BLOCK 836 LOT 26-27 QUALIFICATION CODE _____ ADDRESS (SITE) 1668 Harvard Ave PERMIT NO. 00-0868

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1600-72 HARVARD AVE
2. Name of Owner in Fee: TERRY VELCH [redacted]
   Address _____ (street) _____ (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: RAY WALGREWICZ Tel. ( ) _____
   Address 524 Link ct Brick NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee I [redacted] FAX: ( ) _____
5. Architect or Engine[redacted] Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work RAY WALGREWICZ
   Tel. ( ) 840 2247 FAX ( ) _____

Replace HWH & Boiler

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		140.-	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		1.-	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	141	

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

	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		RH	3/29/00						
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☑ Plumbing	1200				3-29-00	DW	3/28/01		OK
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1200								

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

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:

LDS BR 10102495

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 RAY WALEWSKI

Address 524 LINDA DR

BRICK NJ 08724

Telephone ( ) 5980 2247

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.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		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.				

0010
0868**
BLOCK 836 # 0.00
LOT 26 # 0.00
PLUMBING 140.00
D.C.A. 1.00
TOTAL 141.00
CHECK 141.00
CHANGE 0.00
NO. 5 0005A005
03/29/00 09:08

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/29/2000
Control #
Permit # 00-0868

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 836 Lot 26 Qual

Work Site Location 1668 HARVARD AVE
REPLACE HWH & BOILER
Owner in Fee VELGA, TERRY
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor G.P.H. MECHANICAL INC
Address 9 CAMELOT DRIVE
TOMS RIVER, NJ 08755-
Telephone (908)349-6560
Lic. No. or Bldrs. Reg. No. 2948
Federal Emp. No. 22-3188874

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE 2 HOT WATER HEATERS & 2 BOILERS

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	140
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	141
Check No.	2762
Cash	
Collected By	LRT

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 $ 1,200

Construction Official

03/29/2000
Date

U.C.C. P170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/29/2000
Date Issued 03/29/2000
Control #
Permit # 00-0868

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. [illegible] CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 836 Lot 26 Qual
Work Site Location 1668 HARVARD AVE
REPLACE HWH & BOILER
Owner in Fee VELGA, TERRY
Address SAME
BRICK, NJ 08723-
Tele [redacted] Fax ( )
Contractor G.P.H. MECHANICAL INC
Address 9 CAMELOT DRIVE
TOMS RIVER, NJ 08755-
Tele.(908)349-6560
Lic. No. or Bldrs. Reg. No. 2948
Federal Emp. No. 22-3188874

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 3-24-00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 3-28-00

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.	3-21-01		3-28-01	
Gas Piping				
Solar				
TCO				

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal/Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
2	Water Heater	70
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
2	Hot Water Boiler	70
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 140
	DCA Training Fee	$ 1

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. F130 (rev. 3/96)

3-21-01

① #2 HWH can not be removed.

② Combustion Air not 1' from floor

③ 120 valve after pressure reducer

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
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 836 Lot 26 Qual

Work Site Location 1668 HARVARD AVE
REPLACE HWH & BOILER

Owner in Fee VELGA, TERRY

Address SAME
BRICK, NJ 08723-

Tele. [redacted] Fax ( )

Contractor G.P.H. MECHANICAL INC

Address 9 CAMELOT DRIVE
TOMS RIVER, NJ 08755-

Tele.(908)349-6560

Lic. No. or Bldrs. Reg. No. 2948

Federal Emp. No. 22-3188874

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 3-24-00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List

NO.	FIXTURE/EQUI
0	Water Closet
0	Urinal / Bide
0	Bath Tub
0	Lavatory
0	Shower
0	Floor Drain
0	Sink
0	Dishwasher
0	Drinking Foun
0	Washing Machi
0	Hose Bib
2	Water Heater
0	Fuel Oil Pipi
0	Gas Piping
0	Steam Boiler
2	Hot Water Boi
0	Sewer Pump
0	Interceptor
0	Backflow Prev
0	Greasetrap
0	Sewer Connect
0	Water Service
0	Stacks
	Other
	Other

Admini

Paid [ ] Check #

Collected by:

RATINGS FOR SENTRY BOILERS--NATURAL AND L.P. GAS

MODEL NO. †	A.G.A. INPUT Btuh	A.G.A. INPUT kW	D.O.E. CAPACITY Btuh	D.O.E. CAPACITY kW	NET I=B=R RATING WATER * Btuh	NET I=B=R RATING WATER * kW	WATER Sq. Ft.	EFFICIENCY (A.F.U.E. %) STANDING PILOT	EFFICIENCY (A.F.U.E. %) INTERMITTENT IGNITION	DIMENSIONS A in.	A mm	B in.	B mm	C — VENT DIAMETER INTEGRAL DRAFT DIVERTER in.	C — VENT DIAMETER INTEGRAL DRAFT DIVERTER mm	C — VENT DIAMETER EXTERNAL DRAFT HOOD in.	C — VENT DIAMETER EXTERNAL DRAFT HOOD mm	D in.	D mm
S-34	34,000	10.0	29,000	8.5	25,000	7.3	167	80.4	84.0	8 1/8	206	14 5/8	371	4	102	—	—	—	—
S-60	60,000	17.5	51,000	14.9	44,000	12.8	293	81.6	84.4	11 1/8	283	17 5/8	448	4	102	—	—	—	—
S-90	90,000	26.3	76,000	22.3	66,000	19.3	440	82.3	84.2	14 1/8	359	20 5/8	524	5	127	—	—	—	—
S-120	120,000	35.1	101,000	29.6	88,000	25.7	587	83.0	84.1	17 1/8	435	23 5/8	600	6	152	—	—	—	—
S-150	150,000	43.9	125,000	36.6	109,000	31.9	727	82.4	83.4	20 1/8	511	26 5/8	676	7	178	—	—	—	—
SX-150	150,000	43.9	126,000	36.9	110,000	32.2	733	82.1	83.2	20 1/8	511	26 5/8	676	—	—	6	152	47	1194
SX-180	180,000	52.7	151,000	44.3	131,000	38.3	873	82.1	83.1	23 1/8	587	29 5/8	752	—	—	7	178	48 3/16	1224
SX-210	210,000	61.5	175,000	51.3	152,000	44.5	1013	82.0	83.1	26 1/8	664	32 5/8	829	—	—	7	178	48 3/16	1224

* Net ratings are based on a piping and pick-up allowance of 1.15. Slant/Fin should be consulted before selecting a boiler for installation having unusual piping and pick-up requirements. Ratings must be reduced by 4% at 2,000 feet (600 m) elevation and an additional 4% for every additional 1,000 feet (300 m) elevation over 2,000 feet (600 m).

† Type of gas: after model number, specify gas by name "Natural" or "Propane".

Note: All Sentry boilers are tested and rated for capacity under the U.S. Dept. of Energy (D.O.E.) Test Procedure for boilers

THE HYDRONICS INSTITUTE Certified Ratings

DESIGN AMERICAN GAS ASSOCIATION CERTIFIED

Dimensions MODEL S-34

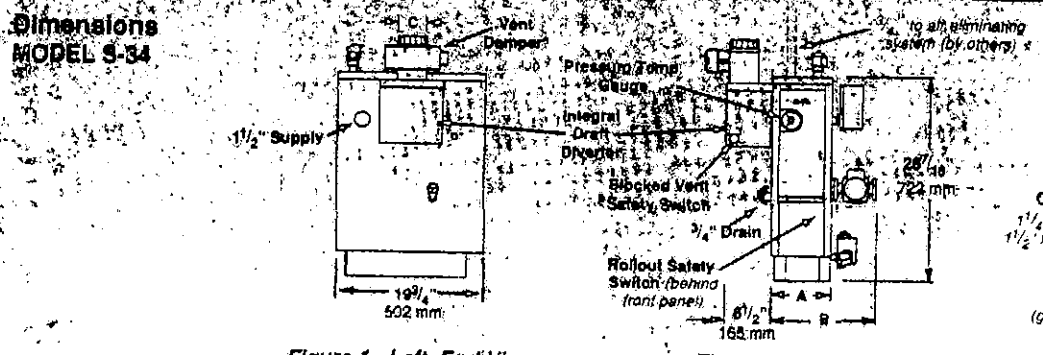

Figure 1. Left End View

Figure 2. Front View

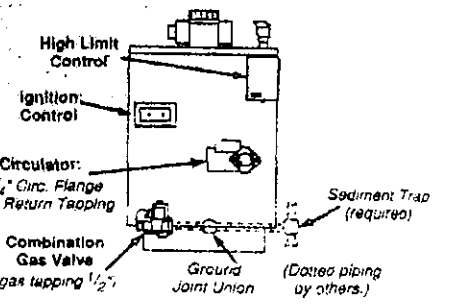

Figure 3. Right End View

Dimensions MODELS S-60 to S-150

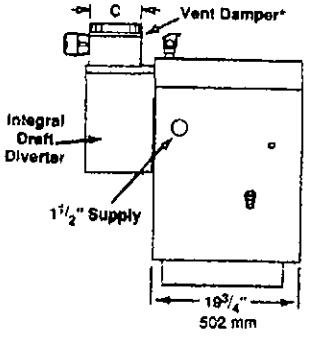

Figure 4. Left End View

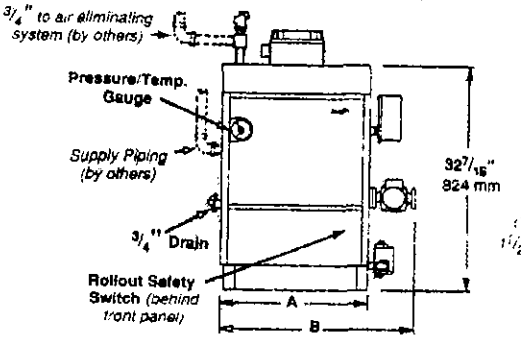

Figure 5. Front View

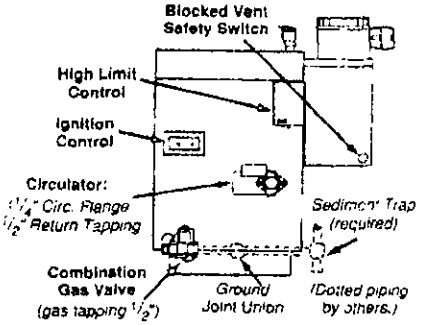

Figure 6. Right End View

Dimensions MODELS SX-150 to SX-210

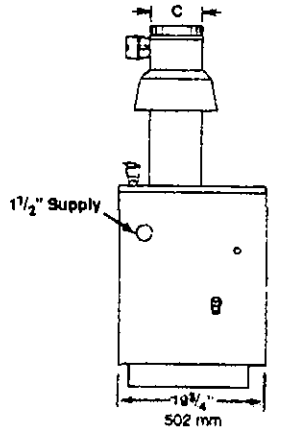

Figure 7. Left End View

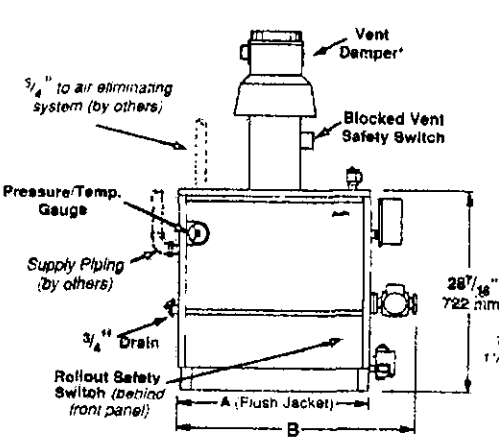

Figure 8. Front View

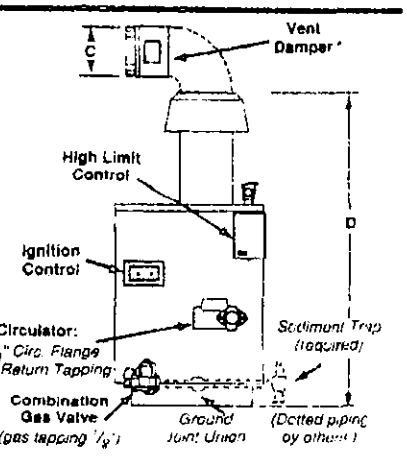

Figure 9. Right End View

* Vent damper may be installed horizontally on all models with use of a common vent elbow

Counter Form
PLEASE PRINT

PLUMBING

Contractor: GPH Mechanical Inc.
Address: 9 Camelot Dr.
Toms River N.J. 08755
Phone #: 732-349-6560
Lis #: 2948
Federal Emp # or SSN 22-3188874

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	2
Steam Boiler	
Hot Water Boiler	2 Boilers 2
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	3 DIVERTER VALVES

Estimated Cost of Plumbing Work 1200.00

Signature: [signature]

Please Print Name: Kenneth Gardner

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil- ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances

Furnace
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work

Signature:

Print Name:

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1672 HARVARD ~~Dr~~ Ave
Block: 836 Lot: 26-27
Owner's Name: TERESA VERGA
Owner's Mailing Address: PO BOX 1572 BRICK 08723

Phone: (____)_____

BUILDING

Contractor: RAY WALENCEWICZ
Address: 524 LINDA CT
BRICK NJ
Phone#: 732-840-2247
Lis #_____
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

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

Cost of Alteration:_____

Cost of New Building:_____

Total Cost of Building Work:_____

Signature:_____

Please Print Name_____

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