

BLOCK 842 LOT 28 QUALIFICATION CODE _____ ADDRESS (SITE) 1715 Rte 88, Brick PERMIT NO. 06-2422



CONSTRUCTION PERMIT APPLICATION

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

06-100329

I. IDENTIFICATION

1. Proposed Work Site at: 1715 Rte 88, Brick, NJ

2. Name of Owner in Fee: Sotiris Sergio Tel. 733 740-6173
Address 1361 Vincenzo Dr. Toms River NJ 08753
street municipally zip code

3. Ownership in fee: Public

4. Principal Contractor: Eastman Sign Co Tel. 733 349-8499
Address 1765 Rte 9 Toms River NJ 08753

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. 22-3325786 FAX: 733-505-3673
Architect or Engineer _____ Tel. () _____
Address _____ Contact _____

6. Responsible Person in Charge once Work has Begun A. Giannopoulos
Tel. 733-349-8499 FAX: 733-505-3673

8197

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Re-submission Dates	Re-viewer
1. ☒ Minor Work								
2. ☐ New Building	<u>2200</u>		<u>7/19/06</u>		<u>7-19-06</u>		<u>5-2-07</u>	
3. ☐ Addition								
4. ☐ a. Repair								
☐ b. Alteration								
☐ c. Renovation								
☐ d. Reconstruction								
5. ☐ Fire Protection								
6. ☐ Plumbing								
7. ☒ Electrical	<u>5000</u>							
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS	<u>9400</u>							

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

V. FEE SUMMARY (for office use only)

1. Building	\$ <u>50</u>	Update	Update
2. Electrical	\$ <u>45</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$ <u>13</u>		
7. Less 20% for State Plan Review	\$ <u>13</u>		
8. Subtotal	\$ <u>13</u>		
9. State Permit Fee Surcharge	\$ <u>13</u>		
10. Subtotal	\$ <u>13</u>		
11. Cert. of Occupancy	\$ <u>13</u>		
12. Other	\$ <u>13</u>		
13. TOTAL	\$ <u>130</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ ft.

2. Height of Structure _____ sq. ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ cu. ft.

5. Volume of New Structure _____ sq. ft.

6. Construction Classification _____

7. Total Land Area Disturbed _____ sq. ft.

8. Flood Hazard Zone _____

9. Base Flood Elevation _____ ft.

10. Wetlands _____

11. Max. Live Load _____ no

12. Max. Occupancy Load _____

(office use only)

VII. DESCRIPTION OF BUILDING USE

- A. RESIDENTIAL
1. State Specific Use _____
2. Use Group: _____
3. Change in Use Group: _____
4. No. of dwelling units: _____
- Before Construction _____
- After Construction _____
- Net Gain or Loss _____
- B. NON-RESIDENTIAL
1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____

COMMERCIAL

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name Gisfain Sign Co.

Address 1265 Rt 9

Tom's River N.J. 08755

Telephone 732-349-8499

Signature [Signature]

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. _____	_____	_____	_____

**ANY BUILDING QUESTIONS
CALL 732-262-1027**

Constituent Contact Report

[illegible]

☒ Zoning Application deemed complete

Initialed:

Date:

☐ Zoning Application approved

Initialed:

Date:

☐ Zoning permit updates:



BUILDING 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 842 Lot 28 Qualification Code _____
Work Site Location 1715 Rte 88, Back, N.J.
Owner in Fee Sotiris Sergio
Address 1361 Vincenzo Dr.
Toms River, NJ 08753
Tel. (732) 740-6173
Contractor Gist four sign co
Address 1765 Rt 9
5075 River View Dr. 08755
Tel. (732) 349-8499 FAX (732) 505-3613
Contractor License No. or Builder Registration No. _____
Federal Emp. No. 223305786

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type:	Failure	Initial	Initial
☒ No Plans Required	<u>7-19-06</u>	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 ☐ CCG ☐ CA
Date: 3-5-07
Approved by: [Signature]

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	
Constr. Class	Present	Proposed	
No. of Stories			
Height of Structure			
Area—Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Distributed			

Est. Cost of Bldg. Work:

1. New Bldg.	\$ <u>8,900</u>
2. Rehabilitation	\$ <u>8,900</u>
3. Total (1+2)	\$ <u>8,900</u>

Date Received
Control #
Date Issued
Permit #

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

50 sq ft
double face
sign box

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 \$

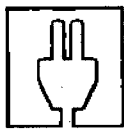
U.C.C. F110
(rev. 07/03)

1. White = Inspector Copy
2. Canary = Office Copy
3. Pink = Applicant Copy

addendum to permit # 06-2422



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 842 Lot 28 Qualification Code _____
Work Site Location 1715 Rte 88, Brick, N.J.

Owner in Fee Sotiris Sergio
Address 1361 Vincennes Dr.
Toms River, NJ 08753
Tel (732) 740-6173
Contractor On - Site Electrical Contractor
Address 475 Admiral Rd.
Forked River, NJ 08731
Tel (609) 693-6766 FAX (609) 693-6685
Contractor License No. 15603
Federal Emp. No. 20-3738168

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 500.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type:	Failure	Approval	Initial
☒ No Plans Required			Rough			
Joint Plan Review Required:			Barrier-Free			
[] Building [] Plumbing			Trench			
[] Fire [] Elevator			Temp. Serv.			
[] Elec. Plans Approved			Constr. Serv.			
Date: <u>3/26/07</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			

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

[X] 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 Light
		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	\$



CONSTRUCTION PERMIT

Date Issued 07/21/2006
Control # C-06-102329
Permit # 06-2422

IDENTIFICATION Block: 842 Lot: 28 Qualifier
Work Site Location: 1715 ROUTE 88 Brick Township, NJ Contractor GIRTAIN SIGN CO.
Address 1765 RT 9 TOMS RIVER NJ 08753-
Owner in Fee OXFORD INTERNATIONAL LLC
Address 1361 VINCENZO DR TOMS RIVER NJ 08753
Telephone: Lic. No. or Bldrs. Reg. No.
Federal Employee No. 22-3305786

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:

SIGN INSTALLATION DOUBLE FACE SIGN BOX

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 \$9,400

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	\$50
Electrical	\$45
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$13
CO Fee	
Other	\$30
Total	\$138
Check No.	2670
Cash	\$0
Credit	\$0
Collected By	Stephanie Capozzi

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.

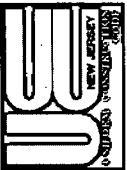
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

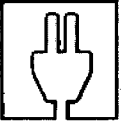
☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; 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 842 Lot 28 Qualification Code _____
Work Site Location 1715 Rte 88, Brick, NJ

Owner in Fee Sotiris Sergio
Address 1361 Vincenzo Dr.
Fans River, NJ 08753
Tel (732) 740-6173
Contractor On - Site Electrical Contractor
Address 475 Admiral Rd.
Forked River, NJ 08731

Tel (609) 693-6766 FAX (609) 693-6685
Contractor License No. 15603
Federal Emp. No. 20-3738168

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 50000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required			Type:	Failure
Joint Plan Review Required:			Rough	Approval
☐ Building ☐ Plumbing			Barrier-Free	Initial
☐ Fire ☐ Elevator			Trench	
☐ Elec. Plans Approved			Temp. Serv.	
Date: <u>7/17/08</u>			Constr. Serv.	
Approved by: <u>VM</u>			TCO	
			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	

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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 ☒ Certifd Landscape Irrigation Contr ☐ EE Exempt Applicant

D. TECHNICAL SITE DATA

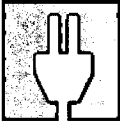
QTY.	SIZE	ITEMS
1		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Light
		Communications Points
		Alarm Devices/F.A.C. Panel

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
1	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 742 Lot 28 Qualification Code _____
Work Site Location 1715 2nd St, Newark, NJ

Owner in Fee Seton's Supermarket
Address 1301 Vincent St

Tel (732) 740-6173

Contractor On - Site Electrical Contractor
Address 475 Admiral Rd.

Tel (609) 693-6766 FAX (609) 693-6685
Contractor License No. 15603

Federal Emp. No. 20-3738168

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] 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)	Initial
☒ No Plans Required			Type:	Failure	Approval
Joint Plan Review Required:			Rough		
[] Building [] Plumbing			Barrier-Free		
[] Fire [] Elevator			Trench		
[] Elec. Plans Approved			Temp. Serv.		
Date: <u>7/17/00</u>			Constr. Serv.		
Approved by: <u>[Signature]</u>			TCO		
			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		

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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
[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 Light
		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



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

Block 842 Work Site Location 1715 Rte 88, Back, N.J. Qualification Code 28

Owner in Fee Sergio
Address 1301 Valenzuela Dr.
Forcedena, NJ 08150
Tel. (732) 340-6173
Contractor Gustavo Diaz
Address 1105 Rte 9
Combsville, NJ 08155
Tel. (1202) 317-0449 FAX (1202) 305-3613
Contractor License No. or Builder Registration No. 223305186
Federal Emp. No. 223305186

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type	Failure	Approval	Initial
☒ No Plans Required	<u>7/19/00</u>	☐ Footing			
☐ All		☐ Footing Bonding			
☐ Footing		☐ Foundation			
☐ Foundation		☐ Slab			
☐ Frame		☐ Frame			
☐ Other		☐ Truss Sys./Bracing			
Joint Plan Review Required:		☐ Barrier-Free			
☐ Elec.	☐ Plumb.	☐ Insulation			
☐ Fire	☐ Elevator	☐ Finishes-Base Layer			
SUBCODE APPROVAL		☐ Finishes-Final			
☐ CO	☐ CCO	☐ Energy			
☐ CA		☐ Mechanical			
Date:		☐ TCO			
Approved by:		☐ Other			
		☐ Final			
		☐ Barrier-Free			

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 Distributed _____ Sq. Ft.

Est. Cost of Bldg. Work 8,900
1. New Bldg. \$ 8,900
2. Rehabilitation \$ 0.00
3. Total (1+2) \$ 8,900

Date Received
Control # 7/2/00
Date Issued
Permit # 06-2422

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

50 sq ft
Double Fence
sign box

TYPE OF WORK

☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☒ Fence 50 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 \$