

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. 5:23-2.15(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 A-1 Comfort Care Heating & Cooling LLC.
Address 1775 Route 34 Unit A1
Wall NJ 07727
Telephone (732) 449-2466
Signature Francis J. Oliver

- 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 _____
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. _____	_____	_____	_____



BUILDING
SUBCODE
TECHNICAL SECTION



Date Received 8/28/06
Date Issued 8/28/06
Control #
Permit # 06-2878

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

Block 833-41 Lot 23
Work Site Location 1644 Forge Pond Road
Owner in Fee Michelle K. Leskiel
Address 1644 Forge Pond Road
Contractor A-1 LUMBER CARE HEATING AND COOLING LLC
Address 1775 ROUTE 34, UNIT A-1
WALL, NEW JERSEY 07727
Tel. (732) 449-2466 FAX (732) 449-2441
Contractor License No. or Builder Registration No. 13VH01019200
Federal Emp. No. 22-3807546

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required	8/28/06	Type:	Failure Approval Initial
☐ All		Footings	
☐ Footing		Footings Bonding	
☐ Foundation		Foundation	
☐ Frame		Slab	
☐ Other		Frame	
		Truss Sys./Bracing	
		Barrier-Free	
		Insulation	
		Finishes -Base Layer	
		Finishes -Final	
		Energy	
		Mechanical	
		TCO	
		Other	
		Final	
		Barrier-Free	

Joint Plan Review Required:
[] Elec. [] Plumb. [] Fire [] Elevator

SUBCODE APPROVAL
[] CO [] CCO [] CA

Date: Approved by:

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$ 3500.00
Area - Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

UCCF-110 (REV. 703)
Professional Printing
(856) 468-7933
Olight with conv. #
Cabrera + Service
Platform

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

Install Air Conditioning
with Duct work

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

\$

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

- 1. White-Inspector copy
- 2. Canary-Applicant copy
- 3. Pink-Office copy
- 4. White Tag- Office copy



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 833-44 Qualification Code 833
Work Site Location 1646 Forge and Road
Owner in Fee Michelle K. R. Siskel
Address 1646 Forge and Road
Tel (908) 222-2000
Contractor Atc Heating & Cooling LLC
Address 1775 Route 34 Unit A1
Tel (732) 449-2466 FAX (732) 449-2441
Contractor License No. 13VH0101200
Federal Emp. No. 22-380-7546

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Public Sewer Private Septic Public Water Private Well Public Water
Building Sewer Size 706.7
Water Service Size 706.7
Est. Cost of Plumbing Work \$ 706.7

JOBSUMMARY (Office Use Only)

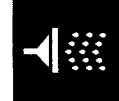
PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required	Type: Slab	Failure Approval Initial
Joint Plan Review Required:	Rough	
☐ Building ☐ Electric	Water	
☐ Fire ☐ Elevator	Sewer	
☐ Plumbing Plans Approved	Fixtures	
Date: <u>6/30/06</u>	Gas Equipment	
Approved by: <u>[Signature]</u>	Gas Piping	
SUBCODE APPROVAL	LPGas Tank	
☐ CO ☐ CCO ☒ CA	Fuel Oil Piping	
Date: <u>8-23-12</u>	Solar	
Approved by: <u>[Signature]</u>	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.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



Date Received
Control #
Date Issued
Permit #

D. TECHNICAL SITE DATA (List of all fixtures.)

NO. FIXTURE/EQUIPMENT

Water Closet
Urinal/Bidet
Bath Tub
Lavatory
Shower
Floor Drain
Sink
Dishwasher
Drinking Fountain
Washing Machine
Hose Bibb
Water Heater
Fuel Oil Piping
Gas Piping
LPGas Tank
Steam Boiler
Hot Water Boiler
Sewer Pump
Interceptor/Separator
Backflow Preventer
Greasetrap
Sewer Connection
Water Service Connection
Stacks
Other Atc condensate
Other 1

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

U.C.C. F130 (rev. 1/04)

12-27-07

a Trap is required on 9/2 lawn.

10/6/09 mth

①. Not Home

8/21/12 - same as 12-27-07.



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 833-1 Lot 2122.0 Qualification Code _____

Work Site Location 1646 Forge Pond Road

Brick, NJ

Owner in Fee Michelle Klissler

Address 1646 Forge Pond Road

Brick, NJ

Contractor City Fire Equipment

Address P.O. Box 3039

Hoboken, NJ

Tel (201) 583-9060 FAX () _____

Contractor License No. 11454A

Federal Emp. No. 221703611

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
☒ No Plans Required			Type:	Failure	Approval	Initial
Joint Plan Review Required:			Rough			
[] Building	[] Plumbing		Barrier-Free			
[] Fire	[] Elevator		Trench			
[] Elec. Plans Approved			Temp. Serv.			
			Constr. Serv.			
			TCO			
			Other			
Date: <u>6/21/09</u>			<u>Service</u>	<u>122807</u>		
Approved by: <u>[Signature]</u>			Final			
SUBCODE APPROVAL			Barrier-Free			
[] CO	[] CCO	[] CA	Temp. Cut-in-Card Date Issued			
			Final Cut-in-Card Date Issued			
Date: <u>8/9/12</u>			Annual Pool Inspection			
Approved by: <u>[Signature]</u>			Date of Grounding and Bonding Certification			

Date Received
Control # 8/28/04
Date Issued
Permit # 00-2878

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 [] Certifd 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	

FEE (Office Use Only)

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

Re Id White

30 Amy Max



CONSTRUCTION PERMIT

Date Issued 8/28/2006
Control # C-06-102578
Permit # 06-2878

IDENTIFICATION Block: 833 Lot: 21 Qualifier _____
Work Site Location: 1646 FORGE POND RD. , NJ Contractor A-1 COMFORT CARE HEAT & COOLIG
Address 1775 ROUTE 34 S WALL NJ
Owner in Fee KLEISSLER, MICHELLE F
Address 1646 FORGE POND RD. BRICK NJ Telephone: 732/578-0379
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 22-3807546

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:

AIR CONDITIONER INSTALL A/C W/ DUCTWORK.

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 \$10,667

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$84
Electrical	\$40
Plumbing	\$40
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$15
CO Fee	
Other	\$0
Total	\$179
Check No.	3888
Cash	\$0
Credit	\$0
Collected By	Inspection Account

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.



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 5033-14 Lot 24222 Qualification Code _____
Work Site Location 16416 Forge And Road

Owner in Fee Michelle K. Siler
Address 16416 Forge And Road
Black NJ

Contractor Utility Inc equipment
Address P.O. Box 3037
Hoboken NJ

Tel (201) 583-9000 FAX () _____
Contractor License No. 11454A
Federal Emp. No. 201703611

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Monthly)
☒ No Plans Required			Type: Rough	Approval Initial
Joint Plan Review Required:			Barrier-Free	
☐ Building	☐ Plumbing		Trench	
☐ Fire	☐ Elevator		Temp. Serv.	
☐ Elec. Plans Approved			Constr. Serv.	
Date: <u>6/21/09</u>			TCO	
Approved by: <u>[Signature]</u>			Other	
			Service	
			Final	
			Barrier-Free	
SUBCODE APPROVAL			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	

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Date Received
Control # 72866
Date Issued
Permit # 11-2878

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 [] Certifd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	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	_____
_____	_____	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	_____

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



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 100 Lot 100 Qualification Code 100

Work Site Location 100

Owner in Fee 100

Address 100

Tel () 100

Contractor 100

Address 100

Tel () 100 FAX () 100

Contractor License No. 100

Federal Emp. No. 100

B. ELECTRICAL CHARACTERISTICS

Use Group Present 100 Proposed 100

[] Pole/Pad # 100 [] Temporary [] Other 100

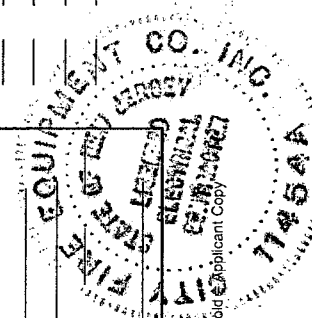
Building Occupied as 100 Utility Co. 100

Est. Cost of Elec. Work \$ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date		Initial		INSPECTIONS		Dates (Month/Day)		Failure		Approval		Initial	
No Plans Required						Type:				Failure		Approval		Initial	
Joint Plan Review Required:						Rough									
[] Building	[] Plumbing					Barrier-Free									
[] Fire	[] Elevator					Trench									
[] Elec. Plans Approved	[] Const. Serv.					Temp. Serv.									
Date: <u>6/21/09</u>	[] TCO					Other									
Approved by: <u>[Signature]</u>	[] Service					Final									
SUBCODE APPROVAL						Barrier-Free									
[] CO	[] CCO					Temp. Cut-in-Card Date Issued									
[] CA	[] CA					Final Cut-in-Card Date Issued									
Date: <u>6/21/09</u>	Annual Pool Inspection					Date of Grounding and Bonding									
Approved by: <u>[Signature]</u>	Certification														

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy



Date Received
Control # 100
Date Issued
Permit # 100

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 Contr'r [] Exempt Applicant

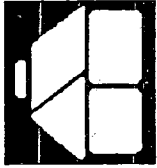
D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	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	
		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	

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



BUILDING
SUBCODE
TECHNICAL SECTION



Date Received 8/28/06
Date Issued 8/28/06
Control # 06-2878
Permit # 06-2878

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

Block 833
Work Site Location 1641 Forge Pond Road
Owner in Fee H. Michelle Kiepski
Address 1641 Forge Pond Road
Tel. [REDACTED]
Contractor H. Michelle Kiepski Heating and Cooling LLC
Address 1775 ROUTE 34, UNIT A-1
WALL, NEW JERSEY 07727
Tel. (732) 449-2466 FAX (732) 449-2441
Contractor License No. or Builder Registration No. 13VH01019200
Federal Emp. No. 22-3807546

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☒ No Plans Required	8/28/06	[Signature]	Type: Footing				
☐ All			Footing Bonding				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Truss Sys./Bracing				
			Barrier-Free				
			Insulation				
			Finishes - Base Layer				
			Finishes - Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

Joint Plan Review Required:
[] Elec. [] Plumb. [] Fire [] Elevator

SUBCODE APPROVAL
[] CO [] CCO [] CA

Date: [Signature]
Approved by: [Signature]

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$ 3500.00
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install Air Conditioning
w/4 Duct work

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

\$

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

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(856) 468-7933

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4. White Tag- Office copy



BUILDING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

8/28/06
06-2878

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

Block 233
Work Site Location 11641 Eagle Pond Road
Owner in Fee 11641 Eagle Pond Road
Address 11641 Eagle Pond Road
Tel. [REDACTED]
Contractor A.I. EXMORE CARE HEATING AND COOLING LLC
Address 1775 ROUTE 34, UNIT A.1
WALL, NEW JERSEY 07727
Tel. (732) 449-2466 FAX (732) 449-2441
Contractor License No. or Builder Registration No. 13VH01019200
Federal Emp. No. 22-3807546

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☒ No Plans Required	6/25/06		Type:				
☐ All			Footings				
☐ Footings			Foundation Bonding				
☐ Foundation			Foundation				
☐ Frame			Slab				
☐ Other			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
			Insulation				
			Finishes - Base Layer				
			Finishes - Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: _____ Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

No. of Stories: _____

Height of Structure: _____ Ft.

Area — Largest Floor: _____ Sq. Ft.

New Bldg. Area/All Floors: _____ Sq. Ft.

Volume of New Structure: _____ Cu. Ft.

Total Land Area Disturbed: _____ Sq. Ft.

Est. Cost of Bldg. Work:

	1. New Bldg.	2. Rehabilitation	3. Total (1+2)
\$	\$	\$	\$

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

Install Air Conditioning
w/ L. Duct work

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)
\$ _____

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

UCC/F-110 (REV. 7/03)
Professional Printing
(856) 468-7933

1. White-Inspector copy
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3. Pink-Office copy
4. White Tag- Office copy



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 8334 Lot 2422 Qualification Code _____
Work Site Location 1646 College Road And
Owner in Fee Michelle K. B. Jones
Address 1646 College Road And
Te Black Mt
Contractor A-1 Heating & Cooling LLC
Address 1775 Route 34 Unit A
Tel (972) 447 2466 FAX (720) 447 2441
Contractor License No. 130101019200
Federal Emp. No. 32 310 9596

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 701.7.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required	Type:	Failure Approval Initial
Joint Plan Review Required:	Slab	
☐ Building ☐ Electric	Rough	
☐ Fire ☐ Elevator	Water	
☐ Plumbing Plans Approved	Sewer	
Date: <u>6/26/16</u>	Fixtures	
Approved by: <u>[Signature]</u>	Gas Equipment	
SUBCODE APPROVAL	Gas Piping	
☐ CO ☐ CCO ☐ CA	LPG Gas Tank	
Date: _____	Fuel Oil Piping	
Approved by: _____	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.

Applicant's Signature/Contractor's Seal and Signature
☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C. F130 (rev. 1/04)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Date Received
Control #
Date Issued
Permit #

D. TECHNICAL SITE DATA (List of all fixtures.)

NO. FIXTURE/EQUIPMENT

Water Closet _____
Urinal/Bidet _____
Bath Tub _____
Lavatory _____
Shower _____
Floor Drain _____
Sink _____
Dishwasher _____
Drinking Fountain _____
Washing Machine _____
Hose Bibb _____
Water Heater _____
Fuel Oil Piping _____
Gas Piping _____
LPG Gas Tank _____
Steam Boiler _____
Hot Water Boiler _____
Sewer Pump _____
Interceptor/Separator _____
Backflow Preventer _____
Greasetrap _____
Sewer Connection _____
Water Service Connection _____
Stacks _____
Other At entrance _____
Other _____

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

FEE (Office Use Only)
\$ _____