

BLOCK 842 LOT 16 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 17-0412



CONSTRUCTION PERMIT APPLICATION

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

C-17-000544

I. IDENTIFICATION

1. Proposed Work Site at: 1697 Rt 88 Brick NJ
2. Name of Owner in Fee: Gilberto Silva
Tel. [REDACTED] ail _____
Address 17 Timberline Drive Howell NJ
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Hinton & Son Electric Tel. (201) 272-8130
Address 1303 Linda Drive e-mail _____
Toms River NJ 08755
License No. OR, if new home, Builder Reg. No. 11262 Exp. Date 2019
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 45-2902727 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	\$ <u>1500</u>	
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	\$ <u>1-</u>	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>151-</u>	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
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 <u>1</u> no <u>1</u>

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

TOTAL COST 750

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
						Approval	Rejection
<u>1750</u>							

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

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 _____

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 Michael Panarello or David Hinton
Address 1236 Spun Run
Brickwood, NJ
Telephone (732) 278-2133
Signature [Signature]

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

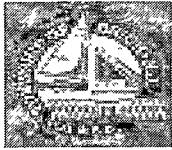
OFFICE DATE RECEIVED: _____

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	Other
Building _____	Energy _____	_____
Electrical _____	Barrier Free _____	_____
Plumbing _____	Flood Hazard _____	_____
Fire Protection _____	As Built Elevation Cert. _____	_____
Mechanical _____	Other _____	_____

X. CERTIFICATES ISSUED (office use only)	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	_____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Compliance	_____	_____	_____	_____	_____
☐ Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Approval	_____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	_____	_____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/2/2017
Control Number C-17-000544
Permit Number 17-0412
Permit Issue Date 2/13/2017
Certificate Number 17-0412

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1697 ROUTE 88 Brick Township, NJ Block: 842 Lot: 16 Qual: _____
Owner in Fee: LEGACY PROPERTY ASSOCIATES LLC
Owner Address: 1695 RTE 88 BRICK NJ 08724
Telephone: (732) 492-8054
Contractor HINTON & SONS ELECTRIC
Address 1303 LINDA DRIVE TOMS RIVER NJ 08755
Telephone: (732) 778-9350 Fax: (732) 901-3904
License Number or Builders Registration Number: 11267 Federal Emp. Number: 13-8528792

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B 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

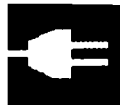
Fee: \$0.00

Check Number: _____

Collected By: _____



DR# 337372465
ELECTRICAL SUBCODE
TECHNICAL SECTION



COPY

Date Received 2/13/2017
 Date Issued 2/13/2017
 Control # C-17-000544
 Permit # 17-0412

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

Block 842 Lot 16 Qualification Code _____

Work Site Location: 1697 ROUTE 88 Brick Township, NJ

Owner in Fee: LEGACY PROPERTY ASSOCIATES LLC

Address 1695 RTE 88 BRICK NJ 08724

Email _____

Tel. (732) 492-8054

Contractor: HINTON & SONS ELECTRIC

Address 1303 LINDA DRIVE TOMS RIVER NJ 08755

Email _____

Tel. (732) 778-9350 Fax. (732) 901-3904

Lic No. 11267 Exp. Date 3/31/2018

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Employee No. 13-8528792

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed B

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$750

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)			
Date	Initial	Type:	Failure	Failure	Approval	Initial	
☐ No Plan Required		Rough					
Partial Underslab Utilities Approved		Barrier-Free					
Date: _____ by: _____		Trench					
Electric Plans Approved		Temp. Serv.					
Date: _____ by: _____		Constr. Serv.					
Joint Plan Review Required		TCO					
☐ Building ☐ Plumbing		Other					
☐ Fire ☐ Elevator		Service					
☐ Electrical Plans Approved		Final					
SUBCODE APPROVAL for PERMIT		Barrier-Free					
Date: _____ by: _____		Temp. Cut-in-Card Date Issued					
SUBCODE APPROVAL for CERTIFICATE		Final Cut-in-Card Date Issued					
☐ CO ☐ CCO ☒ CA		Annual Pool Inspection					
Date: <u>2/24/17</u>		Date of Grounding and Bonding Certification					
Approved by: _____							

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK SERVICE,				FEE (Office Use Only)	
QTY.	SIZE	ITEMS			
		Lighting Fixtures			
		Receptacles			
		Switches			
		Detectors			
		Light Poles			
		Motors - Fract. HP			
		Emergency & Exit Lights			
		Communication Points			
		Alarm Devices/F.A.C. Panel			
		TOTAL NUMBERS			
		Pool Permit/with UW Lights			
		Storable Pool/Spa/Hot Tub			
		KW Elec. Range/Receptical			
		KW Oven/Surface Unit			
		KW Elec. Water Heater			
		KW Elec. Dryer/Recepticle			
		KW Dishwasher			
		HP Garbage Disposal			
		KW Central A/C Unit			
		HP/KW Space Heater/Air			
		KW Baseboard Heat			
		HP Motors 1/+ HP			
		KW Transformer/Generator			
1	100	AMP Service			\$75
		AMP Subpanels			
		AMP Motor Control Center			
		KW Elec. Sign/Outline Light			

Administrative Surcharge _____
 Minimum Fee \$150
 State Permit Surcharge Fee \$1
TOTAL FEE \$151

Brick Township
Building Department (732) 262-1030



DRIVER # 337372465

CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 1697 ROUTE 88

UTILITY CO JCP&L

Brick Township, NJ

BLK 842

LOT 16

OWNER LEGACY PROPERTY ASSOCIATES LLC

OCCUPANT LEGACY PROPERTY ASSOCIATES 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 overhead

INSTALLED BY HINTON & SONS ELECTRIC

LICENSE NO 11267

DATE 2/24/2017

PERMIT # 17-0412

INSPECTOR Patrick Callahan

☒ FAXED IN 2/24/2017

Lic. No: 9685

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

* * * Communication Result Report (Feb. 24. 2017 2:32PM) * * *

1}

Date/Time: Feb. 24. 2017 2:31PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
8541	Memory TX	918889149140	P. 1	OK	

Reason for error

E. 1) Hang up or line fail
 E. 3) No answer
 E. 5) Exceeded max. E-mail size

E. 2) Busy
 E. 4) No facsimile connection
 E. 6) Destination does not support IP-Fax

Brick Township
 Building Department (732) 262-1000

MUNICIPALITY Brick Township

LOCATION 1697 ROUTE 88 UTILITY CO. JOEAL

Brick Township, NJ PLK 842 LOT 35

OWNER LEGACY PROPERTY ASSOCIATES, LLC OCCUPANT LEGACY PROPERTY ASSOCIATES LLC



DRNR # 357372456
CUT-IN-CARD

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

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE .100 Amp overhead

INSTALLED BY HUNTON & SONS ELECTRIC LICENSE NO. 11267

DATE 2/24/2017 PERMIT # 17-0412 INSPECTOR Patrick Callahan

☒ FAXED IN 2/24/2017 Lic. No. 9585

U.G.C. Form F2008 rev 1 1. SERVICE UTILITY 2. CANNON OFFICIALS 3. PHOTO OFFICE CONTRACTOR



CONSTRUCTION PERMIT

Date Issued 02/13/2017
Control # C-17-000544
Permit # 17-0412

IDENTIFICATION Block 842 Lot 16 Qualifier _____
Work Site Location 1697 ROUTE 88 Brick Township, NJ Contractor HINTON & SONS ELECTRIC
Address 1303 LINDA DRIVE TOMS RIVER NJ 08755
Owner in Fee LEGACY PROPERTY ASSOCIATES LLC
1695 RTE 88 BRICK NJ 08724 Telephone: (732) 778-9350
Telephone (732) 492-8054 Lic. No. or Bldrs. Reg. No. 11267 11267 11267
Federal Employee No. 13-8528792

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 \$750

Daniel F. Newman
Construction Official

2/13/17
Date

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	\$0
Other	\$0
Total	\$151
Check No.	1229
Cash	\$0
Credit	\$0
Collected By	Matthew Fagen

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

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 342 Lot 16 Qualification Code _____
Work Site Location 1697 Rt. 88

Owner in Fee. Rock, NJ 08724
Gilberto Silva

_____ e-mail _____

Address 17 Timberline Drive Howell NJ 07731
street municipality zip code

Contractor. Horton & Son Electric LLC Tel. 732 278-8120

Address 1303 Lady Drive e-mail _____
Tom's River NJ 08755

Contractor License No. 11267 Exp. Date 2018

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 45-2902729 FAX. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ \$750

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
[] No Plans Required	Type: _____ 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 [] CCO [] CA	Temp. Cut-in-Card Date Issued _____
Date: _____	Final Cut-in-Card Date Issued _____
Approved by: _____	Annual Pool Inspection _____
	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 sign/Contractor

sign and seal here:

Print name here. David H. B...

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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	_____
1	100	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 842 Lot 11 Qualification Code _____

Work Site Location 1697 Rt. 88

Brick, NJ 08724

Owner in Fee: Gilberto Silva

Tel. _____ e-mail _____

Address 17 Timberline Drive Howell NJ 07731

Contractor: Hinton + Son Electric LLC Tel. 732 278-8138

Address 1303 Linda Drive e-mail _____

Toms River NJ 08755

Contractor License No 11267 Exp. Date 2018

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp ID No. 45-2902729 FAX _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec Work \$ \$750-

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
[] 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 [] CCO [] CA	Temp. Cut-in-Card Date Issued _____
Date: _____	Final Cut-in-Card Date Issued _____
Approved by: _____	Annual Pool Inspection _____
	Date of Grounding and Bonding _____
	Certification _____

Date Received

Control #

Date Issued

Permit #

2/13/17
17-0412

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: David Hinton

Print name here: David Hinton

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Service. 100

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	
<u>1</u>	<u>100</u>	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 \$ _____