



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 107 Lot 5 Qualification Code _____
 Work Site Location 177 SANDRA DR

Owner in Fee: SANTANA BARTIANY
 Tel: 913 810 9021 e-mail _____
 Address: 177 SANDRA DR TOWNA 07822
 Contractor: Vivint, Inc. C/O Steve Coppola Tel: (877) 479-1667 e-mail _____
 Address: 820 Bear Tavern Rd.-3rd Fl, West Trenton, NJ 08628

Contractor License No. 34BA00180100 Exp. Date 8/31/2019
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. 20-3754038 Fax: (801) 765-5749
 B. ELECTRICAL CHARACTERISTICS
 Use Group Present Proposed _____ Other _____
 Pole/Pad # _____ Temporary _____ Utility Co. _____
 Building Occupied as _____
 Est. Cost of Elec. Work \$ 199

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 Partial - Underslab Utilities Approved
 Electric Plans Approved
 Date: _____ Approved by: _____
 Joint Plan Review Required: _____
 Bldg. Plumb Fire Elec Sewer
 SUBCODE APPROVAL FOR PERMIT
 Date: 2/21/18 _____
 Approved by: [Signature] _____
 SUBCODE APPROVAL FOR CERTIFICATE
 CO CCO CA
 Date: _____
 Approved by: _____

INSPECTIONS	Failure	Dates (Month/day)	Approval	Initial
Type: Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Const. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card				
Date Issued				
Final Cut-in-Card				
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 _____
 Licensed Elec. Contractor Certifd Landscape Irrigation Contr' Exempt Applicant

D. TECHNICAL SITE DATA
 DESCRIPTION OF WORK
Installation of low-voltage, wireless burglar alarm system

Date Received 2/14/18
 Control # _____
 Date Issued _____
 Permit # 18-064

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	\$ <u>85.00</u>
		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 1/4- HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge \$ 85.00
 Minimum Fee \$ 1.00
 State Permit Surcharge Fee \$ 06.00
 TOTAL FEE \$ 92.00



BUILDING SUBCODE TECHNICAL SECTION



Date Received 5/18/04
Date Issued
Control #
Permit # 04-287

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

Block 167 Lot 5
Work Site Location 177 Sandra Dr.
Owner In Fee Mike Canore
Address 177 Sandra Dr
Tele. (973) 442 830-8397
Contractor Manzo Construction LLC
Address 28 Hudson Ave
104059 25 075N
Tele. (973) 948-1176 Fax ()
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. _____

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

B. BUILDING CHARACTERISTICS
Use Group Present R-3 Proposed R-3
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 \$ 9500.00
3. Total (1+2) \$ _____

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
Vinyl Siding

00092 038899 3472
20040281 SF

TYPE OF WORK:
 New Building
 Addition
 Alteration
 Roofing
 Siding
 Fence
 Sign
 Pool
 Asbestos Abatement Subchapter 8
 Lead Haz. Abatement NJAC 5:17
 Other
 Demolition

	FEE (Office Use Only)
Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ <u>13.00</u>
TOTAL FEE	\$ <u>59.60</u>

Approved



Date Received 11/18/96
 Date Issued
 Control # 96431
 Permit #

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

Block 167 Lot 5
 Work Site Location TOWNA N.J. 07512
 Owner in Fee MIKE CORRAN
 Address 177 SAUNDA DR.
 TOWNA N.J. 07512
 Tele. () 890 0995
 Contractor SULLIVAN BLDG. INC.
 Address 13 SHADY LN.
 TOWNA N.J. 07512
 Tele. () 201 305-0555
 Lic. No. or Bldrs. Reg. No. _____ or Social Security No. 150-52-0135
 Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
[X] No Plans Req.	<u>11/18/96</u>	<u>AC</u>	Type:	Failure	Approval
<input type="checkbox"/> All			Footing		
<input type="checkbox"/> Footing			Foundation		
<input type="checkbox"/> Foundation			Slab		
<input type="checkbox"/> Frame			Frame		
<input type="checkbox"/> Other			Insulation		
Joint Plan Review Required:			Finishes:		
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	Energy		
SUBCODE APPROVAL			Mechanical		
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	TCO		
Date:			Other		
Approved By:			Final		

B. BUILDING CHARACTERISTICS

Use Group Present R3 Proposed _____
 Constr. Class Present 5B Proposed _____
 No. of Stories _____ Ft. _____
 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) \$ 31000.00

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Rip 2 Layers and re roof with Ice shield



TYPE OF WORK:

<input type="checkbox"/> New Building	
<input type="checkbox"/> Addition	
<input type="checkbox"/> Alteration	
<input checked="" type="checkbox"/> Roofing	
<input type="checkbox"/> Siding	
<input type="checkbox"/> Fence	Height (6' or over)
<input type="checkbox"/> Sign	Sq. Ft.
<input type="checkbox"/> Pool	
<input type="checkbox"/> Asbestos Abatement	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	
<input type="checkbox"/> Demolition	

Paid Collect Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 Collected by: [Signature] DCA TRAINING FEE \$ _____
 TOTAL FEE \$ 38-

Revised



Date Received
Date Issued
Control #
Permit #

6/9/95
95194

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

Block 5 Lot 3
 Work Site Location TOTOWA - 177 SANDRA DR
 Owner in Fee Michael Carrone
 Address 177 SANDRA DR
TOTOWA
 Angela
 Tele. () 890-0997 (Work) 908-878-7723
 Contractor SELF - Michael Carrone
 Address SAME 177 Sandra Dr.
TOTOWA
 Tele. () _____
 Lic. No. or Bid's. Reg. No. _____ or Social Security No. _____
 Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
 Constr. Class Present _____ Proposed _____
 No. of Stories _____ Ft.
 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 \$ 2,000.00
 3. Total (1 + 2) \$ _____

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 * M Carrone

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
20 X 14 DECK - BEAR SIDE OF HOUSE

- TYPE OF WORK:
- New Building
 - Addition
 - Alteration
 - Roofing
 - Siding
 - Fence _____ Height (6' or over)
 - Sign _____ Sq. Ft.
 - Pool
 - Asbestos Abatement
 - Other Deck
 - Other Deck
 - Demolition



(Office Use Only)
 FEE

\$ _____
 \$ _____
 \$ 35-
 \$ 35-

Paid Check # 2459 Administrative Surcharge \$ _____
 Collected by: A. Fitzgerald Minimum Fee \$ _____
 DCA TRAINING FEE \$ _____
 TOTAL FEE \$ 72.00

Approved



Date Received 8/4/93
 Date Issued _____
 Control # 93318
 Permit # _____

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

Block 167 Lot 177 Sanders Drive
 Work Site Location Garsons
 Owner in Fee _____
 Address 177 Sanders Drive
 Tele. (201) 890 0997
 Contractor Alternative Renovations
 Address 819 Willow Ave Hoboken NJ
 Tele. (201) 795 5177
 Lic. No. or Bids. Reg. No. _____ or Social Security No. _____
 Federal Emp. No. 22-3091611

JOB SUMMARY (Office Use Only)

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

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. \$ 7,000

2. Alteration \$ _____

3. Total (1+2) \$ 7,000

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

- install 2 skylights 1 sliding door windows

- install tile floor

- install new cabinets

TYPE OF WORK:	(Office Use Only) FEE
<input type="checkbox"/> New Building	
<input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Alteration	<u>49.00</u>
<input type="checkbox"/> Roofing	
<input type="checkbox"/> Siding	
<input type="checkbox"/> Fence _____ Height (6' or over)	
<input type="checkbox"/> Sign _____ Sq. Ft.	
<input type="checkbox"/> Pool	
<input type="checkbox"/> Asbestos Abatement	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Demolition	

Paid Check # _____

Collected by: [Signature] DCA TRAINING FEE

Administrative Surcharge \$ _____

Minimum Fee \$ _____

TOTAL FEE \$ 55.00