

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 JAWIG ROBOT & ELECTRIC LLC

Address 124 Bobb's Ter New Egypt NJ 08533

Telephone 609 7581844

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	SK	7/20/12							2A-12-00971
☐ 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. _____	_____	_____	_____



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 671 Lot 101 Qualification Code _____
Work Site Location Brick Plaza
Chambers St. & 2nd St. Rd. 70 Brick Plaza
Owner in Fee Federal Realty
Address 1626 E. 2nd St.
Rock Hill NJ 08052
Tel. () _____
Contractor J. A. WIG CONSTRUCTION & ELECTRIC, LLC
Address 124 BOBBIS TERRACE
NEW EGYPT, NEW JERSEY 08533
Tel. (609) 758-1844 FAX (609) 758-4629
Contractor License No. or Builder Registration No. 14815
Federal Emp. No. 16-1644430

JOB SUMMARY (Office Use Only)

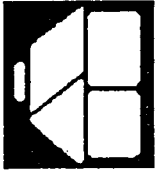
PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Initial	Type:	Failure	Approval	Initial
☐ No Plans Required		Footings			
☐ All		Footings Bonding			
☐ Footings		Foundation			
☐ Foundation		Slab			
☐ Frame		Frame			
☒ Other		Truss Sys./Bracing			
Joint Plan Review Required:					
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator		
SUBCODE APPROVAL					
☐ CO	☐ CCO	☐ CA			
Date:					
Approved by:					

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$ <u>1,500,000</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

UCC/F-110 (REV. 7/03)
Professional Printing
(856) 468-7933

1. White-Inspector copy
2. Canary-Applicant copy
3. Pink-Office copy
4. White Tag- Office copy



Date Received
Date Issued
Control #
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

Concrete Bobcats
Install 2 Bobcats to protect
Floor travel Equipment

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)

COMMERCIAL

Height (exceeds 6')

Sq. Ft.

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

P# 12-2242 671/8
1.01

Electric Cut-in Cards

Had Same DR# and same
address for both, But
there were 2 different
addresses + DR#'s.

card DR# 326091513
① 100 Chambers Bridge Rd.

card DR# 326091511
② 56 Chambers Bridge Rd.

Totals of 80184 kw system - 576 -
4-inverters - ~~240~~ 160
6-disconnects - 240
2-meters - 10

Geoff -
see me
thanks
MJ

Brick Township
Building Department (732) 262-1030



DRUR # 326091513

CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 56 CHAMBERS BRIDGE RD.

UTILITY CO _____

Brick Township, NJ

BLK 671

LOT 1.01

OWNER FEDERAL REALTY INVESTMENT TRUST

OCCUPANT FEDERAL REALTY INVESTMENT TRUST

"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 _____

INSTALLED BY J A WIG CONSTRUCTION & ELECTRIC, LLC

LICENSE NO 14815

DATE 9/13/2012

PERMIT # 12-2242

INSPECTOR James Kiepers

☒ FAXED IN 9/13/2012

Lic. No: 006356

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

Brick Township
Building Department (732) 262-1030



DRUR # 326091511

CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 56 CHAMBERS BRIDGE RD.

UTILITY CO _____

Brick Township, NJ

BLK 671

LOT 1.01

OWNER FEDERAL REALTY INVESTMENT TRUST

OCCUPANT FEDERAL REALTY INVESTMENT TRUST

"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 _____

INSTALLED BY J A WIG CONSTRUCTION & ELECTRIC, LLC

LICENSE NO 14815

DATE 9/13/2012

PERMIT # 12-2242

INSPECTOR James Kiepers

☒ FAXED IN 9/13/2012

Lic. No: 006356

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

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 1684
 DESTINATION ADDRESS 918889149140
 PSWD/SUBADDRESS
 DESTINATION ID
 ST. TIME 09/13 13:11
 USAGE T 00' 52
 PGS. 2
 RESULT OK

Brick Township
 Building Department (732) 262-1030

MUNICIPALITY Brick Township



DRUR # 328091513

CUT-IN-CARD

LOCATION 56 CHAMBERS BRIDGE RD.

UTILITY CO

Brick Township, NJ

BLK 671

LOT 101

OWNER FEDERAL REALTY INVESTMENT TRUST OCCUPANT FEDERAL REALTY INVESTMENT TRUST

"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

INSTALLED BY JAWIG CONSTRUCTION & ELECTRIC, LLC

LICENSE NO 14815

DATE 9/13/2012

PERMIT # 12-2242

INSPECTOR James Kleppers

☒ FAXED IN 9/13/2012

Lic. No. 006356

U.C.C. Form F3508 equip. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

M. J.

I SPOKE TO JCPL ON THESE
WE HAVE IT ALL WORKED OUT.

THANK YOU FOR ALL YOUR HELP
J.K.

FAX TRANSMISSION
JERSEY CENTRAL POWER & LIGHT
NNJ METER SERVICES
90 Ridgedale Ave
Morristown, NJ 07960

Office (973) 644-5834 or
(973) 644-5805
Fax (888) 914-9140 or (973) 644-5157

To: *Buckley*

Date: *9-13-12*

Fax #: *732-262-9411*

Pages (including cover): *3*

From: JCP&L Inspection Card Dept

Subject: *56 Chambersbridge Rd*

Comments: ① Please supply amps

② DR 326091513 - shows address
as 100 Chambers bridge

Please advise

Thank you

Brick Township
Building Department (732) 262-1030



DRIVER # 326091513

MUNICIPALITY Brick Township

CUT-IN-CARD

LOCATION 56 CHAMBERS BRIDGE RD.

UTILITY CO

Brick Township, NJ

BLK 671

LOT 101

OWNER FEDERAL REALTY INVESTMENT TRUST

OCCUPANT FEDERAL REALTY INVESTMENT TRUST

"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

INSTALLED BY JAWIG CONSTRUCTION & ELECTRIC, LLC

LICENSE NO 14815

DATE 9/13/2012

PERMIT # 12-2242

INSPECTOR James Klepers

☒ FAXED IN 9/13/2012

Lic. No: 006356

Brick Township
Building Department (732) 262-1030



DRUR # 326091511

MUNICIPALITY Brick Township

CUT-IN-CARD

LOCATION 56 CHAMBERS BRIDGE RD.

UTILITY CO _____

Brick Township, NJ

BLK 671

LOT 1.01

OWNER FEDERAL REALTY INVESTMENT TRUST

OCCUPANT FEDERAL REALTY INVESTMENT TRUST

"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 _____

INSTALLED BY JAWIG CONSTRUCTION & ELECTRIC, LLC

LICENSE NO 14815

DATE 9/13/2012

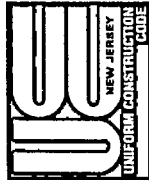
PERMIT # 12-2242

INSPECTOR James Klepers

☒ FAXED IN 9/13/2012

Lic. No: 006356

U.C.C. Form F3509 equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR



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 671 Lot 8 Qualification Code _____
Work Site Location Chambers Bridge Rd & Route 70 Rock Township
Owner In Fee Edward Kelly Trust
Address 1624 E. H. Wilson St
Rockville MD 20852
Tel (301) 999 8100
Contractor J. A. WIG CONSTRUCTION & ELECTRIC, LLC
Address 124 BOBBIS TERRACE
NEW EGYPT, NEW JERSEY 08533
Tel (609) 758-1844 FAX (609) 758-4629
Contractor License No. 14815
Federal Emp. No. 16-1644430

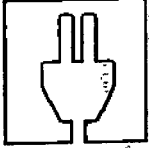
B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 42,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
[] No Plans Required			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>7-26-12</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	

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy



Date Received _____
Date Issued _____
Control # _____
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'r [] 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 _____

1000 300 2 2

Discards

Administrative Surcharge \$ _____

Minimum Fee \$ _____

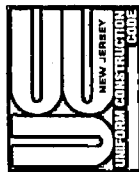
State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

UCC/F-120 (REV. 7/03)

Professional Printing

(856) 468-7933



**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 671 Lot 8 Qualification Code _____
Work Site Location Bricks Pt. Rd. 70 Rock Township
Owner in Fee Chambers Bridge Rd. 70 Rock Township
Address 1626 N. 4th St. 2nd Fl. 2nd Fl.
Tel (301) 993 8100
Contractor J. A. WIG CONSTRUCTION & ELECTRIC, LLC
Address 124 BORDIS TERRACE
NEW EGYPT, NEW JERSEY 08533
Tel (609) 750 1844 FAX (609) 750 4029
Contractor License No. 14015
Federal Emp. No. 10-1844430

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 412,000

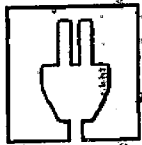
JOB SUMMARY (Office Use Only)

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

Approved by: [Signature]
Date: 7-26-12

SUBCODE APPROVAL
☐ CO ☐ CCC ☐ CA
Date: _____
Approved by: _____

1. White-Inspector copy
2. Canary-Applicant copy
3. Pink-Office Copy
4. White Tag-Office copy



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

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 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

SIZE _____
QTY _____
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 Over/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 _____
OT 2 24 90 12

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

FEE (Office Use Only) \$ _____

UCC/F-120 (REV. 7/03)
Professional Printing
(856) 468-7933



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 671 Lot 9 Qualification Code _____
Work Site Location Buckhorn Rd. Apt 20 Bldg 20
Owner in Fee Chambers Bldg. Apt 20 Bldg 20
Address 1026 Federal Realty
Tel. Rockville MD 20852
Contractor J. A. WIG CONSTRUCTION & ELECTRIC, LLC
Address 124 BOBBIS TERRACE
NEW EGYPT, NEW JERSEY 08533
Tel. (609) 758-1844 FAX (609) 758-4629
Contractor License No. or Builder Registration No. 14815
Federal Emp. No. 16-1644430

JOB SUMMARY (Office Use Only)

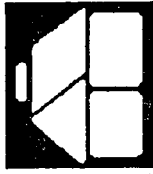
PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required								
☐ All								
☐ Footing								
☐ Foundation								
☐ Frame								
☐ Other								
Joint Plan Review Required:								
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator					
SUBCODE APPROVAL								
☐ CO	☐ CCO	☐ CA						
Date:								
Approved by:								

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$ <u>1,500,000</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

UCCF-110 (REV. 7/03)
Professional Printing
(856) 468-7933

1. White-Inspector copy
2. Canary-Applicant copy
3. Pink-Office copy
4. White Tag- Office copy



Date Received
Date Issued
Control #
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

Concrete Boilers
Install 2 Boilers to protect
Electrical Equipment

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 \$	



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 671 Lot 9 Qualification Code _____
 Work Site Location Block 671 Lot 9
 Owner in Fee Chambers Blvd. 20 Bldg. 10
 Address 1026 Chambers Blvd. 10
Block 671 Lot 9
 Tel. () _____
 Contractor J.A. WIG CONSTRUCTION & ELECTRIC, LLC
 Address 124 ROBINS TERRACE
NEW EGYPT, NEW JERSEY 08533
 Tel. (609) 758-1844 FAX (609) 758-4628
 Contractor License No. or Builder Registration No. 1815
 Federal Emp. No. 18-1644430

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date	Initial	Type	Failure	Approval
☐ No Plans Required					
☐ All			Footings		
☐ Footings			Footings Bonding		
☐ Foundation			Foundation		
☐ Frame			Slab		
☒ Other			Frame		
			Truss Sys./Bracing		
			Barrier-Free		
			Insulation		
			Finishes -Base Layer		
			Finishes -Final		
			Energy		
			Mechanical		
			TCO		
			Other		
			Final		
			Barrier-Free		

Joint Plan Review Required: ☐ Fire ☐ Elevator ☐ CA

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: _____ Approved by: CC

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories			2. Rehabilitation \$ _____
Height of Structure			3. Total (1+2) \$ <u>1,500.76</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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Date Received _____
 Date Issued _____
 Control # _____
 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

Concrete Beams
Install 2 Beams 70' apart
Electrical Equipment

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ 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	\$ _____