

BLOCK 842 LOT 29.02 QUALIFICATION CODE C-11-002635 ADDRESS (SITE) 11-2268

PERMIT NO. 11-2268



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1729 RT88

2. Name of Owner in Fee: RICHARD MUMFIZ

Tel. [REDACTED] e-mail [REDACTED]

Address 2128 Duane Ave PP NJ 08742

3. Ownership in Fee: Public Private Partnership Joint Venture Other

4. Principal Contractor: BOB & SON SIGNS Tel. (732) 477-8507

Address Box 277 Melick NJ e-mail [REDACTED]

License No. OR, if new home, Builder Reg. No. BOB SWITZER

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): COMMERCIAL

Federal Emp. ID No. 222 603 792 000 FAX: ()

5. Architect or Engineer: BOB SWITZER Contact [REDACTED]

Address [REDACTED] e-mail [REDACTED]

Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun: BOB SWITZER

Tel. (732) 477-8507 FAX: () bobsonsigns@jetta

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 \$400

III. PLAN REVIEW (optional)

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks

2. ☐ High Pressure Boilers ☐ Refrigeration Systems ☐ Cross-Connections/Backflow Preventers ☐ Hazardous Uses/Places of Assembly ☐ Smoke Control Systems in Open Wells ☐ Underground Storage Tanks ☐ Swimming Pools, Spas and Hot Tubs ☐ LP Gas Tanks

V. FEE SUMMARY (for office use only)

1. Building \$ 75 Update

2. Electrical \$ 60 Update

3. Plumbing \$ 20 Update

4. Fire Protection \$ 20 Update

5. Elevator Devices \$ 20 Update

6. Subtotal \$ 20 Update

7. Less 20% for State Plan Review \$ 4 Update

8. State Permit Surcharge Fee \$ 20 Update

9. Subtotal \$ 20 Update

10. Cert. of Occupancy \$ 159 Update

11. Other \$ 159 Update

12. TOTAL \$ 159 Update

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 1 (office use only)

2. Height of Structure 10 ft.

3. Area - Largest Floor 100 sq. ft.

4. Volume of New Structure 1000 cu. ft.

5. Max. Live Load 10 psf.

6. Max. Occupancy Load 10 psf.

7. If Industrialized Building: State Approved HUD sq. ft.

8. Total Land Area Disturbed 100 sq. ft.

9. Flood Hazard Zone 10 ft.

10. Base Flood Elevation 10 ft.

11. Wetlands yes no

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: 1

2. Use Group, Proposed: 1

3. Change in Use Group, Indicate Present: 1

4. No. of dwelling units: 1 Total Units Income-restricted

5. Non-Residential (primary use)

1. State Specific Use: 1

2. Use Group, Proposed: 1

3. Change in Use Group, Indicate Present: 1

4. Construct. Classification: Present 1

5. Proposed 1

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.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 BOB & SON CO.

Address P. O. BOX 277

BRICK, N.J. 08723

Telephone 7724778507

Signature [Signature]

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

7-21-11 SC20

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	SC	7/21/11							2A-11-00782
☐ 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.			

OFFICE USE ONLY

[illegible]



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 29.02 Qualification Code _____
Work Site Location 1188 BRICK NT

Owner In Fee: RICHARD MUMFIZ

Contractor: POWERS SIGNS Tel. 7724778507

Address: PO BOX 277 e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 223403792000 FAX: () _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 223403792000 FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required				
☒ All <u>7/28/11</u>		<u>W</u>		Failure <u>8/3/11</u> Approval <u>W</u> Initial <u>W</u>
☐ Footings/Foundations				
☐ Structural/Framework				
☐ Exterior				
☐ Interior				
Joint Plan Review Required:				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				
SUBCODE APPROVAL for CERTIFICATE				
Date: <u>7/28/11</u>				
Approved by: <u>RA</u>				
SUBCODE APPROVAL for PERMIT				
Date: <u>7/28/11</u>				
Approved by: <u>RA</u>				
SUBCODE APPROVAL for CERTIFICATE				
Date: <u>7/28/11</u>				
Approved by: <u>RA</u>				

B. BUILDING CHARACTERISTICS

Use Group Present _____	Proposed _____	Constr. Class Present _____	Proposed _____
No. of Stories _____		If Industrialized Building: _____	
Height of Structure _____ ft.		State Approved _____	HUD _____
Area — Largest Floor _____ sq. ft.		Est. Cost of Bldg. Work: <u>2000</u>	
New Bldg. Area/All Floors _____ sq. ft.		1. New Bldg. _____	
Volume of New Structure _____ cu. ft.		2. Rehabilitation _____	
Max. Live Load _____		3. Total (1+2) _____	
Max. Occupancy Load _____			

U.C.C. F110
(rev. 12/07)

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 I authorize you to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2 SIGN 175 1752 SPEC

Light Poles

Enter & Exit Light

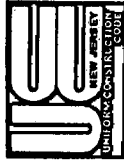
COMMERCIAL

TYPE OF WORK:

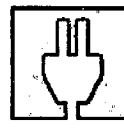
☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Retaining Wall
☐ Asbestos Abatement
☐ Lead Haz. Abatement
☐ Radon Remediation
☐ Other
☐ Demolition

FEE (Office Use Only)
\$ _____

separate
book of orders



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 1728 Lot 842 Qualification Code 2423
Work Site Location 1728 Rte 88 Back, N.J. 08723

Owner In Fee Richard Muniz
Address 378 Bride Ave Pt. Pleasant

Contractor Free Lane Electric LLC
Address 108 Tunes Back Pt. Beach, NJ, 08723

Tel (201) 299-2098 FAX ()
Contractor License No. 16277
Federal Emp. No. 262031727

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
☐ Pole/Pad # ☐ Temporary ☐ Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 5000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☒ No Plans Required	Date Initial <u>7/28/11 JJ</u>	Type:	Failure	Approval	Initial
Joint Plan Review Required:		Rough			
☐ Building	☐ Plumbing	Barrier-Free			
☐ Fire	☐ Elevator	Trench			
☐ Elec. Plans Approved		Temp. Serv.			
		Constr. Serv.			
Date:		TCO			
Approved by:		Other			
		Service			
		Final			
SUBCODE APPROVAL		Barrier-Free			
☐ CO	☐ CCO	Temp. Cut-in-Card Date Issued			
		Final Cut-in-Card Date Issued			
Date:		Annual Pool Inspection			
Approved by:		Date of Grounding and Bonding Certification			

Update

Date Received
Control #
Date Issued
Permit #

M-185544
11-2268
7/28/11

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.

Richard Muniz
Applicant's Signature/Contractor's Seal and Signature

Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
<u>4</u>		Lighting Fixtures
		Receptacles
		Switches
		Detectors
<u>1</u>	<u>20ft</u>	Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

COMMERCIAL
TOTAL NUMBERS

		Pool Permits 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

Entrance/exit lights sheet

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



**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 2402 Qualification Code _____
Work Site Location 1188 PARKER NJ

Owner in Fee: RICHARD MARRIZ
e-mail: _____

Contractor: PROFESSIONAL ENGINEERS Tel. 732-677-1511 Zip Code 07033
Address: PO BOX 277 e-mail: _____ Municipality PARKER NJ

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 22-605792-002 FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS	Dates (Month/Day)	
				Type:	Failure	Approval
☐	No Plans Required					
☒	All Plans	<u>11/11</u>	<u>11/11</u>	Footings		
☐	Footings/Foundations			Footings Bonding		
☐	Structural/Framework			Foundation		
☐	Exterior			Slab		
☐	Interior			Frame		
☐				Truss Sys./Bracing		
☐				Barrier-Free		
Joint Plan Review Required:						
☐	Elec.	☐	Fire	☐	Elevator	
SUBCODE APPROVAL FOR PERMIT						
Date:	<u>11/11/11</u>					
Approved by:	<u>[Signature]</u>					
SUBCODE APPROVAL FOR CERTIFICATE						
☐	CO	☐	CCO	☐	CA	
Date:						
Approved by:						

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building: State Approved _____ HUD _____
Est. Cost of Bldg. Work: \$ 1900
1. New Bldg. \$ _____
2. Rehabilitation \$ _____
3. Total (1+2) \$ _____

U.C.C. F110
(rev. 12/07)

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

2 SIGN HS 12'x17' SPECS
Light Poles
Center & Exit Lights

TYPE OF WORK:

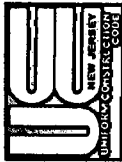
☐	New Building
☐	Addition
☐	Rehabilitation
☐	Roofing
☐	Siding
☐	Fence
☐	Sign
☐	Pool
☐	Retaining Wall
☐	Asbestos Abatement Subchapter 8
☐	Lead Haz. Abatement NJAC 5:17
☐	Radon Remediation
☐	Other
☒	Demolition

Height (exceeds 6') _____ Sq. Ft. _____
Retaining Wall _____ Sq. Ft. 607

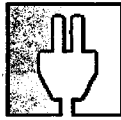
FEE (Office Use Only)

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

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



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 1728 Lot 2203 Qualification Code 11
Work Site Location 1728 Rte 2203, NJ 08223

Owner In Fee Amended plans
Address 314 Bridge Ave PH Pleasant

Contractor Feel The Power-Electric LLC
Address 108 Turners Brook Rd Black Mt, NJ 08223

Tel (732) 299-2098 FAX ()
Contractor License No. 162277
Federal Emp. No. 262631727

B. ELECTRICAL CHARACTERISTICS:

Use Group Present Proposed
☐ Pole/Pad # ☐ Temporary ☐ Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 5000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☒ No Plans Required	Date Initial <u>7/28/11 JS</u>	Type:	Failure	Approval	Initial
Joint Plan Review Required:		Rough			
☐ Building	☐ Plumbing	Barrier-Free			
☐ Fire	☐ Elevator	Trench			
☐ Elec. Plans Approved		Temp. Serv.			
Date: <u> </u>		Constr. Serv.			
Approved by: <u> </u>		TCO			
		Other			
		Service			
		Final			
SUBCODE APPROVAL		Barrier-Free			
☐ CO	☐ CCO	Temp. Cut-in-Card Date Issued			
	☐ CA	Final Cut-in-Card Date Issued			
Date: <u> </u>		Annual Pool Inspection			
Approved by: <u> </u>		Date of Grounding and Bonding			
		Certification			

Update

Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent/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 ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
<u>4</u>		Lighting Fixtures
		Receptacles
		Switches
		Detectors
<u>1</u>	<u>20ft</u>	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 \$

MASTATA
11-2268
7/28/11

Entrance for lights street



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 1710 Lot 28 Qualification Code 1
Work Site Location 1710 28 2

Owner In Fee Richard M. P. 11-2268
Address 11-2268

Contractor Exp. The Power Electric LLC
Address 11-2268

Tel (201) 274-2000 FAX ()
Contractor License No. 66177
Federal Emp. No. 6663177

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 720.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required	<u>7/24/11</u>	Type: Rough	Failure Approval Initial
Joint Plan Review Required:		Barrier-Free	
☐ Building ☐ Plumbing		Trench	
☐ Fire ☐ Elevator		Temp. Serv.	
☐ Elec. Plans Approved		Constr. Serv.	
Date: <u> </u>		TCO	
Approved by: <u> </u>		Other	
		Service	
		Final	
		Barrier-Free	
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued	
☐ CO ☐ CCC ☐ CA		Final Cut-in-Card Date Issued	
Date: <u> </u>		Annual Pool Inspection	
Approved by: <u> </u>		Date of Grounding and Bonding Certification	

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent of the owner of record and am authorized to make this application and performance as listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
<u>4</u>		Lighting Fixtures
<u> </u>		Receptacles
<u> </u>		Switches
<u> </u>		Detectors
<u>1</u>		Light Poles
<u> </u>		Motors—Fract. HP
<u> </u>		Emergency & Exit Lights
<u> </u>		Communications Points
<u> </u>		Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

<u> </u>	Pool Permit/with UW Lights
<u> </u>	Storable Pool/Spa/Hot Tub
<u> </u>	KW Elec. Range/Receptacle
<u> </u>	KW Oven/Surface Unit
<u> </u>	KW Elec. Water Heater
<u> </u>	KW Elec. Dryer/Receptacle
<u> </u>	KW Dishwasher
<u> </u>	HP Garbage Disposal
<u> </u>	KW Central A/C Unit
<u> </u>	HP/KW Space Heater/Air Handler
<u> </u>	KW Baseboard Heat
<u> </u>	HP Motors 1/2 HP
<u> </u>	KW Transformer/Generator
<u> </u>	AMP Service
<u> </u>	AMP Subpanels
<u> </u>	AMP Motor Control Center
<u> </u>	KW Elec. Sign/Outline Light

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

FEE (Office Use Only)

\$

Date Received

Control #

Date Issued

Permit #

6277

11-2268

7/28/11