

BLOCK 838 LOT 1004 QUALIFICATION CODE 41 ADDRESS (SITE) 1684 Forge Pond PERMIT NO. 14-4037



# CONSTRUCTION PERMIT APPLICATION

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

**I. IDENTIFICATION**

1. Proposed Work Site at: 1684 Forge Pond Rd

2. Name of Owner in Fee: William Carson / Majestic Inv. LLC

Tel. 732-364-1850 e-mail \_\_\_\_\_

Address P.O. Box 1271 Lakewood NJ 08701

3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_

4. Principal Contractor: SELF Tel. 609-879-3076 e-mail \_\_\_\_\_

Address 1831 Hwy 88 Brick NJ 08724

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

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 \_\_\_\_\_

Tel. \_\_\_\_\_ FAX: \_\_\_\_\_

| V. FEE SUMMARY (for office use only) |    | Update | Update |
|--------------------------------------|----|--------|--------|
| 1. Building                          | \$ |        |        |
| 2. Electrical                        | \$ |        |        |
| 3. Plumbing                          | \$ |        |        |
| 4. Fire Protection                   | \$ |        |        |
| 5. Elevator Devices                  | \$ |        |        |
| 6. Subtotal                          | \$ |        |        |
| 7. Less 20% for State Plan Review    | \$ |        |        |
| 8. Subtotal                          | \$ |        |        |
| 9. State Permit Surcharge Fee        | \$ |        |        |
| 10. Subtotal                         | \$ |        |        |
| 11. Cert. of Occupancy               | \$ |        |        |
| 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 \$0

## 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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723

Date Issued 6/30/2015  
Control Number C-14-005444  
Permit Number 14-4037  
Permit Issue Date 12/12/2014  
Certificate Number 14-4037

## Certificate

Construction Code Division  
(Certificate of Approval)

### Identification

Work Site Location: 1684 FORGE POND RD Brick Township, NJ 08724 Block: 838 Lot: 4 Qual: \_\_\_\_\_  
Owner in Fee: SEYMORE INVESTMENTS LLC  
Owner Address: 610 MORS AVE LAKEWOOD NJ 08701  
Telephone: (732) 364-1850  
Contractor SEYMORE INVESTMENTS LLC  
Address 610 MORS AVE LAKEWOOD NJ 08701  
Telephone: (732) 364-1850 Fax: \_\_\_\_\_  
License Number or Builders Registration Number: \_\_\_\_\_ Federal Emp. Number: \_\_\_\_\_  
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

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: \_\_\_\_\_



# ELECTRICAL SUBCODE TECHNICAL SECTION



838/14

DE# 332-544-284

Date Received 12/12/14  
Control #  
Date Issued 141-4037  
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.  
Block 838 Lot 116 Qualification Code  
Work Site Location 1684 Forge Pond Road

Owner in Fee: William Carson/Majestic Investments LLC 1831 RT 88

Tel. (732) 364-1850 e-mail BRIC NIST 08724

Address P.O. Box 1271 Lakewood New Jersey 08701

Contractor: SELF Tel. e-mail

Address SELF e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date 12/12/14 Approved by: [Signature]

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12/12/14

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: Approved by:

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

## 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 sign/Contractor sign and seal here:

Print name here: Hermann Vorhand

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

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Meter Reset D#332-544-284

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

Meter Reset

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

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

**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(f)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 PAT MENNELLA  
Address 1831 Hwy 88  
BRICK NJ  
Telephone 732-840-9200  
Signature \_\_\_\_\_

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



# ELECTRICAL SUBCODE TECHNICAL SECTION

*Copy for DR # 333 505 112*

Date Received  
Control #  
Date Issued  
Permit #

*6/11/15  
14-4037*

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

Block 458 Lot 4 Qualification Code

Work Site Location 1684 Forge and FOREST ROAD

Owner in Fee Seymore Investments LLC

Address P.O. Box 1271 - or (616 NARS AVE)

Lakeford, NC

Tel (732) 684-0912

Contractor

Address TOP NOTCH ELECTRIC  
830 WENSTRUM AVENUE  
LAKEWOOD, NJ 08701

Tel (732) 534-6044 F: (732) 739-1446

Contractor License No. 4555Y0398 LIC# 34EB0781200

Federal Emp. No. 5/2018

## B. ELECTRICAL CHARACTERISTICS

Use Group Present Lighting Proposed 1831

☐ Pole/Pad # 1 ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 500.00

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                         | Date | Initial | INSPECTIONS                   | Dates (Month/Day) |         |          |         |
|---------------------------------------------------------------------|------|---------|-------------------------------|-------------------|---------|----------|---------|
|                                                                     |      |         | Type:                         | Failure           | Failure | Approval | Initial |
| <input checked="" type="checkbox"/> No Plans Required               |      |         | Rough                         |                   |         |          |         |
| <input type="checkbox"/> Joint Plan Review Required:                |      |         | Barrier-Free                  |                   |         |          |         |
| <input type="checkbox"/> Building <input type="checkbox"/> Plumbing |      |         | Trench                        |                   |         |          |         |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator     |      |         | Temp. Serv.                   |                   |         |          |         |
| <input type="checkbox"/> Elec. Plans Approved                       |      |         | Constr. Serv.                 |                   |         |          |         |
| Date <u>6/11/15</u>                                                 |      |         | TCO                           |                   |         |          |         |
| Approved by: <u>[Signature]</u>                                     |      |         | Other <u>Note: Deck</u>       |                   |         |          |         |
|                                                                     |      |         | Service <u>Deck</u>           |                   |         |          |         |
|                                                                     |      |         | Final <u>Deck</u>             |                   |         |          |         |
|                                                                     |      |         | Barrier-Free                  |                   |         |          |         |
| SUBCODE APPROVAL                                                    |      |         | Temp. Cut-In-Card Date Issued |                   |         |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO            |      |         | Final Cut-In-Card Date Issued |                   |         |          |         |
| Date: <u>6-25-15</u>                                                |      |         | Annual Pool Inspection        |                   |         |          |         |
| Approved by: <u>[Signature]</u>                                     |      |         | Date of Grounding and Bonding |                   |         |          |         |
|                                                                     |      |         | Certification                 |                   |         |          |         |

## 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]

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Elec. Contractor ☐ Certified 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/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

1 100 meter reset

\* replace seal

\* bring grading up to code

FEE (Office Use Only)

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

12-16-14

OUTSIDE S.E.U. DETERAZED

UPDATE GROUNDING-

NEED LICENSED ELECTRICAL CONTRACTOR

© tech ↑



# CONSTRUCTION PERMIT

Date Issued 12/12/14  
Control # C-14-005444  
Permit # 14-4637

IDENTIFICATION Block: 838 Lot: 4 Qualifier  
Work Site Location: 1684 FORGE POND RD Brick Township, NJ 08724 Contractor CARSON, MARGUERITE & WILLIAM  
Address 1684 FORGE POND RD BRICK NJ 08724  
Owner in Fee CARSON, MARGUERITE & WILLIAM  
1684 FORGE POND RD BRICK NJ 08724 Telephone: (732) 364-1850  
Telephone: (732) 364-1850 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:

SERVICE

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 \$100

Construction Official

Date 12/10/14

U.C.C. F170  
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                      |        |
|----------------------|--------|
| Building             | \$0    |
| Electrical           | \$75   |
| Plumbing             | \$0    |
| Fire Protection      | \$0    |
| Elevator Devices     | \$0    |
| Other                | \$0.00 |
| DCA Training Fee     | \$1    |
| CO Fee               | \$0    |
| Other                | \$0    |
| Total                | \$76   |
| Check No. <u>939</u> |        |
| Cash                 | \$0    |
| Credit               | \$0    |
| Collected By         |        |

## 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:

1. 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.
2. Foundations and all walls up to grade level prior to back filling.
3. 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.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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.

Brick Township  
Building Department (732) 262-1030



DRIUR # 333505112

## CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 1684 FORGE POND RD

UTILITY CO \_\_\_\_\_

Brick Township, NJ 08724

BLK 838

LOT 4

OWNER SEYMORE INVESTMENTS LLC

OCCUPANT SEYMORE INVESTMENTS LLC

"Installation in the above premises has been inspected and  
is in accordance with N.E.C. and DCA requirements."

☒ FINAL

☐ TEMPORARY

This approval void after \_\_\_\_ days

DESCRIPTION OF SERVICE 100 amp meter re set

INSTALLED BY Top Notch Electrical LLC

LICENSE NO 17812

DATE 06/25/2015

PERMIT # 14-4037

INSPECTOR Thomas Olson

☐ FAXED IN 06/25/2015

Lic. No: 5151

U.C.C. Form F350B equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR





# ELECTRICAL SUBCODE TECHNICAL SECTION



DR# 332-544-284

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.  
Block 61.10 Lot 116 Qualification Code \_\_\_\_\_  
Work Site Location 1684 Forge Pond Road

Owner in Fee: William Carson/Majestic Investments LLC 1831 RT88

Tel. (732) 364-1850 e-mail \_\_\_\_\_

Address P.O. Box 1271 Lakewood New Jersey BRIT N I 08724 zip code 08701

Contractor: SELF street \_\_\_\_\_ Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

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

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ 100

JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                         |  | INSPECTIONS                   |         | Dates (Month/Day) |          |
|-----------------------------------------------------|--|-------------------------------|---------|-------------------|----------|
|                                                     |  | Type:                         | Failure | Failure           | Approval |
| [ ] No Plans Required                               |  |                               |         |                   |          |
| [ ] Partial Under-slab Utilities Approved           |  | Rough                         |         |                   |          |
| Date <u>2/11/14</u> Approved by: <u>[Signature]</u> |  | Barrier-Free                  |         |                   |          |
| [ ] Electric Plans Approved                         |  | Trench                        |         |                   |          |
| Date: _____                                         |  | Temp. Serv.                   |         |                   |          |
| Approved by: _____                                  |  | Constr. Serv.                 |         |                   |          |
| Joint Plan Review Required:                         |  | TCO                           |         |                   |          |
| [ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.            |  | Other                         |         |                   |          |
| SUBCODE APPROVAL for PERMIT                         |  | Service                       |         |                   |          |
| Date: <u>1/27/14</u>                                |  | Final                         |         |                   |          |
| Approved by: <u>[Signature]</u>                     |  | Barrier-Free                  |         |                   |          |
| SUBCODE APPROVAL for CERTIFICATE                    |  | 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                 |         |                   |          |

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 sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: Hermann Vorhand

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

D. TECHNICAL SITE DATA

| QTY. | SIZE | ITEMS                          | DESCRIPTION OF WORK: | 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     |                      |                       |
|      |      | Meter Reset                    |                      |                       |
|      |      | 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    |                      |                       |

Date Received 12/12/14  
Control # 141-4037  
Date Issued  
Permit #

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