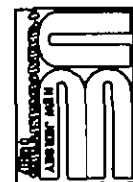


BRICK, TOWNSHIP
OF
(BUILDING DEPT.)

PERMIT WITHOUT
A JACKET



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 532 Lot 1
Work Site Location 611 Jackson Ave.
Owner in Fee/Occupant B. C. L. L.
Address 511 Jackson Ave.
Contractor Delta Electric ELEC. CO. INC.
Address 8101 Ridge Drive
City BALTIMORE MD
Tel. (B32) 2951277 Fax (732) 2951863
Lic. No. 9068
Federal Emp. No. 522-113883
B. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure
Joint Plan Review Required:			Rough	Approval
☐ Building ☐ Plumbing			Temp. Serv.	Initial
☐ Fire ☐ Elevator			Constr. Serv.	
☐ Elec. Plans Approved			TCO	
Date:			Other	
Approved by:			Service	
SUBCODE APPROVAL			Final over	
☐ CO ☐ CCO			Temp. Cut-in-Card Date Issued	
Date: <u>5-10-06</u>			Final Cut-in-Card Date Issued	
Approved by: <u>WV</u>				

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 Electrical Contractor ☐ Exempt Applicant



Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures _____
Receptacles _____
Switches _____
Detectors _____
Light Poles _____
Motors—Fract. HP 750
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 _____
AMP Subpanels _____
AMP Motor Control Center _____
KW Elec. Sign/Outline Light _____

FEE (Office Use Only)

APR 298.00 2634

Administrative Surcharge \$
Minimum Fee \$
DCA Training Fee \$
TOTAL FEE \$ 35.-

NEO ACCESS THIS TIME
5/10/00 OWNER ASKED TO HAVE
FINAL AFTER 3 PM TODAY
5/10/00 WAS ABLE TO RETURN AND
ALL OK

HEAS0080503H
RPR

25511585

25511585

25511585