Building Occupied as Use Group Federal Emp. ID No. 20-3754038 B. ELECTRICAL CHARACTERISTICS Home improvement Contractor Registration No. or Exemption Reason (if applicable): Contractor License No. 34BA00180100 Work Site Location 11 Est. Cost of Elec. Work \$ Address Owner in Fee CONTRACTORS, NOTIFY THIS OFFICE CALL UTILITY DIG NO: 1-800-272-1000. SUBCODE APPROVAL for CERTIFICATE SUBCODE APPROVAL JOB SUMMARY (Office Use Only) Contractor: _ 161 CAN Block Approved by: PLAN REVIEW Approved by: Joint Plan Review Required: [] Bidg. [] Plumb. [] Fire Date: } Pole/Pad # [] Electric Pians Approved No Plans Required] Partial - Understab Utilities Approved 820 Bear Tavern Rd.-3rd Fl 1 1000 West Trenton, NJ 08628 Vivint, Inc. C/O Steve Coppola Approved by Approved by: Present 1 102 SAN DED ゴスな SANDRAUR はらにもと] Temporary Rough Annual Pool hispection -Final Cut-in-Card Date Issued Other CO Trench Barrier-Free INSPECTIONS Date of Grg Temp. Serv. Constr. Serv Certification Barrier-Free Service Temp. Cut-in-Cate Date Issued Utility Co. ding and Bonding e-mail Proposed [] Other Tel. (877) 479-1667 Fax: (801) 765-5749 Exp. Date 8/31/2019 Qualification Code Fallure Failure Dates (Month/day) 8 Approva

CERTIFICATION IN LIEU OF OATH

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

Applicant's lignature/Contractor's Seal and Signature

Date Received Control #

Permit # Date Issued

burglar alarm system	Installation of low-voltage, wireless	DESCRIPTION OF WORK
	wireless	

D. TECHNICAL SITE DATA

3	Minimum Fee	1
\$ 65.8	Administrative Surcharge	7
		1
		.
	KW Elec. Sign/Outline Light	
	AMP Motor Control Center	
	AMP Subpanels	
	AMP Service	
	KW Transformer/Generator	
	Hp Motors 1/+ HP	
	KW Baseboard Heat	-
	HP/KW Space Heater/Air Handler	ł.
	KW Central A/C Unit	
	HP Garbage Disposal	ļ.
	KW Dishwasher	
	KW Elec. Dryer/Receptacle	1.
	KW Elec. Water Heater	
	KW Oven/Surface Unit	
	KW Elec. Range/Receptacle	1
	Storable Poel/Spa/Hot Tub	
	Pool Permit/with UW Lights	ŀ
\$ 85 %	TOTAL NUMBERS	
\		
	Alarm Devices/F A C. Panel	I
	Communications Points	1.
	Motor—Fract. HP	
	Light Poles	1
	Detectors	
	Switches	:
	Receptacles	
	Lighting Fixtures	
FEE (Office Use Only)	SIZE ITEMS	Ĭ,

	CO		
٠.	tate P	٠,	Adit
	ermit	:	III JUSU
101	Surchai	Minim	TIVE SAID
TOTAL FEE	State Permit Surcharge Fee	linimum Fee	Authinstrative outcharge & _
69	4	44	



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

Owner in Fee Myke Carrowe
Address 177 sandra Or
Tele. (973) 892 - 1250 -0707
contractor May 20 Construction Col
Address 78/tudson Ave
10tows NS 07512
Tele. (973)
Lic. No. or Bidrs. Reg. No.

Federal Emp. No.

	[] No Plans [] All [] Footing [] Foundat [] Frame [] Other Joint Plan Rev [] Elec. [] SUBCODE AP [] CO [Date: Approved by:	JOB SUMMAR
B. BUILDING CHARACTERISTICS	ion iew Require Plumb. [] PROVAL] CCO	JOB SUMMARY (Office Use Only) PLANREVIEW Date 1
TICS	Fire []E	lse Only)
	Elevator	nitial
7		INSPECTIONS
	Failure	
	Failure	Dates (N
	Failure Approval	onth/Dav)

Date Received Date Issued Control # Permit #
5/18/0

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

Administrative Surcharge Minimum Fee DCA Training Fee	TYPE OF WORK: New Building 3472	DESCRIPTION OF WORK
re Surcharge \$	# 0 0 1 G 2 A 0 * FEE (Office Use Only)	

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

Area — Largest Floor

Height of Structure_ No. of Stories Constr. Class Use Group

Present Present /

Proposed Proposed

Est. Cost of Bldg. Work:

Volume of New Structure New Bidg. Area/All Floors.

Sq. Ft.

Sq. Ft. Ţ

> 3. Total (1+2) Alteration 1. New Bldg.

> > 9500,00

Sq. Ft. Cu. Ft.

Total Land Area Disturbed

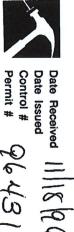
1. White = Inspector Copy 3 Pink = Office Copy

2 Canary = Office Copy 4 Gold = Applicant Copy

1

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2 Canary = Office Copy 4 Gold = Applicant Cop	U.C.C. Form F-110B 1 White = Inspector Copy 2 3 Pink = Office Copy 4	Sq.
		Sq. Ft.
EE \$ 32	TOTAL FEE	No. of Stories
	by: H. Laperaldoca T	Present 5 15 Proposed 1. New Bldg.
ee \$	Paid [1] Check # Cas Minimum Fee	Ι,
L	Administration Supplies	==
	[] Demolition	
	[] Other	oved By:
	[] Other	
	[] Asbestos Abatement	[] CO [] CA TCO
	[] Pool	APPROVAL
	[] Sign Sq. Ft.	Fire
	[] Fence Height (6' or over)	Joint Plan Review Required: Finishes:
		[] Other Insulation
	.	[] Frame Frame
0	Alteration 92,960	[] Foundation Slab
		[] Footing Foundation
5	laing	[] All Footing
0		[CANO Plans Req. 11/18/96 2.4 Type: Failure Failure Approval Initial
1 (Office		PLAN REVIEW Date Initial, INSPECTIONS Dates (Month/Day)
		JOB SUMMARY (Office Use Only)
2 A		
i		Federal Emp. No or Social Security No. \(\lambda 0 - \lambda 2 - \text{O13} \)
-	347	1
	<u>`</u>	Tele. (201) 305-0555
		TOTOWA N.J. 07512
1000	TIP L LAYERS AND TE	13 SHADY LN.
		actor SUCLIVAN
S	DESCRIPTION OF WORK	
	D'. TECHNICAL SITE DATA	RWOTGT
		, 177 SAN
	Signature	CANAN
	11/1 Shall	TOTOWA N.J. O
	and any authorized to make this application.	Work Site Incation 177 SANDRA DR.
-	I hereby certify that I am the (agent of) owner of record	RACTORS, NOTIFY THIS OFFICE, CALL UTILITY
	C. CERTIFICATION IN LIEU OF OATH	APPLICANT:

(Office Use Only) 333

C. CERTIFICATION IN LIEU OF OATH	入
ON IN LIEU	Date Received Date Issued Control # Permit #
OF OATH	18431

red by: H. Holland A	
dministra	
Istrative Surcharge Minimum Fee CA TRAINING FEE TOTAL FEE	





Date Received 6/9/95

CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block Lot S A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

Tele. ()		Address	Contractor	Tele. ()&		Address	Owner in Fee		Work Site Location	Block
	iet ourg	SAME 177 Sandra Dr.	SELF - Michael Carrons	89,0-0997 " (work) 908-87	Totowor Angela	177 SANDER OF	Michael Carrone	Totowal	TOTOWA - 177 SANDRA DA	
				08-808-7723						

Federal Emp. No	Lic. No. or Bldrs. Reg. No	Tele. ()
or Social Security No	No.	

[] Elec. SUBCODE [] CO [Date:	[] Elec. SUBCODE [] CO [[] Elec.	[] Elec.		Joint Plan	Other	[] Frame	[] Foundation	[] Footing	IA []	[] No Plans Req	PLAN REVIEW	INS BOL
[] Elec. [] Plumb. [] Fire SUBCODE APPROVAL [] CO [] CA Date:	[] Plumb. [] APPROVAL] CCO [] CA	[] Plumb. [] APPROVAL	[] Plumb. []		Joint Plan Review Required:	Other Deck		ation	g	•	ans Req.	IEW.	JOB SUMMARY (Office Use Only)
				Fire	u.	6/0/100						Date	e Use O
						X	7					Initial	nly)
	Other	TCO	Mechanical	Energy	Finishes:	Insulation	Frame	Slab	Foundation	Footing	Туре:	INSPECTIONS	
											Failure		
											Failure	Dates (N	
											Failure Approval	Dates (Month/Day)	
											Initial		4

Cost of Bldg. Work:	
Bldg. Wo	Cost
Wo	으
0	Bldg.
	0

B. BUILDING CHARACTERISTICS

Present 43

Proposed 23

Present

Proposed

3. Total (1+2) \$ Alteration New Bldg. 2000,00

.

New Bldg. Area/All Floors.

Area—Largest Floor Height of Structure_ No. of Stories_ Constr. Class Use Group

Total Land Area Disturbed. Volume of New Structure_

.Sq. Ft. Cu. Ft. Sq. Ft. Sq. Ft. Ţ

C. CERTIFICATION IN LIEU OF OATH

and am authorized to make this application I hereby certify that I am the (agent of) owner of record

Sign	k
Signature	3 S
	wall.
	h

:

D.
TECHNICAL
SITE
DATA

DESCRIPTION OF WORK 20 XIH DECK - BEAR SIDEOF HOUSE

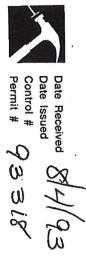
[] Asbestos Abatement [OF WORK: New Building Addition Alteration [] Roofing [] Siding [] Fence [] Sign	
	Sq. Ft. 00092_038899 3 66 19950194 SF or over) * 0 0 0 1 G 2 A N	3472
35-	(Office Use Only) FEE	

TYPE OF WO

, 2	Collected by: A i tylingerough	Paid [Y Check # Q Y	/ U/COAD
TOTAL FEE	DCA TRAINING FEE	Minimum Fee	ministrative Surcharge
\$	\$	(4)	\$

00





U.C.C. Form F-110B 1 1			Cu. Ft.	Total Land Area Disturbed
				New Blog. Area/All Floors
	,		Sq. Ft.	Area—Largest Floor
	+2) \$ 000	3. lotal (1+2))]	Height of Structure
,	ا ا ا	2. Alteration	1	No. of Stories
Collected by Marting secure		1. New Bldg.	Proposed	Constr. Class Present
Paid [] Check #	Φ.	Est. Cost	Proposed	
			TICS	B. BUILDING CHARACTERISTICS
[] Other			Final	Approved By:
Ciner			Other	Date:
[] Asbestos Abatement			TCO	[] co [] cco [] cA
			Mechanical	SUBCODE APPROVAL
			Energy	[] Elec. [] Plumb. [] Fire
			Finishes:	Joint Plan Review Required:
			Insulation	[] Other
			- Frame	[] Frame
_ 2	. 		Slab	[] Foundation
			Foundation	[] Footing
			Footing	[] All
•	Failure Approval Initial	Failure F	Type:	[] No Plans Req
TYPE OF WORK	(Month/Day)	-	Initial INSPECTIONS	PLAN REVIEW Date
			Use Only)	ARY (Office
•		urity No	761) or Social Security No	Federal Emp. No. 32-309/61)
(1257)				Tele. (881) 178 311
1211 600 600				700
112 Stell +1 6 +100			11000	Address X 14
1 1001.			1/20 1/20 300 1/2/2	56.5
(, + , 1)			5	
DESCRIPTION OF WORK			Z	たかい
TECHNICAL SITE DATA			SENDER DIVE	S
Signature ()			1000	Owner in Fee Co. C
			なせる	Takon
and am authorized to make this ap		ع	Sawa Delve	Work Site Location ()
I hereby certify that I am the (ag	O.	1-800-272-100	TIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.	CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
C CERTIFICATION IN LIEU C	NATION WHEN CHANGING		ANT: COMBLETE ALL ABBLICA	A IDENTIFICATION ABBI ICA

OF OATH

	and am authorizes	I hereby certify that I
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)	this	the
	application	am the (agent of)
	atio	9
	5	owner of record
		o
		record

sts 1 shirts Over) without

\$ 55,00	Administrative Surcharge Minimum Fee Sylectification DCA TRAINING FEE TOTAL FEE
49.00	on Roofing Siding Sign
(Office Use Only) FEE	ORK: