

Received
2-8-08



CONSTRUCTION PERMIT APPLICATION

BLOCK 4 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 113 SILVER PERMIT NO. C-10326 08-07044

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

I. IDENTIFICATION

1. Proposed Work Site at: 113 SILVER

2. Name of Owner in Fee: JOE BRIGANDI JR.

Tel. () 503-255-1131 e-mail JOE@BRIGANDI.COM

Address 113 SILVER CLATSOP OR 97130

3. Ownership in Fee: Public X Private X 20 CODE

4. Principal Contractor: HHM CONTRACTING INC Tel. () 503-255-1131

Address 337 6th RD MADEIRA OR 97130 e-mail HHM@HHMCONTRACTING.COM

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: () _____

5. Architect or Engineer: COMPASS ARCHITECTURE Contact RON FINK

Address 1803 ADDONFIELD/PERLIN RD e-mail _____

Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun HARRY METCALFE

Tel. () _____ FAX: () _____

IIa. PROPOSED WORK

☐ Minor Work

☐ Repair

☐ Asbestos Abat. -Subch. B

☐ New Building

☐ Alteration

☐ Lead Hazard Abatement

☐ Radon Remediation

☐ Annual Permit

☐ Demolition

☐ Reconstruction

☐ Addition

☐ Renovation

☐ Fire Protection

☐ Elevator

III. PLAN REVIEW (optional)

DO YOU WANT:

☐ Partial Releases

☐ Prototype Processing

☐ Elevators/Scalators/Lifts/

☐ Dumbwaiters/Moving Walks

☐ High Pressure Boilers

☐ Pressure Vessels

☐ Refrigeration Systems

☐ Cross-Connections/Backflow Preventers

☐ Hazardous Uses/Places of Assembly

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

☐ Smoke Control Systems in Open Wells

☐ Underground Storage Tanks

☐ Swimming Pools, Spas and Hot Tubs

☐ Smoke Control Systems in Open Wells

☐ Underground Storage Tanks

☐ Swimming Pools, Spas and Hot Tubs

V. FEE SUMMARY (for office use only)

1. Building 112 Update

2. Electrical 400 Update

3. Plumbing 400 Update

4. Fire Protection 400 Update

5. Elevator Devices 400 Update

6. Subtotal 1799

7. Less 20% for State Plan Review \$ 359.80

8. Subtotal 1439.20

9. State Permit Surcharge Fee 179.90

10. Subtotal 1619.10

11. Cert. of Occupancy 179.90

12. Other 179.90

13. TOTAL 1999.00

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ (office use only)

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. Construction Classification _____

7. Total Land Area Disturbed _____ sq. ft.

8. Flood Hazard Zone _____

9. Base Flood Elevation _____ ft.

10. Wetlands yes

11. Max. Live Load no

12. Max. Occupancy Load _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units: All Units Income-restricted

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s): _____

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 HHM CONTRACTING CORP.

Address 337 ELK ROAD

MONROEVILLE NJ 08343

Telephone ()

Signature [Signature] 9443

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

THE BOROUGH OF GLASSBORO
CONSTRUCTION OFFICE
(609) 881-8140

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 03/13/08
Control #
Permit # 08-070

IDENTIFICATION Block 4 Lot 2 Qual _____

Work Site Location 113 SILVER AVENUE
B

Owner in Fee BRIGANDI, JOSEPH
Address 113 SILVER AVENUE
GLASSBORO, NJ 08028-

Telephone _____

Contractor H.H.M. CONTRACTING CORP
Address 337 ELK ROAD
MONROEVILLE, NJ 08343-

Telephone _____
Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No. _____

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:
FOOTING & FOUNDATION ONLY - 16 X 35 SUNROOM

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 \$ 5,000

Construction Official _____ Date 03/13/08

U.C.C. #170 (rev. 3/95)

PAYMENTS (Office Use Only)

Building	112
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	7
Cert. of Occupancy	60
Other	
Total	179
Check No.	3525
Cash	
Collected By	JEP

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

Block 4 Lot 2 Parcel
Work Site Location 113 SILVER AVENUE

Owner In Fee BRIGANDI, JOSEPH

Address 113 SILVER AVENUE

GLASSBORO, NJ 08028-

Tele. [REDACTED]

Contractor H.H.M. CONTRACTING CORP

Address 337 BLK ROAD

MONROEVILLE, NJ 08343-

Tele. [REDACTED] Fax [REDACTED]

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. [REDACTED]

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

FOOTING & FOUNDATION ONLY - 16 X 35 SUNROOM

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[] No Plans Req. 5/14/08 CS

[] All

[] Footing

[] Foundation

[] Frame

[] Other

Joint Plan Review Required:

[] Elect [] Plumb [] Fire

SUBCODE APPROVAL [] Elev

[] CO [] CCO [] CA

Date:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure

Failure

Approval

Initial

TYPE OF WORK

[] New Building

[X] Addition

[] Alteration

[] Roofing

[] Siding

[] Fence

[] Sign

[] Pool - Above Ground

[] Pool - In Ground

[] Asbestos Abatement Subchapter 8

[] Lead Haz. Abatement NJAC 5:27

[] Other

Other

Other

[] Demolition

PER (Office Use Only)

\$

112

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B. BUILDING CHARACTERISTICS
Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 5 Ft.
Area Largest Floor 560 Sq. Ft.
New Bldg. Area/All Floors 560 Sq. Ft.
Volume of New Structure 2,800 Cu. Ft.
Total Land Area Disturbed 560 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 5,000
2. Alteration \$ 0
3. Total (1+2) \$ 5,000
Paid [X] Check # 3525 Administrative Surcharge \$ 0
Collected by: JEP Minimum Fee \$ 0
TOTAL FEE \$ 112
DCJ State Permit Fee \$ 7

THE BOROUGH OF GLASSBORO
CONSTRUCTION OFFICE
(609) 881-8140

Update Issued 04/09/08
Control #
Permit # 08-070+A
Permit Issued 03/13/08

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 4 Lot 2 Qual

Work Site Location 113 SILVER AVENUE

BE

Owner In Fee BRIGANDI, JOSEPH

Address 113 SILVER AVENUE
GLASSBORO, NJ 08028-

Telephone

Contractor H.H.M. CONTRACTING CORP
Address 337 ELK ROAD
MONROEVILLE, NJ 08343-

Telephone

Lic. No. or Bids. Reg. No.

Federal Emp. No.

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

DESCRIPTION OF WORK:

(Subchapter 8 only)

SUNROOM - 16 X 35 WITH SPA

Estimated Cost of Work \$ 49,300

Construction Official

04/09/08
Date

D.O.C. #150 (rev. 3/95)

PAYMENTS (Office Use Only)

Building 155
Electrical 60
Plumbing 0
Fire Protection 65
Elevator Devices 0
Other
DCA State Permit Fee 10
Cert. of Occupancy 0
Other
Total 290
Check No. 3544
Cash
Collected By JEP

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

Block 4 Lot 2 Qual
Work Site Location 113 SILVER AVENUE

Owner in Fee BRIGANDI, JOSEPH

Address 113 SILVER AVENUE
GLASSBORO, NJ 08028-

Tele. ()
Contractor H.M. CONTRACTING CORP

Address 337 ELK ROAD
MONROEVILLE, NJ 08343-

Tele. () Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. ()

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

SUNROOM - 16 X 35 WITH SPA

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Req.			Type	Failure Failure Approval Initial
<input type="checkbox"/> All			Footings	
<input type="checkbox"/> Footing			Foundation	
<input type="checkbox"/> Foundation			Slab	
<input type="checkbox"/> Frame			Frame	
<input type="checkbox"/> Other			Barrierfree	
Joint Plan Review Required:			Insulation	
<input type="checkbox"/> Elect <input type="checkbox"/> Plumb <input type="checkbox"/> Fire			Finishes	
SUBCODE APPROVAL <input type="checkbox"/> Elev			Energy	
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Mechanical	
Date:			TCO	
Approved By:			Other	
			Final	
			Barrierfree	

TYPE OF WORK

- ☐ New Building
- ☒ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool - Above Ground
- ☐ Pool - In Ground
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- Other
- Other
- ☐ Demolition

FEE (Office Use Only)

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed R-3	Est. Cost of Bldg. Work:
Constr. Class Present		Proposed	1. New Bldg. \$ 45,000
No. of Stories	5		2. Alteration \$ 0
Height of Structure	10		3. Total (1+2) \$ 45,000
Area Largest Floor	560		
New Bldg. Area/All Floors	560		
Volume of New Structure	3,887		
Total Land Area Disturbed	560		

Paid <input checked="" type="checkbox"/> Check # 3544	Administrative Surcharge	\$ 0
Collected by: JEP	Minimum Fee	\$ 0
	TOTAL FEE	\$ 155
	DCA State Permit Fee	\$ 10

CONSTRUCTION OFFICE
(609) 881-8140

ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Issued 04/09/08
Control #
Permit # 08-070+A

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

Block 4 Lot 2 Qual
Work Site Location 113 SILVER AVENUE

Owner In Fee BRIGANDI, JOSEPH
Address 113 SILVER AVENUE
GLASSBORO, NJ 08028-

Tele. [REDACTED]
Contractor R.J. REILLEY ELECT. CONTR.
Address BOX 362
PITMAN, NJ 08071-

Tele. [REDACTED] Fax [REDACTED]
Lic. No. or Bldg. Reg. No. [REDACTED]
Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS
Use Group - Present R-3 Proposed R-3
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 4,000

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date:
Approved By:

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 Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
NO. SIZE ITEM

2	Lighting Fixtures	
10	Receptacles	
3	Switches	
3	Detectors	
0	Light Poles	
2	Motors-Fract HP	
0	Emergency & Exit Lights	
0	Communications Points	
0	Alarm Devices/F.A.C. Panel	
20	TOTAL NUMBERS	36
0	Pool Permit/with DW Lights	0
1	Storable Pool/Spa/Hot Tub	10
0	KW Elect Range/Receptacle	0
0	KW Oven/Surface Unit	0
0	KW Elect Water Heater	0
0	KW Elect Dryer/Receptacle	0
0	KW Dishwasher	0
0	HP Garbage Disposal	0
0	KW Central A/C Unit	0
0	HP/KW Space Heater/Air Handler	0
0	Baseboard Heat	0
0	HP Motors 1/+ HP	0
0	KW Transformer/Generator	0
0	AMP Service	0
0	AMP Subpanels	0
0	AMP Motor Control Center	0
0	KW Elect Sign/Outline Light	0
0	Other	0
0	Other	0
0	Other	0

Administrative Surcharge \$ 0
Paid [X] Check # 3544 Minimum Fee \$ 14
Collected by: JRP TOTAL FEE \$ 60
DCA State Permit Fee \$ 0

FEE (Office Use Only)

CONSTRUCTION OFFICE

(609) 881-8140

FIRE PROTECTION SUBCODE TECHNICAL SECTION

Date Issued 04/09/08
Control #
Permit # 08-070+A

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

Block # Lot 2 Qual
Work Site Location 113 SILVER AVENUE

BE

Owner in Fee BRIGANDI, JOSEPH

Address 113 SILVER AVENUE

GLASSBORO, NJ 08028.

Tele. ()

Contractor R.J. REILLEY ELECT. CONTR.

Address BOX 362

PITMAN, NJ 08071.

Tele. () Fax ()

Lic. No. or Bldgs. Reg. No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group - Present R-3 Proposed R-3

Constr Class - Present Proposed

Heating Systems [] New [] Existing [] HVAC

Type: [] Gas [] Oil [] Elect [] Solar

[] Other

Location: New [] Existing []

Total Est Cost of Fire Prot Work \$ 300

JOE SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Plumb [] Elevator

[] Fire Plans Approved

Date:

Approved By:

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved By:

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:

Water Supply Source

Method of Alarm/Suppr Sys Superv

Storage Tanks

Type: [] Flammable Liquid [] Combust Liquid

[] LPG [] LNG Capacity 0 Fuel

Alarm Systems [X] 110V Interconnected NUMBER

[] System

Alarm Devices (smoke, heat, pulse, water/flow) 5

Supervisory Devices (tamper, low/high alt) 0

Signaling Devices (horn/strobes, bells) 0

Other Devices 0

TOTAL 5

Suppression Systems

Fire Pump 0 GPM Type 0

Dry Pipe/Alarm Valves 0

Pre-action Valves 0

Sprinkler Heads (Dry and Wet) 0

Standpipes 0

Pre-Engineered Systems

Wet Chemical 0

Dry Chemical 0

CO2 Suppression 0

Foam Suppression 0

Halon Suppression 0

Other 0

Kitchen Hood Exhaust System 0

Smoke Control System 0

Gas [] or Oil [] Fired Appliances 0

Other 0

Other 0

Other 0

Administrative Surcharge \$ 0

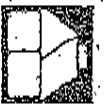
Paid [X] Check # 3544 Minimum Fee \$ 0

Collected by: JEP TOTAL FEE \$ 65

DCA State Permit Fee \$ 0



BUILDING SUBCODE TECHNICAL SECTION



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

Block 112 SILVER AVE Qualification Code 6630000 NJ
 Work Site Location 6630000 NJ
 Owner In Fee Joe Paigandi
 Address 112 SILVER AVE
GLASSBORO NJ
 Tel. ()
 Contractor HHM Contracting Corp
 Address 337 E. K
MORRISVILLE NJ 08343
 Tel. () FAX ()
 Contractor License No. or Builder Registration No. ()
 Federal Emp. No. ()

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required			Type:				
<input checked="" type="checkbox"/> All	<u>2/24/13</u>		Footing				
<input type="checkbox"/> Foundation			Footing Bonding				
<input type="checkbox"/> Frame			Foundation				
<input type="checkbox"/> Other			Slab				
			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
Joint Plan Review Required:			Insulation				
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes - Base Layer				
			Finishes - Final				
SUBCODE APPROVAL			Energy				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Mechanical				
Date:			TCO				
Approved by:			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed 5 Est. Cost of Bldg. \$1500000
 Const. Class Present Proposed 5 1. New Bldg. \$500000 F+F
 No. of Stories 5 2. Rehabilitation \$300000
 Height of Structure 560 Ft. 560 Total (1+2) \$800000
 Area—Largest Floor 560 Sq. Ft. 560
 New Bldg. Area/All Floors 6687 Sq. Ft. 6687
 Volume of New Structure 3887 Cu. Ft. 3887
 Total Land Area Disturbed 2800 Sq. Ft. 2800

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

16X35 Sunroom

TYPE OF WORK

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Hgiz. Abatement NSAC 5-17
☐ Other
☐ Demolition

FEE (Office Use Only)

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

U.C.C. PHOTO
(not stamp)

1. Initial = Inspector Copy
3. Print = Office Copy

2. Canopy = Office Copy
4. Gold = Audiotape Copy



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 113 SILVER AVE Lot GLASSBORO Qualification Code 08038

Work Site Location 113 SILVER AVE GLASSBORO

Owner In Fee: JOSEPH BAIGNARDI JR

Tel. (113 SILVER AVE) e-mail 08038

Address GLASSBORO NJ

Contractor: RYAN ELEC. CONTRACTORS e-mail bob-reilly@hotmail.com

Address BOX 362 PLIMM NJ 08071

Contractor License No. [REDACTED] Exp. Date [REDACTED]

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

Federal Emp. ID No. [REDACTED] FAX: [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Use Group Present [REDACTED] Proposed [REDACTED]

Building Occupied as FW Dagelling Utility Co. ACE

Est. Cost of Elec. Work \$ 4000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required			Rough			
<input type="checkbox"/> Building			Barrier-Free			
<input type="checkbox"/> Elevator			Trench			
<input type="checkbox"/> Elec. Plans Approved			Temp. Serv.			
Date: <u>[REDACTED]</u>			Const. Serv.			
Approved by: <u>[REDACTED]</u>			TCO			
			Other			
			Service			
			Final			
			Barrier-Free			
			Temp. Cut-in Card Date Issued			
			Final Cut-in Card Date Issued			
			Annual Prod. 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 [REDACTED]

U.C.C. F120 (rev. 10/03) (Internet version)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Addition to House

Date Received
Control #
Date Issued
Permit #

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1/0		Lighting Fixtures	
2		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		<u>BAU/LIGHT</u>	
		TOTAL NUMBERS	
		Pool Permittwith 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 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge \$ 82

Minimum Fee \$ 82

State Permit Surcharge Fee \$ 82

TOTAL FEE \$ 82

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