ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block 401 Lot 21 Qualification Code

Work Site Location 3A SHREVE ST

Owner in Fee: HEATHER FRANK

Tel. 609 351-4446 e-mail hlfrank1@comcast.net

Address 9 HAVARD WEST DR (street) JACKSON (municipality) 08527 (zip code)

Contractor: PAPP ELECTRIC LLC Tel. 609 585-6608

Address 10 ARBOR LN e-mail nicke@pappelectric.com
BORDENTOWN NJ 08505

Contractor License No. 15173 Exp. Date 3/15

Home Improvement Contractor Registration No. or Exemption Reason N/A

Federal Emp. ID No. 201748356 FAX: N/A

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2500-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date 3/31/14 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			6/9/14	HE
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			6/9/14	HE
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
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: NICHOLAS PAPP

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REPLACE SERVICE - REPLACE ELECTRIC TO KITCHEN

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
9		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
11		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
1		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1	1.5	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	
1	100	AMP Service	
1	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PAPP ELECTRIC LLC

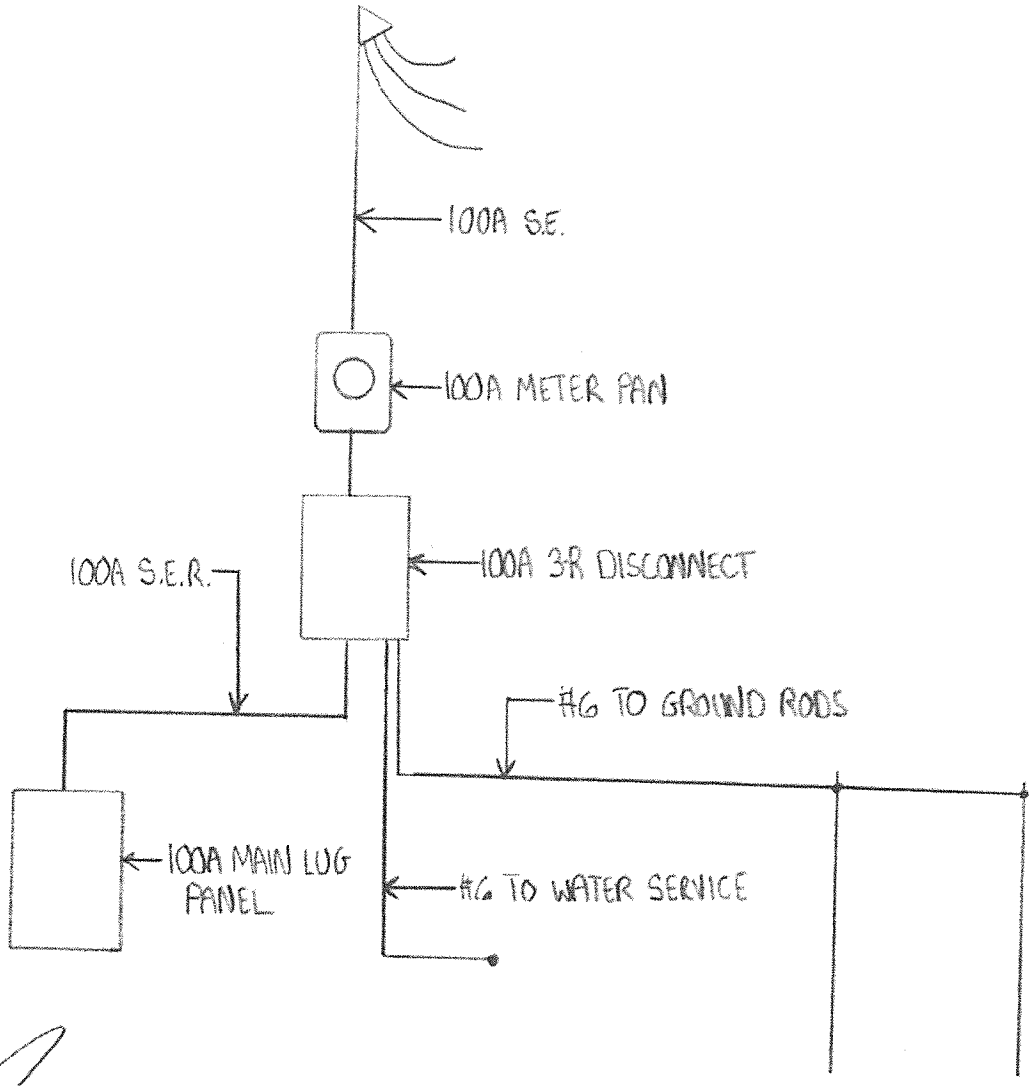
Residential - Commercial

NJLIC # 15173

Phone: (609) 585-6608 Fax: (609) 249-3819 Email: nick@pappelectric.com
PO Box 8354 Trenton, NJ 08650 www.pappelectric.com

3A SHREVE ST. SERVICE REPLACEMENT

- EXISTING PANEL IS LOCATED IN THE KITCHEN.
- PANEL IS TO BE RE-LOCATED TO THE BASEMENT

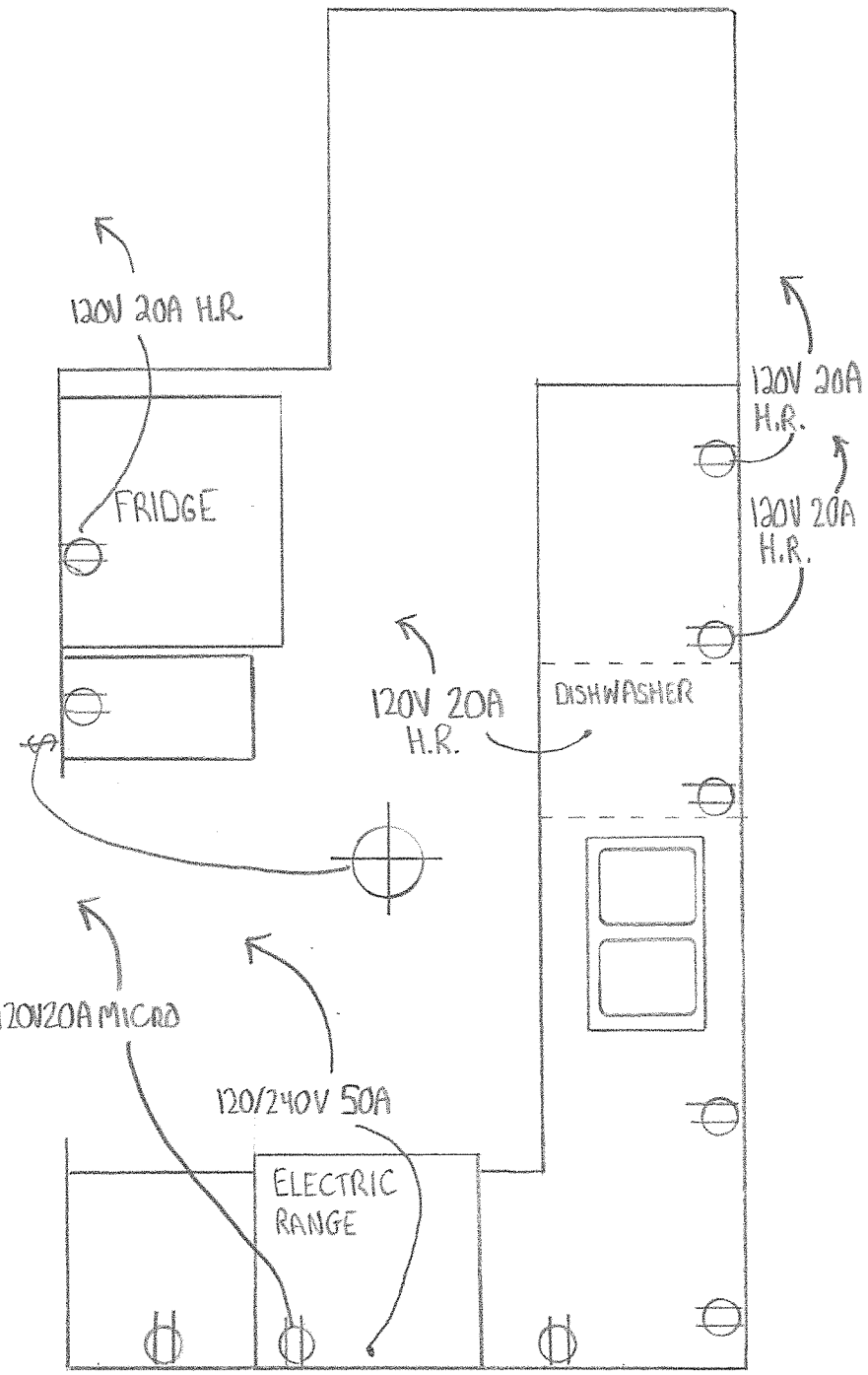


DRAWN BY:
NICK PAPP

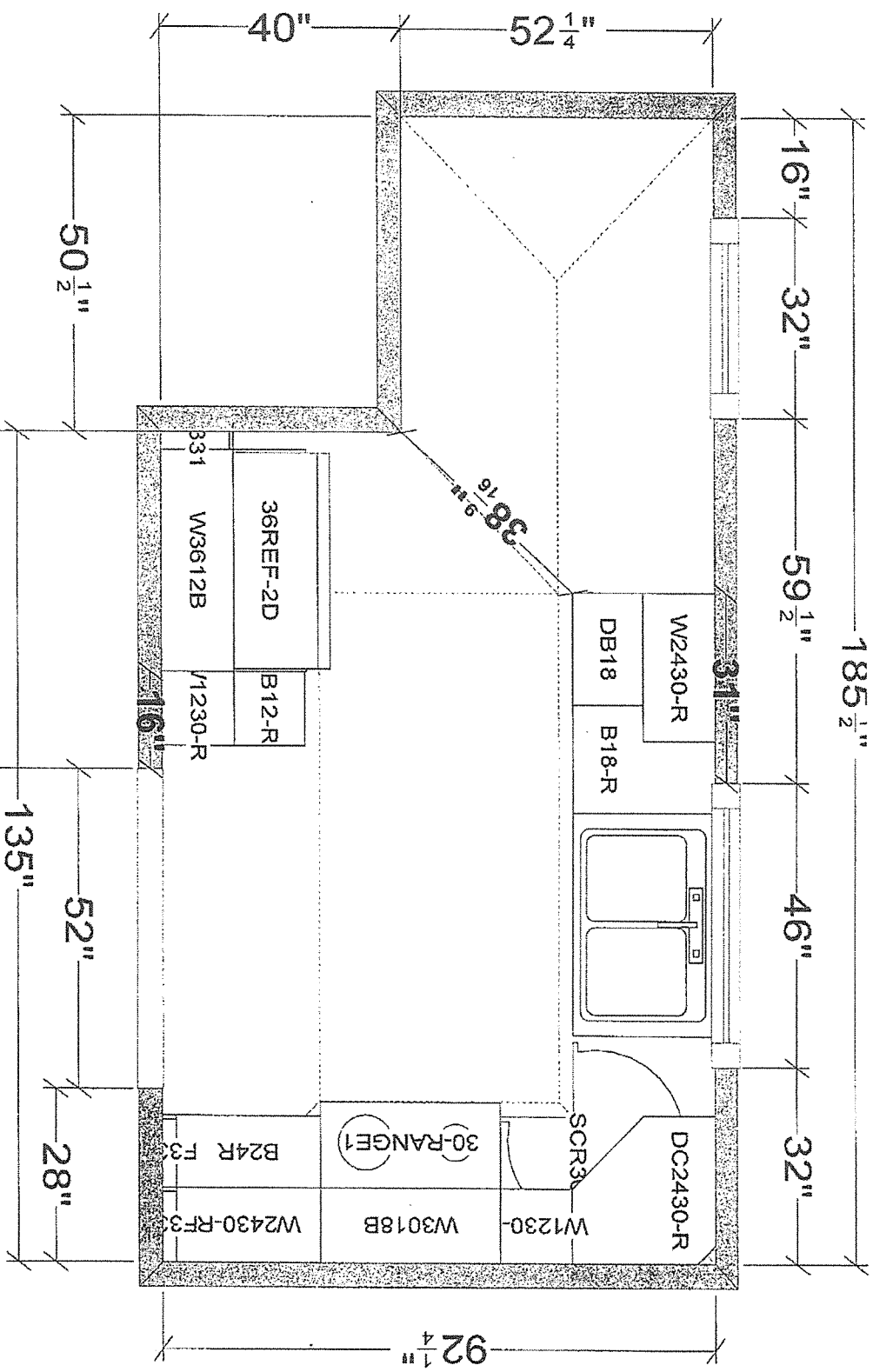
PAPP ELECTRIC LLC
Residential - Commercial
NJLIC # 15173
Phone: (609) 585-6608 Fax: (609) 249-3819 Email: nick@pappelectric.com
PO Box 8354 Trenton, NJ 08650 www.pappelectric.com

3A SHREVE ST KITCHEN REMODEL

- ALL 120V RECEPTACLES TO BE GFI PROTECTED



DRAWN BY:
NICK PAPP



All dimensions ,size designations given are subject to verification on job site and adjustment to fit job conditions.

LOWE'S

This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

@SCHULER_Raywallovenkit

All	Designed: 3/20/2014
	Printed: 3/20/2014
Drawing #: 1	

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block 401 Lot 21

Work Site Location 3 Shreve St. Weightstown N.J. 08562

Owner in Fee Heather Frank

Address P.O. 1125 Browns Mills N.J. 08015

Tele. (609) 351-4446

Contractor Petro Inc.

Address 800 State Road Princeton, NJ 08540

Tele. (609) 688-7811 Fax (609) 252-0249

Lic. No. or Bldrs. Reg. No. 13VH-03882400 12/13

Federal Emp. No. 061-207-261

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	5/7/12	HC
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class 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.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ 200.00

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Removal 275 AST outside TANK

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[X] Demolition

FEE (Office Use Only)

$ _____

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F110
(rev. 3/96)

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

Borough of Wrightstown

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 05/07/2012 Control #: 439

Date Issued: Permit #: 0

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

Block: 401 Lot: 21 Qualification Code:

Work Site Location: 3A-C SHREVE STREET

Owner Details

Name: HEATHER FRANK

Address: PO BOX 1125
BROWNS MILLS NJ 08015

Telephone: (609) 351-4446

E-mail:

Contractor Details

Contractor: PETRO OIL (MINNWHALE LLC) dba
ATTN: LINDA SHERWOOD

Address: 1701 SHERMAN AVENUE
PENNSAUKEN NJ 08110

Telephone: (856) 438-1225 Fax: (856) 792-0176

E-mail:

Federal Emp. No: 061207261

Lic No. or Bldrs Reg. No.: 13VH03882400 Expiration Date: 12/31/2009

Home Improvement Registration No. or Exemption Reason: 13VH03882400

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories		If Industrialized Building	
Height of Structure	Ft.	State Approved _____	HUD_____
Area - Largest Floor	Sq. Ft.		
New Bldg. Area/All Floors	Sq. Ft.	**Est. Cost of Bldg. work:**	
Volume of New Structure	Cu. Ft.	1. New Building	0.00
Total Land Area Disturbed	Sq. Ft.	2. Rehabilitation	0.00
Max. Live Load		3. Demolition	0.00
Max. Occupancy Load		4. Total (1+2+3)	$0.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ]No Plans Required	5/7/12	AK
[ ]All		
[ ]Footings/Foundations		
[ ]Structural/Framework		
[ ]Exterior		
[ ]Interior		
[ ]Other		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 6/29/12

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO				
Other				
Final			6/29/12	AK
Barrier-Free				

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: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
DEMOLITION

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	
[ ] Addition	
[ ] Rehabilitation	
[ ] Roofing	
[ ] Siding	
[ ] Fence_____ Height (exceeds 6')	
[ ] Pylon Sign Sq. Ft.	
[ ] Ground or Wall Sign Sq. Ft.	
[ ] Pool	
[ ] Retaining Wall 0.00 Sq. Ft.	
[ ] Asbestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[ ] Other 1: Tank removal	$150.00
[ ] Other 2:	
[ ] Other 3:	
[X] Demolition	$120.00
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$270.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original and three photocopies.

Borough of Wrightstown
21 Saylors Pond Road
Wrightstown, NJ 08562
609 - 723-4450

Permit Number: 20120035
Update Number:
Control Number: 440
Application Date: 05/07/2012
Permit Date: 05/21/2012

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 401 Lot: 21 Qualification Code:
Work Site Location: 3A-C SHREVE STREET WRIGHTSTOWN

Owner In Fee: HEATHER FRANK
Address: PO BOX 1125
BROWNS MILLS NJ 08015

Telephone: (609) 351-4446

Use Group(s): R-5

Contractor: Minnwhale, LLC d/b/a Petro
Address: 40 Cragwood Rd.
South Plainfield NJ 07080

Telephone: (609) 688-7811

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 6-1207261

is hereby granted permission to perform the following work :

[ ]BUILDING [X]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
AST INSTALL

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$0.00

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.

Harry W. Case
Construction Official

5/21/12
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$50.00
Fire Protection	$50.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$101.00
All Fees Waived:	No

Amount to be Paid:	$101.00
Check Number:	01116499
Check amount:	$101.00

Collected by:
Receipt No:
Total Cash Amount:
Total Check Amount: $101.00
Total CC Amount:
Grand Total: $101.00

Note:

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY

Date Received
Date Issued
Control #
Permit #

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

Block 401 Lot 21
Work Site Location 3 Shreve Street Wrightstown N.J. 08562

Owner in Fee Heather Frank
Address P.O. Box 1125 Browns Mills N.J. 08015

Tele. (609) 351-4446
Contractor Petro Inc.
Address 800 State Road Princeton, NJ 08540

Tele. (609) 688-7811 Fax (609) 252-0249
Lic. No. 13VH03882400 12/13
Federal Emp. No. 061-207-201

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 1700.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: ~~1700.00~~

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 5/10/12
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
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				
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: install 275 AST outside

Water Supply Source /
Method of Alarm/Suppression System Supervision _____

Storage Tanks
Type: [ ] Flammable Liquid [X] Combustible Liquid
[ ] LPG [ ] LNG Capacity 275 Fuel #2
Alarm Systems [ ] 110v Interconnected NUMBER
[ ] System

	NUMBER	FEE (Office Use Only)
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		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F140
(rev. 3/96)

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 401 Lot 21
Work Site Location 3 Shreve Street Wrightstown N.J. 08562

Owner in Fee Heath Frank
Address 3 Shreve Street Wrightstown N.J. 08562
P.O. Box 1125 Browns Mills N.J. 08562
Tele. (609) 371-4446

Contractor Petro Inc.
Address 800 State Road
Princeton, NJ 08540
Tele. (609) 688-7811 Fax (609) 252-0249
Lic. No. 13VH03882400
Federal Emp. No. 061 207 261

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 125.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				

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.

_____
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
1	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F130
(rev. 3/96)

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

Borough of Wrightstown

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 05/07/2012 Date Issued:

Control #: 440 Permit #: 0

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

Block: 401 Lot: 21 Qualification Code:

Work Site Location: 3A-C SHREVE STREET

Owner in Fee : HEATHER FRANK

Address : PO BOX 1125
BROWNS MILLS NJ 08015

Email:

Telephone: (609) 351-4446

Contractor: Minnwhale, LLC d/b/a Petro
ATTN: Christopher J. DiMattio

Address: 40 Cragwood Rd.
South Plainfield NJ 07080

Telephone: (609) 688-7811
Fax: (609) 252-0249

E-mail:

Contractor License No.: Expiration Date: Federal Emp. No.: 6-1207261

Home Improvement Registration No. or Exemption Reason: 13VH03882400

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $0.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $0.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
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 and perform the work listed on this application.

_____
Applicant's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
AST INSTALL

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
1	Fuel Oil Piping	$12.00
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	$50.00
State Permit Surcharge Fee	
TOTAL FEE	$50.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Borough of Wrightstown

FIRE SUBCODE TECHNICAL SECTION

Date Received 05/07/2012 Date Issued
Control # 440 Permit # 0

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

Block: 401 Lot: 21 Qualification Code:

Work Site Location : 3A-C SHREVE STREET

Owner Details

Owner in Fee: HEATHER FRANK
Address: PO BOX 1125
BROWNS MILLS NJ 08015
Telephone: (609) 351-4446
E-mail:

Contractor Details

Contractor: Minnwhale, LLC d/b/a Petro
ATTN: Christopher J. DiMattio
Address: 40 Cragwood Rd.
South Plainfield NJ 07080
Telephone: (609) 688-7811 Fax: (609) 252-0249
E-mail:

Home Improvement Registration No. or Exemption Reason: 13VH03882400
Fire/Security Alarm Contractor No.: Federal Emp. No.: 6-1207261
Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:
Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed
Constr. Class: Present Proposed
Heating Systems: [ ]New *or* [ ]Mod. to Existing *or* [ ]Conversion *or* [ ]Replacement *or* [ ] HVAC
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:

Fire Alarm System: [ ] New *or* [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System: [ ] New *or* [ ] Existing
Location of Main Control Valve:

Fuel Storage Tanks:

Type: [ ] Flammable *or* [X] Combustible [ ] LPG [ ] LNG Capacity 275 Fuel 2
1. New: $0.00 2. Rehabilitation: $0.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work: $0.00

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.
[ ] Plumbing [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/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.

Sign here: _____ Print name here: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
AST INSTALL

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	1	$50.00

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.,horns/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
CO2 Suppression
Foam Suppression
FM200 Suppression
Other:

Other Systems
Kitchen Hood Exhaust System
Smoke Control System
Fuel-Fired Appliances [ ]Gas [ ]Oil [ ] Solid
Fireplace Venting/Metal Chimney
Other:

Administrative Surcharge	
Mininimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$50.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

State of New Jersey
Department of Community Affairs
Office of Local Code Enforcement
Central Regional Office
P.O. Box 821
Trenton, New Jersey 08626-0821

CERTIFICATION FOR ONE & TWO FAMILY DWELLING
SMOKE DETECTOR AND CARBON MONOXIDE ALARM COMPLIANCE

Dwelling Location: Block 401 Lot 21

(not mailing address) Street 3 SHREVE STREET

Municipality Wrightstown County Burlington

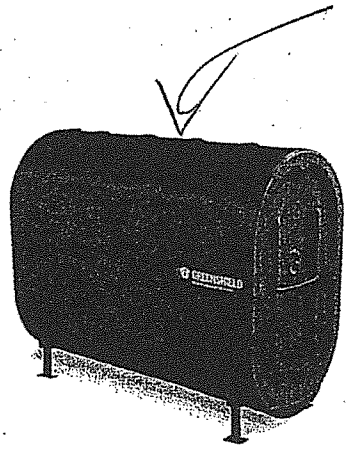
Property Owner Name HEATHER FRANK

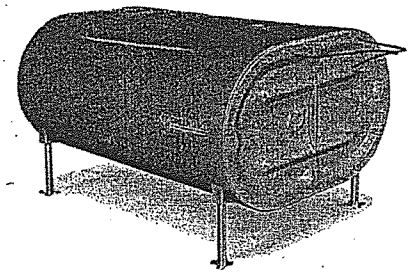
Pursuant to N.J.A.C. 5:23-3.20, 6.4, 6.5, 6.6, 6.7, 6.21A, 6.25A, 6.26A, 6.27A, & 6.31. An inspection shall be conducted by the owner or authorized representative of the owner. The carbon monoxide alarms are required when dwellings contain any fuel burning appliances or dwelling has an attached garage and shall be installed per NFPA 720. Required carbon monoxide alarms are to be outside each separate sleeping area. The smoke detectors required shall be in accordance with NFPA 72. Required smoke detectors are to be on each level of the dwelling, including basements and outside each separate sleeping area. The detectors are not required to be interconnected. battery powered detectors and alarms are acceptable. NOTE: AC powered and/or interconnected smoke detectors and alarms installed in homes constructed or altered after January, 1977 shall be maintained in working order.

I do hereby certify that detectors and alarms are installed as stated above and in working order. I am the (agent of) owner of record and am authorized to make this statement. I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to penalty.

X Heather Frank 4-27-12
Applicant Signature Date

HEATHER FRANK
Printed Name

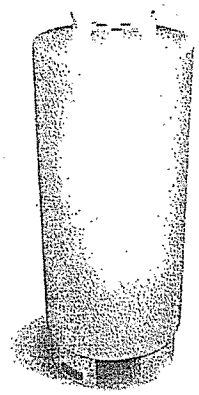




Residential oil tanks / UL 80

Product #	Capacity (US gals)	Model	Thickness gauge	Dimensions H	W	L	Weight (pounds)
209101	120	vert.	12	47"	23"	30"	170
208101	138	vert.	12	44"	27"	30"	160
208601	138	horz.	12	27"	44"	30"	160
207101	220	stubbies/vert	12	44"	27"	48"	220
207601	220	stubbies/horz	12	27"	44"	48"	220
203201G	230	thin/vert grey	12	44"	22"	60"	235
203701G	230	thin/horz grey	12	22"	44"	60"	235
202201	240	narrow/ vert.	12	47"	23"	60"	265
202701	240	narrow/ horz.	12	23"	47"	60"	265
204201	275	vert.	12	44"	27"	60"	255
204701	275	horz.	12	27"	44"	60"	255
211201	275	vert.	10	44"	27"	60"	330
211701	275	horz.	10	27"	44"	60"	330
205201	330	vert.	12	44"	27"	72"	290
205701	330	horz.	12	27"	44"	72"	290

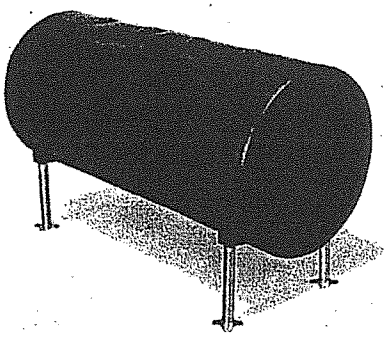
External finish: BLACK or GREY electrostatic powder paint
Touch up paint: PE0030C "BLACK"
PE0032C "GREY"



Cylindrical models vertical

Product #	Capacity (US gals)	Model	Thickness gauge cover	Dimensions Shell	Dia.	Height	Weight (pounds)
3006622	150	DCV 560	11	12	30"	65"	200
3007622	185	DCV 690	11	12	30"	77"	225
3008622	220	DCV 825	11	12	30"	88"	255

External finish: WHITE polyurethane paint



Cylindrical models horizontal

Product #	Capacity (US gals)	Model	Thickness gauge cover	Dimensions Shell	Dia.	Length	Weight (pounds)
3005224	138	Horz.	12	12	26"	60"	165

External finish: BLACK electrostatic paint

Borough of Wrightstown
21 Saylors Pond Road
Wrightstown, NJ 08562
609-7234450

CERTIFICATE
IDENTIFICATION

Date Issued: 02/03/2015
Control #: 546
Permit #: 20150001

Block: 401 Lot :12

Work Site Location: 40 A-F WEST MAIN STREET
WRIGHTSTOWN

Owner in Fee: Wan Yi Chen
Address: 3 Westbury Ct.
Bordentown NJ 08505

Telephone:

Agent/Contractor: Glen Greve Electrical
Address: 3 Highgate Ct.
Westampton NJ 08060

Telephone: 609 529-7378

Lic. No./ Bldrs. Reg.No.: 9254A Federal Emp. No.:

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
Service

Update Desc. of Wk/Use:

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] **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

Harry W. Case Construction Official

Fees: $0.00
Paid[X]Check No.: 2138
Collected by: em

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ELECTRICAL SUBCODE TECHNICAL SECTION

Borough of Wrightstown

Date Received: 02/03/2015 Control #: 546

Date Issued: 02/03/2015 Permit #: 20150001

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

Block: 401 Lot: 12 Qualification Code:

Work Site Location: 40 A-F WEST MAIN STREET

Owner in Fee: Wan Yi Chen

Address: 3 Westbury Ct.
Bordentown NJ 08505

E-mail:

Telephone: ()

Contractor: Glen Greve Electrical
ATTN: Glen Greve

Address: 3 Highgate Ct.
Westampton NJ 08060-

E-mail:

Telephone: (609) 529-7378

Fax:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: 9254A Exp Date: 3/31/2015 Federal Emp. No.:

DESCRIPTION OF WORK:
Service

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $150.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $150.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
Electric Plans Approved
Date: Approved by:
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service			2/3/15	HC
Final			2/3/15	HC
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
Annual Pool Inspection				
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's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&Exit Lights
		Communication Points
		Alarm Devices/F.A.C. Panel
		Other 1:
		Other 2:
		TOTAL NUMBER
		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 Htr./Air Handler
		KW Baseboard Heat
		HP Motors 1/+HP
		KW Transformer/Generator
1	100.00	AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		KW Photovoltaic Systems
		Other 3:
		Other 4:
		Other 5:
		Other 6:
		Other 7:
		Other 8:
		Other 9:

FEE (Office Use Only)

$50.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$50.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original and three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 7/4/94
Date Issued 7/18/94
Control #
Permit # 94-07

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

Block 401 Lot 21
Work Site Location 3 Shreve St.
WRIGHTSTOWN NJ 08562
Owner in Fee MARY YOUNG
Address 212 Seminole Trail
Browns Mills NJ 08015
Tele. (609) 893-7126
Contractor SCOTT OLSHEFSKI ELECTRIC
Address 310 Kentucky Trail
Browns Mills NJ 08015
Tele. (609) 893 2845
Lic. No. 12673
Federal Emp. No. _____ or Social Security No. 157-62-0821

JCP&L R# WR00064249

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [X] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [X] Other change 2 main breaker panels and meters & SE CABLE
Building Occupied as _____ Utility Co. JCP&L
Est. Cost of Elec. Work $ 1250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: 7/18/94
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 9/26/94
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Line Dept.

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. Scott Olshefski
Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
2	100 AMP	Service Entrance	$ 86.00
		Other	
		Administrative Surcharge	$ DCA .80
		Minimum Fee	$
		TOTAL FEE	$ 86.80

Paid [✓] Check # 101 dated 7/11/94
Collected by: Donna Snyder Deputy Clerk

U.C.C. Form F-120A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy