ECC

VIOLATION

BLOCK 1170 LOT 18.03 QUALIFICATION CODE VIOLATION ADDRESS (SITE) 415 Jack Martin Blvd PERMIT NO. 16-0900

CONSTRUCTION PERMIT APPLICATION

C16-00081

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

I. IDENTIFICATION

1. Proposed Work Site at: 415 Jack Martin Blvd, Brick, NJ
2. Name of Owner in Fee: Meridian Nursing & Rehab
   Tel. (732) 751-3600 e-mail Wgant@merdianhealth.com
   Address 3349 Hwy 138, Bldg C, Suite A, Wall, NJ 07719 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private XX
4. Principal Contractor: Sodon's Electric Inc Tel. (732) 291-1713
   Address P.O. Box 408 e-mail marylu@sodonselectric.com
   Atl. Hlds, NJ 07716
   License No. OR, if new home, Builder Reg. No. 5458 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 222401656 FAX: (732) 291-8702
5. Architect or Engineer McHugh Engineering 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	$ 215 ✓		
2. Electrical	1200 ✓		
3. Plumbing			
4. Fire Protection	100 ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ 491		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 2006		

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 COMMERCIAL sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

Generator

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		MFF	2/26/16		03/22/16	KEK			
☒ X Electrical					3/9/16	PE			
☐ Plumbing									
☐ Fire Protection					3/21/16	LW			
☐ Elevator		Eng Ex empt			3/17/16	ECC			
TOTAL COST	253,000								

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 _____

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

U.C.C. F100-1 (rev. 8/08)

VIOLATION

VIOLATION

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.

(XX) Check if contractor.

Agent Name Walter P. Soodon

Address P.O. Box 408
Atl. Hlds, NJ 07716

Telephone (732) 291-1713

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	JC	3/3/16							ZA-16-00298
☐ 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		Other
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

DATE:	COMMENTS:	INITIALS:
3/22/16	Contacted contractor. Ready for P/V	CW

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/27/2017
Control Number C-16-000821
Permit Number 16-0900
Permit Issue Date 3/24/2016
Certificate Number 16-0900

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 415 JACK MARTIN BLVD Brick Township, NJ Block: 1170 Lot: 18.03 Qual:

Owner in Fee: MERIDIAN NURSING & REHAB INC.

Owner Address: 415 JACK MARTIN BLVD BRICK NJ 08724

Telephone: (732) 751-3600

Contractor SODON'S ELECTRIC INC

Address 25 W HIGHLAND AVE ATLANTIC HIGHLANDS NJ 07716-

Telephone: (732) 291-1713 Fax: (732) 291-8702

License Number or Builders Registration Number: 1500A Federal Emp. Number: 22-2401656

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: GENERATOR ...REPLACEMENT OF EXISTING

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:

David J. Newman Jr
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 1/27/2017

U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/24/16
Control #

Date Issued
Permit # 16-0900

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

Block 1170 Lot 18.03 Qualification Code

Work Site Location 415 Jack Martin Blvd
Brick

Owner in Fee: Meridian Nursing & Rehab

Tel. (732) 751-3600 e-mail WGant@Meridianhealth.com

Address 3349 Hwy 138, Bldg C, Suite A, Wall, NJ 07719
street municipality zip code

Contractor: Sodon's Electric Inc Tel. (732) 291-1713

Address 25 W. Highland Avenue e-mail marylu@sodonselectric.com
Atl. Hlds, NJ 07716

Contractor License No. or Builder Registration No. 5458 Exp. Date

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

Federal Emp. ID No. 222401656 FAX: (732) 291-8702

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.

Sign here:

Print name here: Walter P. Sodon

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
28' x 12' Slab on grade for generator

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	03/25/16	WCK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 03/22/16
Approved by: WCK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 01/09/17
Approved by: WCK

INSPECTIONS

Type:	Failure	Failure	Approval (Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
SLAB 10/17/16 PM			11/17	Letter to Owner
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			1/9/17	
Barrier-Free				

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:
1. New Bldg. $ 4,300.00
2. Rehabilitation $
3. Total (1+ 2) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[xx] Other Concrete
[ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 11/09)

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

* 10/17/16 PM - SLAB Rebar - Inspection - contractor never got Rebar inspection, SLAB was completed at inspection - failed - missed Inspection

McHUGH
ENGINEERING ASSOCIATES INC.

November 10, 2016
(REVISED) December 16, 2016

Walter Gant
Senior Advisor
Quality Care Management
3349 Highway 138, Building C, Suite A
Wall, NJ 07719

RE: Meridian Health - Brick Generator Replacement - #15.098

Dear Walt:

It has come to our attention that the proper inspections were not completed during the installation process. At the request of the building code official, we have reviewed the installation material provided by the contractor. The contractor has provided photographs of the installation of the concrete pad prior to pouring of the concrete as well as bills of materials utilized for the installation. The contractor has certified that the photos were taken at the Jack Martin Blvd. site on May 25, 2016

We find the installation to be acceptable for the generator installation.

Please forward this letter to the appropriate code official(s) for their record. If additional information is required, please do not hesitate to contact our office.

Very truly yours,

Brian F. Malloy, PE
Vice President, Director of Electrical Engineering

To except this letter need copies of photo taken of rebar.
BM 12/21/16

BFM:bjm

cc: Ryan McDermott, Brommer Architects
Michael Vershvovsky, McHugh Engineering Associates

X:\ARCHITECTS CLIENTS - ACTIVE\Meridian Health\Meridian Brick\CORRESPONDENCE\2016 11 10 REVISED 2016 12 16 Letter to Walter Re Pad Installation.doc

215.641.1158
136 Poplar Street
Ambler, PA 19002
www.mchugheng.com

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

400kW Diesel

Date Received / Control # 3/24/16

Date Issued / Permit # 16-0900

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

Block 1170 Lot 18.03 Qualification Code

Work Site Location 415 Jack Martin Blvd
Brick

Owner in Fee: Meridian Nursing & Rehab

Tel. (732) 751-3600 e-mail WGant@MeridianHealth.com

Address 3349 Hwy 138, Bldg C, SuiteA, Wall, NJ 07719
street municipality zip code

Contractor: Sodon's Electric Inc. Tel. (732) 291-1713

Address PO Box 408 e-mail marylu@sodonselectric.com
Atl. Hlds, NJ 07716

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 5458

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 222401656 FAX: (732) 291-8702

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other

Location:

Total Cost of Fire Protection Work $ 1000

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/24/16
Approved by: NO MSL

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10-18-16
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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.

Applicant/Contractor sign here:

Print name here: Walter P. Sodon

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Generator

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [X] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

DR#3348 73963
NEEDS FINAL APPROVAL

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/24/16
Control #
Date Issued
Permit # 16-0900

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

Block 1170 Lot 18.03 Qualification Code

Work Site Location 415 Jack Martin Blvd, Brick

Owner in Fee: Meridian Nursing & Rehab

Tel. (732) 751-3600 e-mail Wgant@meridianhealth.com

Address 3349 Hwy 138, Bldg C, Suite A, Wall, NJ
(street / municipality / zip code)

Contractor: Sodon's Electric Inc Tel. (732) 291-1713

Address PO Box 408 e-mail marylu@sodonselectric.com
Atl. Hlds, NJ 07716 John - 732-492-9034

Contractor License No. 5458 Exp. Date

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

Federal Emp. ID No. 222401656 FAX: (732) 291-8702

B. ELECTRICAL CHARACTERISTICS JOE TAG - (732) 284-6672

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 253,000.00

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: Walter P. Sodon

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace Generator & ATS

COMMERCIAL

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	
1	400	KW Transformer/Generator	
1	800	AMP Service ATS	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date: 3/9/16 Approved by: PJC

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/9/16
Approved by: PC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10/17/16
Approved by: PC

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Barrier-Free				
Trench 5916 50			6/3/16	PJC
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
* Service			8/3/16	PJC
Final			10/17/16	PC
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

* - REQUIRES FINAL APPROVAL.

5-9-66 NO VISIBLE TRENCH 9:30
IN CONSTRUCTION AREA

DO NOT DISPATCH

DR#334873963

CUT-IN-CARD

MUNICIPALITY BRICK

LOCATION 415 JACK MARTIN BLVD. UTILITY CO JCP&L

BRICK BLK 1170 LOT 18.03

OWNER MERIDIAN OCCUPANT SAME

"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 800 AMP/3Φ/4W/120-208V

INSTALLED BY SODONI'S ELEC LICENSE NO 5458

DATE 8/3/16 PERMIT # 16-0900 INSPECTOR P. CALLAHAN

☑ CALLED IN 8/3/16 Lic. No: 9685

FAXED + HAND DEL.

U.C.C. Form F-3508 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

* * * Communication Result Report (Aug. 3. 2016 3:50PM) * * *

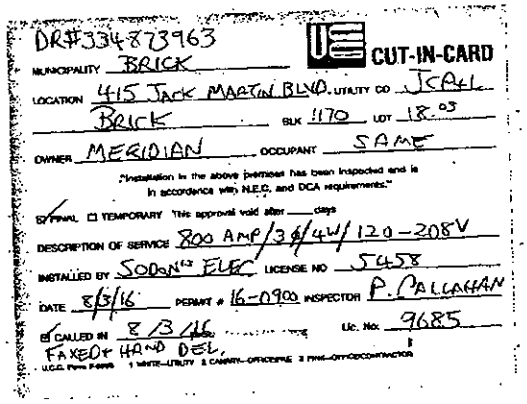
1)
2)

Date/Time: Aug. 3. 2016 3:49PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
5479	Memory TX	918889149140	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

DO NOT DISPATCH



DR#334873963

CUT-IN-CARD

MUNICIPALITY BRICK

LOCATION 415 JACK MARTIN BLVD. UTILITY CO JCP&L

BRICK BLK 1170 LOT 18.03

OWNER MERIDIAN OCCUPANT SAME

"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 800 AMP/3ϕ/4W/120-208V

INSTALLED BY SODON'S ELEC LICENSE NO 5458

DATE 8/3/16 PERMIT # 16-0900 INSPECTOR P. CALLAHAN

☑ CALLED IN 8/3/16 Lic. No. 9685

FAXED HAND DEL.

U.C.C. Form F3000 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—CITY/CONTRACTOR