CONSTRUCTION PERMIT APPLICATION

05-13232

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

I. IDENTIFICATION

1. Proposed Work Site at: 61 Nejecho DR
2. Name of Owner in Fee: Jeanne & James Sill [redacted]
   Address 61 Nejecho DR (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: Guard Me Security Tel. (___) _____
   Address 187 Rt 34 Matawan NJ 07747
   License No. OR, if new home, Builder Reg. No. Application Out Still Exp. Da
   Federal Employee No. TAX ID# 22-3423060 FAX: (732) 279-1271
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Eric Gerschak
   Tel. (732) 208 583-8445 FAX: (732) 279-1271

alarm devices
1 smoke detector

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	40		
2. Electrical				
3. Plumbing				
4. Fire Protection		35		
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review		1		
8. Subtotal	$			
9. State Permit Fee Surcharge				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	76		

called 2/1/05

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. 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	

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection					1-26-05	DB			
6. ☐ Plumbing									
7. ☒ Electrical					1260	MM			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	$99.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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

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

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 _____ 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. 5:32-2.15(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 Christine Salamone

Address 187 Rt 34 South Matawan NJ 07747

Telephone (732) 583 8445

Signature Christine Salamone

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

CONSTRUCTION PERMIT

Date Issued 02/02/2005
Control # C-05-132329
Permit # 05-0294

IDENTIFICATION Block: 100 Lot: 27 Qualifier

Work Site Location: 68 NEJECHO DR. Brick Township, NJ

Owner in Fee SULLIVAN, JAMES R & JEANNE B
Address 68 NEJECHO DR BRICK NJ 08723

Telephone:

Contractor SULLIVAN, JAMES R & JEANNE B
Address 68 NEJECHO DR BRICK NJ 08723

Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALARM SYSTEM (BURGLAR OR FIRE)

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

Estimated Cost of Work $600

Construction Official

02/02/2005
Date

U.C.C. F170
equiv (rev 8/03)

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$35
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$76
Check No.	10164
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 2-2-05

Date Issued
Permit # 05-0294

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

Block 100 Lot 27 Qualification Code _____
Work Site Location 161 68 Nejecho DR

Owner in Fee Jeanne & James Sullivan
Address 161 Nejecho DR Brick NJ 08723

Tel [redacted]

Contractor Guard Me Security
Address 187 Rt 34 South Matawan NJ 07747

Tel (732) 583 8445 FAX (732) 279-1271

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing
[ ] Other _____ Location of Main Control Valve: _____
Location: _____

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ _____

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. _____
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 1-28-05
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

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

CONFIDENTIAL SITE SURVEY

GUARDIAN protection services

Premises Phone ( ) _____

Name _____ Other Phone ( ) _____

Address 61 Nejecho City Brick State _____ Zip _____

Life Safety Consultant _____

COMMENTS: _____

BASE PACKAGE WIRELESS EQUIPMENT:

• 1 - control panel (installation only)	$375
• 1 - 16 zone keypad (w/3 emergency call signals)	$150
• 1 - wide-range motion detector	$175
• 2 - door contacts (ea. $75)	$150
• 1 - standby battery	$45
• 1 - interior siren	$150
• 1 - Telco jack	$75
• 4 - window decals	NC
• 1 - yard sign	NC
total retail price:	$1,120

SUGGESTED LOCATION OF DEVICES

ROOM	DOOR	WINDOW	BROKEN DETECTOR	SMOKE	HEAT	KEYPAD	OTHER
Front	✓						
Garage	✓						
Slider	✓						
Slider	✓						
Slider	✓						
Master Bed Room		✓					
Dining Rm / Breakfast		✓					
Front / Garage Door Rest.						✓	
			No Charge				
Smoke Detector $49.00 ea				✓			
Key Fob Remote $45 ea							

ADDITIONAL PROTECTION

ITEM	QTY.	EA.	TOTAL PRICE
KEYPAD #245KP		$150	
MOTION DETECTOR		175	
DOOR CONTACT		75	
PREVENT. UPGRADE		80	
SMOKE DETECTOR		150	
HEAT DETECTOR		95	
VOICE MODULE		275	
KEY FOB		125	
TOTAL			

LSO SIGNATURE $26.- per mo Option $5 maintace Agreement DATE _____

CLIENT SIGNATURE _____ DATE _____

WHITE: OFFICE YELLOW: INSTALLATION PINK: CUSTOMER GOLD: LSO

VADCJS 11-1907 • MNIC #466579 • VA #2705-026686 • D.C. #29513581

CP-GP 418 Rev. 8/

Central Station

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 2-2-05
Control #

Date Issued
Permit # 05-0294

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

Block 100 Lot 27 Qualification Code

Work Site Location 68 Mejecho DR

Owner in Fee Steven & James Sullivan

Address 61 Alejecho DR Brick NJ 08723

Tel [redacted]

Contractor Guard Me Security

Address 187 Rt 34 South Matawan NJ 07747

Tel (732) 583-8445 FAX (732) 779 1271

Contractor License No. Application Out Still

Federal Emp. No. 22-3423066

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
13		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	
			10

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 12605

Approved by: MM

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03)