

BLOCK 825 LOT 31.01 QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) 1633 Tilford Blvd. PERMIT NO. 18-1545



# CONSTRUCTION PERMIT APPLICATION

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

C-18-002125

## I. IDENTIFICATION

1. Proposed Work Site at: 1633 Tilford Blvd. Brick, NJ 08724  
2. Name of Owner in Fee: Derrick Wolf Tel. ( )  
Address 1633 Tilford Blvd. Brick, NJ 08724  
street municipality zip code  
3. Ownership in fee: Public ATLANTIC ALARMS & ELECTRICAL WORKS, INC. Private 41 LIBERTY STREET  
4. Principal Contractor: TRENTON, NJ 08611 Tel. ( )  
Address TEL (609) 278-4026 FAX (609) 218-5523  
NJ LIC # 34EB01588400 Exp. Date  
License No. OR, if new home, Builder Registration No. TAX REGISTRATION # 223-485-792/000 FAX: ( )  
Federal Employee No. ( )  
5. Architect or Engineer Tel. ( )  
Address Contact  
6. Responsible Person in Charge once Work has Begun German 025  
Tel. ( 609 ) 278-4026 FAX: ( 609 ) 218-5523

## V. FEE SUMMARY (for office use only)

|                                   |    | Update     | Update |
|-----------------------------------|----|------------|--------|
| 1. Building                       | \$ |            |        |
| 2. Electrical                     |    | <u>150</u> |        |
| 3. Plumbing                       |    |            |        |
| 4. Fire Protection                |    |            |        |
| 5. Elevator Devices               |    |            |        |
| 6. Subtotal                       | \$ |            |        |
| 7. Less 20% for State Plan Review |    |            |        |
| 8. Subtotal                       | \$ |            |        |
| 9. State Permit Surcharge Fee     |    | <u>7</u>   |        |
| 10. Subtotal                      | \$ |            |        |
| 11. Cert. of Occupancy            |    |            |        |
| 12. Other                         |    |            |        |
| 13. TOTAL                         | \$ | <u>157</u> |        |

## 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. 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 \_\_\_\_\_

(office use only)

## II. PROPOSED WORK

|                                                     | Est. Cost      | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Rejection | Re-viewer |
|-----------------------------------------------------|----------------|----------------|------------|----------------|---------------|-----------|-----------------------------|-----------|-----------|
| 1. <input type="checkbox"/> Minor Work              |                |                |            |                |               |           |                             |           |           |
| 2. <input type="checkbox"/> New Building            |                |                |            |                |               |           |                             |           |           |
| 3. <input type="checkbox"/> Addition                |                |                |            |                |               |           |                             |           |           |
| 4. <input type="checkbox"/> a. Repair               |                |                |            |                |               |           |                             |           |           |
| <input type="checkbox"/> b. Alteration              |                |                |            |                |               |           |                             |           |           |
| <input type="checkbox"/> c. Renovation              |                |                |            |                |               |           |                             |           |           |
| <input type="checkbox"/> d. Reconstruction          |                |                |            |                |               |           |                             |           |           |
| 5. <input type="checkbox"/> Fire Protection         |                |                |            |                |               |           |                             |           |           |
| 6. <input type="checkbox"/> Plumbing                |                |                |            |                |               |           |                             |           |           |
| 7. <input checked="" type="checkbox"/> Electrical   | <u>\$2905</u>  |                |            |                |               |           |                             |           |           |
| 8. <input type="checkbox"/> Elevator Devices        |                |                |            |                |               |           |                             |           |           |
| 9. <input type="checkbox"/> Asbestos Abat. Subch. 8 |                |                |            |                |               |           |                             |           |           |
| 10. <input type="checkbox"/> Lead Hazard Abatement  |                |                |            |                |               |           |                             |           |           |
| 11. <input type="checkbox"/> Demolition             |                |                |            |                |               |           |                             |           |           |
| TOTAL COSTS                                         | <u>\$3,900</u> |                |            |                |               |           |                             |           |           |

## 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

## 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: All Units Income-restricted  
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:

**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.

**ATLANTIC ALARMS & ELECTRICAL WORKS, INC.**

**41 LIBERTY STREET**

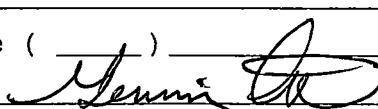
**TRENTON, NJ 08611**

Agent Name **TEL (609) 278-4026 FAX (609) 218-5523**

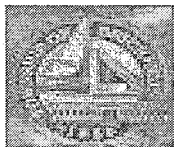
Address **NJ LIC # 34EB01588400**

**TAX REGISTRATION # 223-485-792/000**

Telephone ( ) \_\_\_\_\_

Signature  \_\_\_\_\_

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



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723

Date Issued 8/31/2018  
Control Number C-18-002125  
Permit Number 18-1595  
Permit Issue Date 6/8/2018  
Certificate Number 18-1595

## Certificate

Construction Code Division

(Certificate of Approval)

### Identification

Work Site Location: 1633 TILFORD BLVD Brick Township, NJ Block: 825 Lot: 31.01 Qual: \_\_\_\_\_  
Owner in Fee: WOOLF, DERRICK  
Owner Address: 1633 TILLFORD BLVD. BRICK NJ 08724  
Telephone: [REDACTED]  
Contractor ATLANTIC ALARM & ELECTRICAL  
Address 41 LIBERTY ST TRENTON NJ 08611  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
License Number or Builders Registration Number: \_\_\_\_\_ Federal Emp. Number: 223485792

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



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

Block 825 Lot 31.01 Qualification Code \_\_\_\_\_

Work Site Location 1633 Tilford Blvd  
Brick, NJ 08724

Owner in Fee: Derrick Woolf

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address 1633 Tilford Blvd. Brick, NJ 08724

Contractor: Atlantic Alarm Electrical Work Inc Tel. (609) 278-4026

Address 41 Liberty St e-mail atlanticalarm41@gmail.com  
Trenton NJ 08611

Contractor License No. 34EB01588400 Exp. Date 03/31/2021

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

Federal Emp. ID No. 223485792 FAX: (609) 278-4026

## B. ELECTRICAL CHARACTERISTICS

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

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

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

Est. Cost of Elec. Work \$ \_\_\_\_\_ 900

### JOB SUMMARY (Office Use Only)

| PLAN REVIEW                               | INSPECTIONS                   | Dates (Month/Day) |         |          |         |
|-------------------------------------------|-------------------------------|-------------------|---------|----------|---------|
| [ ] No Plans Required                     | Type:                         | Failure           | Failure | Approval | Initial |
| [ ] Partial -Underslab Utilities Approved | Rough                         |                   |         |          |         |
| Date: _____ Approved by: _____            | Barrier-Free                  |                   |         |          |         |
| [ ] Electric Plans Approved               | Trench                        |                   |         |          |         |
| Date: _____ Approved by: _____            | Temp. Serv.                   |                   |         |          |         |
| Joint Plan Review Required:               | Constr. Serv.                 |                   |         |          |         |
| [ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.  | TCO                           |                   |         |          |         |
| SUBCODE APPROVAL for PERMIT               | Other                         |                   |         |          |         |
| Date: _____                               | Service                       |                   |         |          |         |
| Approved by: _____                        | Final                         |                   |         |          |         |
| SUBCODE APPROVAL for CERTIFICATE          | Barrier-Free                  |                   |         |          |         |
| [ ] CO [ ] ICCO [ ] CA                    | Temp. Cut-in-Card Date Issued |                   |         |          |         |
| Date: <u>8-24-18</u>                      | Final Cut-in-Card Date Issued |                   |         |          |         |
| Approved by: _____                        | Annual Pool Inspection        |                   |         |          |         |
|                                           | Date of Grounding and Bonding |                   |         |          |         |
|                                           | Certification                 |                   |         |          |         |

Date Received  
Control #  
Date Issued  
Permit #

6/8/19

18-1545

## C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) 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: German Ortiz

☒ Licensed Elec. Contractor ☐ Central Landscape Irrigation Contr. ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK:

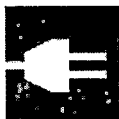
Replacement Panel 100 AMP

| 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    | _____                 |
| 1     | 100   | Replace Panel                  | _____                 |

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 825 Lot 31.01 Qualification Code \_\_\_\_\_

Work Site Location 1633 Tilford Blvd

Brick, NJ 08724

Owner in Fee: Derrick Woolf

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address 1633 Tilford Blvd. Brick, NJ 08724

Contractor: Atlantic Alarm Electrical Work Inc Tel. (609) 278-4026

Address 41 Liberty St e-mail atlanticalarm41@gmail.com  
Trenton NJ 08611

Contractor License No. 34EB01588400 Exp. Date 03/31/2021

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

Federal Emp. ID No. 223485792 FAX: (609) 278-4026

## B. ELECTRICAL CHARACTERISTICS

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

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

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

Est. Cost of Elec. Work \$ 900

| JOB SUMMARY (Office Use Only)            |  | INSPECTIONS                                 |         | Dates (Month/Day) |          |         |
|------------------------------------------|--|---------------------------------------------|---------|-------------------|----------|---------|
| PLAN REVIEW                              |  | Type:                                       | Failure | Failure           | Approval | Initial |
| [ ] No Plans Required                    |  | Rough                                       |         |                   |          |         |
| [ ] Partial-Underslab Utilities Approved |  | Barrier-Free                                |         |                   |          |         |
| Date: _____ Approved by: _____           |  | Trench                                      |         |                   |          |         |
| [ ] Electric Plans Approved              |  | Temp. Serv.                                 |         |                   |          |         |
| Date: _____ Approved by: _____           |  | Constr. Serv.                               |         |                   |          |         |
| Joint Plan Review Required:              |  | TCO                                         |         |                   |          |         |
| [ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev. |  | Other                                       |         |                   |          |         |
| SUBCODE APPROVAL for PERMIT              |  | Service                                     |         |                   |          |         |
| Date: _____                              |  | Final                                       |         |                   |          |         |
| Approved by: _____                       |  | 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: German Ortiz

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

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:  
Replacement Panel 100 AMP

| 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    | _____                 |
| <u>1</u> | <u>100</u> | <u>Replace Panel</u>           | _____                 |

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



# CONSTRUCTION PERMIT

Date Issued 06/08/2018  
Control # C-18-002125  
Permit # 18-1595

IDENTIFICATION Block: 825 Lot: 31.01 Qualifier  
Work Site Location: 1633 TILFORD BLVD Brick Township, NJ Contractor ATLANTIC ALARM & ELECTRICAL  
Owner in Fee WOOLF, DERRICK Address 41 LIBERTY ST TRENTON NJ 08611  
1633 TILFORD BLVD. BRICK NJ 08724 Telephone:  
Telephone: Lic. No. or Bldrs. Reg. No. 34EB01588400 34EB01588400  
Federal Employee No. 22588792

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 \$3,900

Construction Official

Date

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       | \$150         |
| Plumbing         | \$0           |
| Fire Protection  | \$0           |
| Elevator Devices | \$0           |
| Other            | \$0.00        |
| DCA Training Fee | \$7           |
| CO Fee           |               |
| Other            | \$0           |
| Total            | \$157         |
| Check No.        | 209           |
| Cash             | \$0           |
| Credit           | \$0           |
| Collected By     | Matthew Fagen |

## 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.