BLOCK 851 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 1736 Forge Pond Rd PERMIT NO. 04-0755

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 1736 Forge Pond Rd.
2. Name of Owner in Fee: Kristi-Shay Construction Tel. (732) 477-4665
   Address 63 Channel Dr Brick NJ 08723
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Kristi Shay Construction Tel. (732) 477-4665
   Address 63 Channel Dr, Brick NJ 08723
   License No. OR, if new home, Builder Reg. No. 026379 Exp. Date 11/04
   Federal Employee No. 22-3528180 FAX: (732) 477-9115
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Sam Reynolds
   Tel. (732) 477-4665 FAX: (732) 477-9115

DEMO HOUSE

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 50		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 50		

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							4/19/04		OK
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☒ Demolition	500.00								
	TOTAL COSTS	500.00								

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

LDS BR 10503204

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.

(X) Check if contractor.

Agent Name Kristi Shay Construction, Inc.
Address 63 Channel Dr.
Brick NJ 08723
Telephone (732) 477-4665
Signature _____

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

Constituent Contact Report

Date	Comments	Initials

C3R

03/12/04 3:11PM 000000#7506 #03 SERV.003 $50.00
#0407755 BUILDING $50.00
CHECK

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/12/2004
Control #
Permit # 04-0755

UCC NEW JERSEY

CONSTRUCTION PERMITS

IDENTIFICATION Block 851 Lot 12 Qual

Work Site Location 1736 FORGE POND RD
DEMO

Owner in Fee KRISTI SHAY CONST
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4661

Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [X] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 7 only)

DESCRIPTION OF WORK:
DEMO

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 $ 500

PAYMENTS (Office Use Only)

Building	50
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	50
Check No.	13668
Cash	
Collected By	SC

Construction Official

03/12/2004
Date

U.C.C. P170 (rev. 3/96) NJ UCCARS 5.24R

C3E NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/12/2004
Date Issued 03/12/2004
Control #
Permit # 04-0755

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

Block 851 Lot 12 Qual

Work Site Location 1736 FORGE POND RD

DEMO

Owner in Fee KRISTI SHAY CONST

Address 63 CHANNEL DR

BRICK, NJ 08723-

Tele.(732)477-4661

Contractor KRISTI SHAY CONSTRUCTION

Address 63 CHANNEL DR

BRICK, NJ 08723-

Tele.(732)477-4665 Fax ( )

Lic. No. or Bldrs. Reg. No. 26379

Federal Emp. No. 22-3528180

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

DEMO

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 4-19-04

Approved By: FM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			4/8/04	
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[X] Demolition	50

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 500
3. Total (1+2) $ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [X] Check # 13668 Minimum Fee	$ 0
Collected by: SC TOTAL FEE	$ 50
DCA State Permit Fee	$ 0

U.C.C. F110 (rev. 3/96)

C3E NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/12/2004
Date Issued 03/12/2004
Control #
Permit # 04-0755

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

Block 851 Lot 12 Qual
Work Site Location 1736 FORGE POND RD
DEMO
Owner in Fee KRISTI SHAY CONST
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4661
Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3528180

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

DEMO

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Pence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[X] Demolition	50

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 500
3. Total (1+2) $ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [X] Check # 13668 Minimum Fee	$ 0
Collected by: SC TOTAL FEE	$ 50
DCA State Permit Fee	$ 0

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

C38 NJ UCCARS 5.24R

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/12/2004
Date Issued 03/12/2004
Control #
Permit # 04-0755

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

Block 851 Lot 12 Qual
Work Site Location 1736 FORGE POND RD
DEMO
Owner in Fee KRISTI SHAY CONST
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BRICK, NJ 08723-
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Contractor KRISTI SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665 Fax ( )
Lic. No. or Bldrs. Reg. No. 26379
Federal Emp. No. 22-3523180

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

DEMO

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Req. ____ ____
[ ] All ____ ____
[ ] Footing ____ ____
[ ] Foundation ____ ____
[ ] Frame ____ ____
[ ] Other ____ ____ ____

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 500
3. Total (1+2) $ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[X] Demolition	50
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 50
DCA State Permit Fee	$ 0

Paid [X] Check # 13668
Collected by: SC

U.C.C. F110 (rev. 3/96)

KRISTI SHAY CONSTRUCTION, INC.

Township Of Brick 13668

Demo Permit/ 1736 Forge Pond Road 3/9/2004 50.00

Provident Checking Demo Permit/ 1736 Forge Pond Road 50.00

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK
Debris Form

Work Site Address 1736 Forge Pond Rd.

Block 851 Lock 12

Contractor Kristi Shay Construction, Inc

Contractor's Address 63 Channel Dr.

Type of Construction (minor, new home) New home

Type of Debris (shingles, siding, wood, etc.) Shingles - siding - wood

Party Responsible for removal Sindel Carting

Dumpster Size 40 Yard

Destination of Debris Discard OC Landfill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature 3/12/04 Date

Michael Stunello
Print Name

NJR
New Jersey Natural Gas
A New Jersey Resources Company

March 11, 2004

Kristi Shay Construction
63 Channel Drive
Brick, NJ 08723

RE: 1734 Forge Pond Rd. – Brick

Dear Kristi Shay Construction,

Per your request, New Jersey Natural Gas Company has investigated the above referenced property for the presence of natural gas facilities. The facilities (if any) have been permanently retired at the main, which may be in the road or behind the curb.

************IMPORTANT************

PLEASE READ CAREFULLY

1. Call 1-800-221-0051, a minimum of 6 weeks prior to the estimated reconnection date. This is necessary for us to obtain permits required to restore your service.

2. When you call, ask to speak to a MARKETING REPRESENTATIVE, who will assist you to have a new gas service line run.

3. Please be advised that the new service line must be installed according to the current company installation standards.

NEW JERSEY NATURAL GAS COMPANY
1420 Wyckoff Road
Wall, New Jersey 07719

c. R. Gallo
File - Operations Dept.
FAX:732-477-9115

T H E B R I C K T O W N S H I P
M U N I C I P A L U T I L I T I E S A U T H O R I T Y

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
FAX# 732-458-5378
PHONE 732-458-7000

2/25/2004 CLERK PE

KRISTI SHAY CONSTRUCTION
63 CHANNEL DR
BRICK NJ 08723-7411

ROUTE 020 ACCOUNT L431207
BLOCK- 851- LOT-12-
S/L-1736 FORGE POND RD

SUBJECT: BUILDING TO BE DEMOLISHED AND RECONSTRUCTED

DEAR CUSTOMER,

THIS IS TO CERTIFY THAT THE WATER AND SEWER SERVICE AT THE SUBJECT PROPERTY HAS BEEN TERMINATED AND THE WATER METERING SYSTEM HAS BEEN REMOVED.

IF FURTHER INFORMATION IS REQUIRED, PLEASE CONTACT THE UNDERSIGNED.

RESPECTFULLY YOURS,

PEGGY MULLEN
CUSTOMER ACCOUNTS REPRESENTATIVE

LTR115

Jersey Central
Power & Light
A FirstEnergy Company

417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

March 4, 2004

Kristi Shay Construction
63 Channel Dr.
Brick, NJ 08723

Ref: DR# 311312255
Fax# 732-477-9115

Dear Customer:

This letter confirms that Jersey Central Power & Light Company has performed a field inspection of the building listed below and determined that our electric service cables and meters have been removed.

1736 Forge Pond Rd., Brick, NJ 08724

This notification is effective as of the above date, and certifies the referenced building is now electrically safe for demolition.

Sincerely,

Stephanie Ramirez
Distribution Specialist

SR/mm

demoltr.pf1

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1736 Fanoe Pond Rd.
Block: 851 Lot: 12
Owner's Name: KRISTI-SHAY CONSTRUCTION
Owner's Mailing Address: 63 CHANNER DR
BRICK NJ 08723
Phone: (732) 477-4665

BUILDING

Contractor: KRISTI-SHAY CONSTRUCTION
Address: 63 CHANNER DR
BRICK NJ 08723
Phone#: 732 477-4665
Lis # 26378
Federal Emp # or SSN 22-3582180

Technical Data

Description of Work:

Demo House

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Fireplace wd/gas
___Siding
___Fence
___Pool
X Demolition
___Sign _____sq ft

Building Characteristics

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

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 (Receptacles, Switches, Lights, Motor 1HP) _____
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

[redacted]