



West Windsor Township
271 Clarksville Road
P.O. Box 38
West Windsor, NJ 08550
(609) 799-2400

Date Applied 12/11/2025
Date Update Issued 2/26/26
Control # 81733+J
Permit # 2026-018745

CONSTRUCTION PERMIT UPDATE IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 6.30	Lot: 5.01	Qualifier	Use Group R-2
Work Site Location: 500 Avalon Square, E5 West Windsor Township, NJ		Contractor	AVALON WW VENTURE, LLC %AVALONBAY
Owner in Fee		Address	105 Elm Street Westfield NJ 07090
Address		Telephone:	(703) 317-4722
Telephone:		Lic. No. or Bids. Reg. No.	
		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 | ☐ OTHER |
| ☐ Mechanical | (Subchapter 8 only) | |

DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS Transfer fans

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 \$1,250

Construction Official

Date

12/31/25

- Failure to obtain all required inspections may result in administrative action.
- Final inspections are required before final payment is to be made to contractor.
- An Approved set of plans must be kept at the worksite at all times.

PAYMENTS (Office Use Only)

Building	
Electrical	\$195
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
DCA Training Fee	
CO Fee	\$20
CCO Fee	
Other Cert Fee	
Admin Surcharge	
Other	
Admin Fee	
Plan Review	
COAH Fee	
Zoning	
Open Fence	
Sewer	
Water	
Engineering	
Shade Tree	
Escrow	
Local	
Doc Imaging	
Total	\$215

Check No. 20049731

Check

Cash

Credit

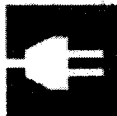
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SDC
12/31/25



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 6.30 Lot 6 Qualification Code 000

Work Site Location 500 Avalon Square
Princeton, NJ, 08850

Owner in Fee: Avalon Bay Communities Inc

Tel. (703) 331-7472 e-mail west_windsor@avalonbay.com

Address 105 Elm St. Westfield, NJ 07090

Contractor: East Coast Electrical Services Tel. (848) 244-3300

Address 412C Parker Avenue e-mail louis@ecsnj.com

South Amboy, New Jersey 08879

Contractor License No. 13575 Exp. Date 03/31/2027

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 474205376 FAX: (732) 230-6600

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-2

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1250

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial	
☒ No Plans Required		<u>Rough</u>					
☐ Partial -Underslab Utilities Approved		Barmer-Free					
Date: _____ Approved by: _____		Trench					
☐ Electric Plans Approved		Temp. Serv.					
Date: _____ Approved by: _____		Constr. Serv.					
Joint Plan Review Required.		TCO					
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.		Other					
SUBCODE APPROVAL for PERMIT		Service					
Date: <u>12-26-27</u>		Final					
Approved by: _____		Barmer-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 am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor
sign and seal here: _____

Print name here: Louis Barbarino

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TRANSFORMERS

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

0

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

4

TRANSFORMERS

FEE (Office Use Only)

\$ _____

1250

Administrative Surcharge \$

Minimum Fee \$ 195

State Permit Surcharge Fee \$

TOTAL FEE \$