09/1: 	2/2013	18	3:1	9	1													,					:						PAC	ŝΕ	01	/05	
U.C.C. F100-4 (rev. (207)	DO YOU WANT:  1. □ Partial Releases  2. □ Prototype Processing	III. PLAN REVIEW (optional)	ISOD TALOI	☐ Elevator	☐ Fire Protection	: Dumbing	Electrical	□ Bujlating	(Check ex that apply)	5 0000	☐ Asbestos AbatSubich, 8	☐ Repair	IIa.PROPOSED WORK		Tel. (	6. Responsible Person in Charge once Work has Begun	Tel. ( )	Address	5. Architect or Engineer	Federal Emp. 10 No.	Home Improvement Contractor Registration No. or Exemption Reason (if applicable):	License No. OR, if new home, Builder Reg. No.	11 LOVE	Address 237 ELK	8 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	3. Ownership in Fee: Public_	ss 113 511	1	2 Name of Owner in East		Applicant Completes: Sections I	11-22-11	ceived III—
							4000	12,00	Est. Cost		vaí, -Subich, 8			(2)		once Work ha					Registration I	Buikker Reg. N	TOR OF MUSE	Ka	gavery 15		USR A		Joseph	11/3	li, III (option	ΑP	င္ပ
	1. [] Elevat Dumbo 2. [] High F 3. [] Pressu	IV. DOES OF	*						Plans Rec'd by				0	es s	FAX		FAX				No, or Exempl	ō.	2	1	Elseberc	Private _	AUT O	e-mall	BAIC	5111158	Sections I, II, III (optional), IV, VI, and VII	APPLICATION columb	CONSTRUCTION PER
	Elevators/Escalators/Lifts/     Dumbwaiters/kiloving Walks     High Pressure Bollers     Pressure Vessels	IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING							Nec'd		☐ Lead Hazard Abatement	☐ Alteration	New Building	Z.	× (	MAKON	X	e-mail	Contact	 	ion Reason (i		00542	e-mail	Tel.	Municipality	635 pues		منا	2 Aug	IIV	ATION	RUCT
İ	siLitter g Walks	BUILDING							Rejection Date	FOR OFF	d Abatement		æ	) -		1411 116	1	8	act	FAX: ()	fapplicable):	Exp. Date		MEN	11.		6		Z	CN.	'	لحملاهن 🗸	<u>S</u>
į	>1 oo en te	CONTAIN AN					Inter Th	12-12-11	Approval Date	FOR OFFICE USE ONLY (Optional)	□Rad	□ Rer	☐ Addition			CHIT	LAR					Date DEPTE		A VAINCOOKTH		24 DOOR 152	00					12 13 11	ĔRN
	Refrigerati Cross-Con Hazzardoui Sprinklers	Y OF THE FO					1400	(8)	+	LY (Optional)	☐ Radon Remediation	☐ Renovation	ition				-					1 61		3 (8			8000					Led ms	Ę
	Refrigeration Systems Cross-Connections/Bac Hazardous Uses/Place Sprinklers	OLLOWING							Approval				□ <b>0</b>		12. Wettands	Base	Flood	<u> </u>	S Max. C		•	4. New B	3. Avea -	2. Height	VI. BUILDIN	13. TOTAL	12. Other	•	8. Subtot	<ol> <li>Subtotal</li> <li>Less 209</li> </ol>	5. Elevat	3. Plumbing	V. PEE SUMMU
; ; ;	Refrigeration Systems Cross-Connections/Backflow Preventers Hazardous Uses/Places of Assembly Sprinklers	~							Relection		Annual Permit	Reconstruction	emolition	!	nds yes_	Flood Elevation	Hazaid Zone	Cand Area Disturbed	Occupantly Load	Live Load	Volume of New Structure	New Building Area	– Largest Floor	Height of Structure	VI. BUILDING/SITE CHARACTERISTICS		Other	A December	Subtotal State Permit Surcharge Fee	ital 20% for State Plan Review <b>3</b> ,	Elevator Devices		V. PEE SUMMARY (for office use only)  1. Building  \$.
	l	  -		0		<u>}</u>			viewer +		22		<i>&gt;</i> - ≤		3	9		sturbed	Idina: State		ucture		ğ		RACTERIST			-	arge Fee	Plan Revie			ffice use on
	8. ☐ Smoke Control Systems in Open Wells 9. ☐ Underground Storage Tanks. (0. ☐ Swimming Pools, Spas and Hot Tuts.)		D. Construct. Classification:	<ol> <li>C. MIXED USE "List secondary use(s):</li> </ol>	2. Use Group, Proposed:	NON-RESIDENTIAL (primary use)     State Specific Use:	Lost, Rental	Gained, Rental	Gained, Sale	3. Change in Use Group, Indicate Present	2. Use Group, Proposed:	1. State Specific Use:	A. RESIDENTIAL (primary use)	and the state of t					Annough Hill						TICS	5	200		R	vs 180	1	60	\$ 120 120 15
	tems in Open te Tanks has and Hot I	Proposed	ion: Present	List secondary use(s): حانة secondary	<b>英</b>	bamary use)			10 Siruo (830)	o, Indicate Pn			y use)		£.	, T		sa i		 	2	sq. #	- sq. #.	1∷ t 	· (of		7						assodn
	wells Tubs	ed		s):						esent			n	ñ	-										(office use anly)					,			upuaw

### CERTIFICATION IN LIEU OF OATH

<ol> <li>OWNER SECTION (to be completed if the applicant is the owner in fee)</li> </ol>
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 be 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 certificate of occupancy.
I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FO THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTE ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, O OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK, I AM VOLUNTARIL 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, renova- tion, or repair to an existing single famlly 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 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, count 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.
SignatureDate
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, coun 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 Taxati 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.
(V) Check if contractor.
Agent Name Altrenation Electric INC
Address 337 ELE KC
Telephone (
Signature

### UCC NEW JERSEY CERTIFICATE

Permit # Control 11-683

	MONROEVILLE, NJ 08343-
	337 EIK ROAD
	ALTERNATIVE ELECTRIC INC
U	
3	GLASSBORO, NJ 08028-
O	113 SILVER AVENUE
ĸ	e/Occupant BRIGANDI, JOSEPH
c	
	ocation 113 SILVER AVENUE
Ħ	Lot 2 Qual
	IDENTIFICATION
:    -	

### ] CERTIFICATE OF OCCUPANCY

Fax

accordance with the New Jersey Uniform Construction Code and is approved This serves notice that said building or structure has been constructed in

### [X] CERTIFICATE OF APPROVAL

If the permit was issued for minor work, this certificate was based upon in accordance with the New Jersey Uniform Construction Code and is approved what was visible at the time of inspection. This serves notice that the work completed has been constructed or installed

# [ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

conditions must be met no later than If this is a Temporary Certificate of Occupancy or Compliance, the following \_ or the owner will

09/12/2013

U.C.C. F260 (pav. 3/96)

Construction official

Use Group R-3  Maximum Live Load 0  Construction Classification  Maximum Occupancy Load 0  Description of Work/Use:	Home Warranty No.
Maximum Live Load 0 Construction Classification Maximum Occupancy Load 0 Description of Work/Use:	₽-3
Construction Classification  Maximum Occupancy Load 0  Description of Work/Use:	Maximum Live Load 0
Maximum Occupancy Load 0  Description of Work/Use:	Construction Classification
Description of Work/Use:	Maximum Occupancy Load 0
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Description of Work/Use:

RESHINGLE AND INSTALL FLASHING AND RACKING FOR SOLAR SYSTEM

- [ ] 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

parts of the building there are no imminent hazards and the building is approved for continued occupancy. This serves notice that based on a general inspection of the visible

## [ ] 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

Collected by:	Paid	F00
čte	Ξ	45
d by:	Check	
	No.	
TAF	302	0

7

U.C.C. F170 [rev. 3/96]

04/05

THE BOROUGH OF GLASSBORO CONSTRUCTION OFFICE (856) 881-9230 X 88310

Permit # 11-683

Control #

Date Issued 12/20/11

IDENTIFICATION Block 4 Lot 2	AT PROPRIE STRONG TO
Work Site Location 113 SILVER AVENUE	Contractor ALTERNATIVE SIECTRIC INC
	Address 337 ELK ROAD
Owner in Fee BRIGANDI, JOSEPE	MONROEVILLE, NJ 08343-
Address 113 SILVER AVENUE	Telephone
	Lic. No. or Bldrs. Reg. No.
Telephone Telephone	Federal Emp. No.

	Construction Official Date
Collected By	Estimated Cost of Works 13,000
Total Check No	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.
Cert. of Occ	
Other DCA State Per	RESHINGLE AND INSTALL FLASHING AND RACKING FOR SOLAR SYSTEM
Fire Protects Elevator Devi	(Subchapter 8 only)
Plumbing	[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] DEMOLITION
Bullang	[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
PARMENTO (CHI	Is hereby granted permission to perform the following work:

Building\_ PAYMENTS (Office Use Only) \_burq trical State Permit Fee .. of Occupancy\_ ator Devices Protection Ħ 302 202 22 0 0 0 0

þ

Sq. Ft. Cu. Ft.

C HOD

[ ] State Approved

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

THE BOROUGE OF GLASSBUKO CONSTRUCTION OFFICE (856) 881-9230 X 88310

### TECHNI

Date Issued Permit # Control 11-683 12/20/11

DCA State Permit Hee v	DCA S	Industrialized Building:	O Sq. Ft.	New Bldg. Ares/All Floors
3 4	Corrected by: The		0 Sq. Ft.	Area Largest Floor
7		3. TOTAL (174) \$	D Bt.	Height of Structure
Minimum Fee \$	W 1 Check # 302			No. of Scortes
Administrative Surcharge \$ 0	Administrat	2. Alteration \$ 12,000	o	1
•		1. New Bldg. \$ 0	Proposed	lass Present
		Est. Cost of Bldg. Work:	Proposed R-3	Use Group Present R-3 Pr
				B. BUILDING CHARACTERISTICS
	[ ] Demolition		BarrierFree	
	Other		Final	
	Other		Other	Approved By:
	[X] Ocner BLASHING/ RACALM		1 18 1	Date:
	1.680 1		Mechanical	TO [ ] 000 [ ] 00 [ ]
	3008		Energy	SUBCODE APPROVAL [ ] Elev
	[ ] FOOT " the declarate Carbohan		Finishes	[ ] Elect [ ] Plumb [ ] Fire
0	1		Insulation	Joint Plan Review Required:
0	- Name Control		BarrierFree	[ ] Other
Sq. Ft. 0	0		Ezame	[ ] Frame
Neight (exceeds 6')			12 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	[ ] Foundation
0	[ ] Siding		ar	[ ] Footing
00	[X] Roofing		Poundation	
	[X] Alteration		Footing	
	[ ] Addition	Failure Failure Approval Initial	Type Fai	] No Plans Req.
		Dates (Month/Day)	INSPECTIONS	PLAN REVIEW Date Initial
to .	TYPE OF NORA			JOB SUMMARY (Office Use Only)
PEE (Office Use Only)				
				Federal Emp. No.
				Lic. No. or Bldrs. Reg. No.
				Tele. Fax
	ACCUMANTA SALA SALASSAS			MONROEVILLE, NJ 08343-
RACKING FOR SOLAR SYSTEM	CONTROL AND INSTALL RIAGHING AND RACKING FOR SOLAR SYSTEM			Address 337 KLK ROAD
	DESCRIPTION OF HOME		INC	Contractor ALTERNATIVE ELECTRIC
	CHARGE CALL STATE COLORS			Tele.
	P THE PART OF THE PARTY			GLASSBORO, NJ 08028-
	origina corre			Address 113 SILVER AVENUE
				Owner in Fee BRIGAMDI, JOSEPH
			ann year	NOLK SIDE TOCATION TITS BITTERN SECTION
e this application.	of record and am authorized to make this application.		ENTIR.	BLOCK *
ant of) owner	I hereby certify that I am the (agent of) owner		Oual	
		NO: 1-800-272-1000	CALL UTILITY DIG	TOWERS NOTITY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
	C. CERTIFICATION IN LIEU OF CATH	THEOTHER PARTICULARY: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING	PIETE ALL APPLICAB	. IDENTIFICATION-APPLICANT: COM