



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I,II,II (optional). IV, VI, and VII C-12-003969**I. IDENTIFICATION**

1. Proposed Work Site at: _____

2. Name of Owner in Fee: _____ The Happy Hut (848) 333-1157
Tel. () _____ 2791 Hooper Avenue NJ 08723
Address: _____ Brick
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: ADT LLC Tel. (732) 346-6151
Address 21 NORTHFIELD AVE., EDISON, NJ 08837 e-mail edisonpermits@adt.com
License No. OR, if new home, Builder Reg. No. 348F00048300 Exp. Date 1/31/14
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No _____ Fax (732) 346-6285
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. () _____ FAX () _____
6. Responsible Person in Charge once Work has Begun _____
Tel. (732) 346-6151 FAX (732) 346-6285

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical		<u>40</u>	
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>41</u>	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	<u>office</u>	
Height of Structure	<u>15</u> ft.	
Area - Largest Floor	<u>1500</u> sq. ft.	
New Building Area		
Volume of New Structure		
Max. Live Load		
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 _____ no _____		

Iia. PROPOSED WORK:

- ☒ Minor Work ☐ 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

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>OCT 26 2012</u>						
<u>105.00</u>				<u>11/8/12 JS</u>			

TOTAL COSTS 105.00**III. DO YOU WANT: (optional)**

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks

VII. DESCRIPTION OF BUILDING USE**A. RESIDENTIAL (primary use)**

1. State Specific Use: Commercial
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Former: _____
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 _____



CONSTRUCTION PERMIT

Date Issued _____
Control # C-12-003969
Permit # _____

IDENTIFICATION Block: 673 Lot: 8 Qualifier _____
Work Site Location: 2791 HOOPER AVE The Happy Hut Brick Contractor ADT SECURITY
Township, NJ Address 7895 BROWNING ROAD PENNSAUKEN NJ 08109
Owner in Fee TRAHANAS REALTY LLC
4 MANHATTAN AVE RYE NJ 10580 Telephone: (856) 910-4625
Telephone: _____ Lic. No. or Bldrs. Reg. No. 34AL000017000
Federal Employee No. _____

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:

ALARM SYSTEM (BURGLAR OR FIRE)

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 \$105

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	_____	\$0
Electrical	_____	\$40
Plumbing	_____	\$0
Fire Protection	_____	\$0
Elevator Devices	_____	\$0
Other	_____	\$0.00
DCA Training Fee	_____	\$1
CO Fee	_____	
Other	_____	\$0
Total	_____	\$41
Check No.	_____	
Cash	_____	\$0
Credit	_____	\$0
Collected By	_____	

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



Date Received
Date Issued
Control #
Permit #

2/14/13
13-0759

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

Block 673 Lot 8 Qualification Code

Work Site Location 2791 Hooper Avenue NJ 08723

Owner in Fee: The Happy Hut

Tel. () (848) 333-1157 e-mail

Address street municipality zip code

Contractor: ADT LLC Tel. (732) 346-6151

Address 21 NORTHFIELD AVENUE

EDISON, NEW JERSEY 08837 e-mail edisonpermits@adt.com

Contractor License No. 34BF00048300 Exp. Date 1/31/14

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

Federal Emp. ID No. FAX: (732) 346-6285

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$105.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
☒ No Plans Required	Rough				
☐ Partial-Under-slab Utilities Approved	Barrier-Free				
Date: Approved by:	Trench				
☐ Electric Plans Approved	Temp. Serv.				
Date: Approved by:	Constr. Serv.				
Joint Plan Review Required:	TCO				
[] Bldg. [] Plumb. [] Fire [] Elec.	Other				
SUBCODE APPROVAL for PERMIT	Service				
Date: 11/6/14	Final				
Approved by: J	Barrier-Free				
SUBCODE APPROVAL for CERTIFICATE	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				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: *Allyssa V...*

Print name here: *Allyssa V...*

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

BURGLAR ALARM

QTY/SIZE	ITEMS	FEE (Office Use Only)
	Lighting Fixture	
	Receptacles	
	Switches	
	Detectors	
	Light Poles	
	Motors—Fract. HP	
1	Emergency & Exit Lights	
	Communications Points	
	Alarm Devices/F.A.C. Panel	
1	burglar components (1 alarm system)	
	TOTAL NUMBERS	\$
	Pool Permit/with UW Lights	
	Storable Pool/Spa/Hot Tub	
	KW Elec. Rang/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	
	LOW VOLTAGE	
	PLUG IN	

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



THE STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS

NJHome | Services A to Z | Departments/Agencies | FAQs



OAG Home

OAG Services from A - Z

OAG Contact

DIVISION OF CONSUMER AFFAIRS

OAG Home

Eric T. Kanefsky
Acting Director



License Information

[Return to Search Results](#)

Name: ADT LLC

Address: Pennsauken, NJ

Profession/License Type: Electrical Contractors, BA and FA Business

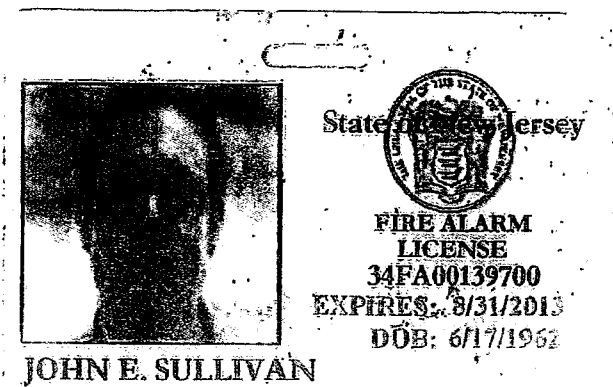
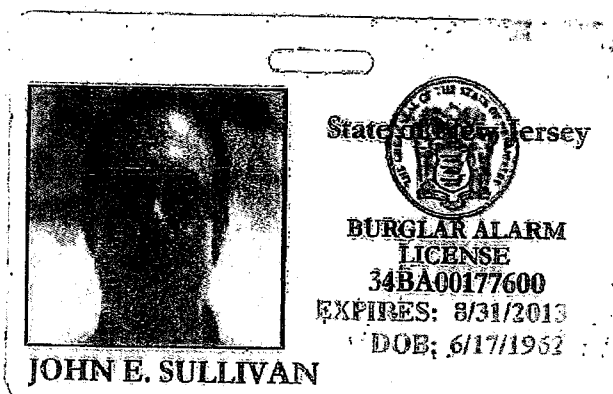
License No: 34BF00048300

License Status: Active

Issue Date: 6/15/2012

Expiration Date: 1/31/2014

For more information contact the New Jersey State Board of Examiners of Electrical Contractors (973)504-6410



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.

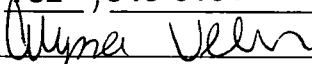
☒ Check if contractor.

Agent Name **ADT LLC**

Address **21 NORTHFIELD AVENUE**

EDISON, NJ 08837

Telephone (**732**) **346-6151**

Signature 

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