

BLOCK 673 LOT 14 QUALIFICATION CODE 312.67 ADDRESS (SITE) _____ PERMIT NO. 01-3867



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION	
1. Proposed Work Site at:	<u>751 BRICK BLVD.</u>
2. Name of Owner in Fee:	<u>COMCAST</u> Tel. <u>(938) 935-5489</u>
Address	<u>751 BRICK BLVD.</u>
street	municipality
3. Ownership in Fee:	Public ☐ Private ☐
4. Principal Contractor:	<u>ELECTRICAL ENTERPRISES</u> Tel. <u>(908) 245-5820</u>
Address	<u>177 W. WESTFIELD AVE., ROSELLE PARK NJ 07068</u>
License No. OR, if new home, Builder Reg. No.	<u>5431</u> Exp. Date _____
Federal Employee No.	<u>22-251-1302</u> FAX: (_____) _____
5. Architect or Engineer	Tel. (_____) _____
Address	_____
6. Responsible Person in Charge of Work	_____
Tel. (_____) _____	FAX (_____) _____

Electrical Work

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories _____
- Height of Structure _____ ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Construction Classification _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands ☒ yes ☐ no
- Max. Live Load _____
- Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK	1. ☐ Minor Work	Est. Cost	OPTIONAL (for office use only)						
	2. ☐ New Building		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
	3. ☐ Addition							Approval	Rejection
	4. ☐ Alteration								
	5. ☐ Fire Protection								
	6. ☐ Plumbing								
	7. ☒ Electrical								
	8. ☐ Elevator Devices								
	9. ☐ Asbestos Abat. Subch. 8								
	10. ☐ Lead Hazard Abatement								
	11. ☐ Demolition								
	TOTAL COSTS								

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- ☐ Hotels (R-1)
- ☐ Multi-Family (R-2)
- ☐ Two-Family (R-3) BOCA
- ☐ Two-Family (R-4) CABO
- ☒ One-Family (R-3) BOCA
- ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

- State Specific Use:
- Use Group:
- 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. 5:32-2.15(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 _____

Address _____

Telephone (_____) _____

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)

☐ Temporary Certificate of Occupancy	No	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ 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				

TOWNSHIP OF BRICK
401 CHANDERS BRIDGE RD
DIVISION OF INSPECTIONS

NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 10/18/2001
Control #
Permit # 01-3867

IDENTIFICATION Block 673 Lot 19 Ewel

Work Site Location 751 BRICK RD
ELECTRICAL WORK
Owner in Fee CONCAST CABLE VISION
Address SAME
BRICK, NJ 08723
Telephone 732-935-5187

Contractor ELECTRICAL ENTERPRISES
Address 177 W WESTFIELD AVE
ROSELLE PARK, NJ 07068
Telephone 908-245-5030
Lic. No. or Bldg. Reg. No. 5431
Federal Emp. No. 22-2511202

Is hereby granted permission to perform the following work:

1 1 BUILDING 1 1 LEAD HAZARD ABATEMENT
1 1 ELECTRICAL 1 1 FIRE PROTECTION 1 1 DEMOLITION
1 1 ELEVATOR DEVICES 1 1 ASBESTOS ABATEMENT 1 1 OTHER
(Subchapter S only)

DESCRIPTION OF WORK:

UPS AND GENERATOR REPLACEMENT

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 \$ 50,000

Construction Official

10/18/2001

U.C.C. F170 (REV. 5/96)

Date

PAYMENTS (Office Use Only)

Building	0
Electrical	80
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	0
DCR Training Fee	40
Perf. of Occupancy	0
Other	0
Total	120
Check No.	1871
Cash	
Collected By	NR

10/18/01 9:51AM 0000087561
X002 SERV.002

43867
ELECTRIC \$80.00
DCR \$40.00
CHECK \$120.00



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

10-18-01
01-3867

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

Block 073 Lot 14

Work Site Location 751 BRICK BLVD.

Owner in Fee/Occupant DOMEST

Address 751 BRICK BLVD.

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D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

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TOTAL NUMBERS

Pool Permits/Water Lights

Storage Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Over/Under 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 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

KW Gen. Equipment

KW Gen. Equipment

KW Gen. Equipment

KW Gen. Equipment

KW Gen. Equipment

KW Gen. Equipment

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KW Gen. Equipment

KW Gen. Equipment

KW Gen. Equipment

KW Gen. Equipment

FEE (Office Use Only)

Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

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Administrative Surcharge
Minimum Fee
DCA Training Fee
TOTAL FEE

2



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

10-18-01
01-3867

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

Block 673 Lot 14

Work Site Location 751 BRICK BLD.

Owner In Fee/Occupant UMC EAST

Address 751 BRICK BLD.

City BRICK, NJ 08732

Tele. (908) 935-5434

Contractor ELECTRICAL SERVICE INC.

Address 171 W. WASHINGTON AVE.

City BRICK, NJ 08732

Tele. (908) 243-5820 Fax (908) 243-1587

Lic. No. 5431

Federal Emp. No. 22-251-1302

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as CARLE PRO-DRY Co.

Est. Cost of Elec. Work \$ 50,000.

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 Final

☐ Building ☐ Plumbing Temp. Serv.

☐ Fire ☐ Elevator Constr. Serv.

☐ Elec. Plans Approved TCO

Date: 10-17-01 Other

Approved by: Service

Final

SUBCODE APPROVAL Temp. Cut-in-Card Date Issued

☐ CO ☐ CCO ☐ CA Final Cut-in-Card Date Issued

Date:

Approved by:

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.

Charles J. Wood

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

KW Gen. Equipment

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FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

DCA Training Fee \$

TOTAL FEE \$

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U.C.C. F120

(rev. 3/96)

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy

4 Gold = Applicant Copy