



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 37 Cheveny Court

2. Name of Owner in Fee: Melissa Stoy Tel. ()

Address 37 Cheveny Court Hamilton, NJ 08619
street municipality zip code

3. Ownership in Fee: Public Private

4. Principal Contractor: EMGEN Electrical Services (609) 581-7700

Address P.O. Box 9074 Trenton, NJ 08650

License No. OR, if new home, Builder Reg. No. 19754 Exp. Date 2015

Federal Employee No. 74-3080962 FAX: (609) 581-7794

5. Architect or Engineer _____ Tel. ()

Address _____

6. Responsible Person in Charge of Work Bruno Romano

Tel. (609) 581-7700 FAX (609) 581-7794

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical	\$	<u>100</u>	
3. Plumbing	\$		
4. Fire Protection	\$		
5. Elevator Devices	\$		
6. Subtotal	\$		
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. DCA Training Fee	\$		
10. Subtotal	\$		
11. Cert. of Occupancy	\$		
12. Other	\$		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____

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 no

11. Max. Live Load _____

12. Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. <input type="checkbox"/> Minor Work									
2. <input type="checkbox"/> New Building									
3. <input type="checkbox"/> Addition									
4. <input type="checkbox"/> Alteration									
5. <input type="checkbox"/> Fire Protection									
6. <input type="checkbox"/> Plumbing									
7. <input type="checkbox"/> Electrical									
8. <input type="checkbox"/> Elevator Devices									
9. <input type="checkbox"/> Asbestos Abat. Subch. 8									
10. <input type="checkbox"/> Lead Hazard Abatement									
11. <input type="checkbox"/> Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. Hotels (R-1)

2. Multi-Family (R-2)

3. Two-Family (R-3) BOCA

4. Two-Family (R-4) CABO

5. One-Family (R-3) BOCA

6. One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

III. DO YOU WANT: (optional)

1. Partial Releases

2. Prototype Processing

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

1. Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks

2. High Pressure Boilers

3. Pressure Vessels

4. Refrigeration Systems

5. Cross-Connections/Backflow Preventers

6. Hazardous Uses/Places of Assembly

7. Sprinklers

8. Smoke Control Systems in Open Wells

9. Underground Storage Tanks

OCCUPANCY LOAD
 USE GROUP
 Plan Approval
 Fire
 Bldg.
 Elec.
 Plbg.

APPROVAL PRIOR TO ISSUING A CERTIFICATE OF OCCUPANCY - RESIDENTIAL AND COMMERCIAL

Application for C of O given when calling for final inspections

All technicals signed by prospective inspectors

Homeowner's Warranty Form with Buyer's name on it

Mercer County Soil Approval, except for land disturbed under 5,000 square feet Temp. Clear

Reason _____

Authorized by _____

Public Works Approval (copy sent to Engineering) Temp. Clear

Reason _____

Authorized by _____

Septic System and/or water approval from Health Dept.

Final Asuilt approved by Engineering or memo stating posting of bond

C of O Typed after all approvals are given

Other

SIGN _____ DATE _____

U.C.C. F100-1 (rev. 3/96)

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.vii:

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. 5:32-2.15(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 EMBEU Electrical Services, LLC
 Address P.O. Box 9074
Trenton, NJ 08650
 Telephone (609) 581-7700
 Signature [Signature]

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

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	
<input type="checkbox"/> Zoning Officer									
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Department of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Department of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)		Name of Code & Edition	
Building	_____	Energy	_____
Electrical	_____	Barrier Free	_____
Plumbing	_____	Flood Hazard	_____
Fire Protection	_____	As Built Elevation Cert.	_____
Mechanical	_____	Other	_____

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval	No. _____	_____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued 11-20-14
 Control # C-14-280389
 Permit # _____

20144393

IDENTIFICATION Block: 2167 Lot: 513 Qualifier _____
 Work Site Location: 37 CHEVERNY CT Hamilton Township, NJ Contractor EMGEN Electrical Services LLC
 Address P.O. BOX 9074 Hamilton NJ 08620
 Owner in Fee STOY MELISSA ANN
37 CHEVERNY COURT HAMILTON NJ 08619 Telephone: (609) 510-7014
 Telephone: _____ Lic. No. or Bldrs. Reg. No. 14754
 Federal Employee No. 74-3080962

Is hereby granted permission to perform the following work:

- | | | |
|------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> ASBESTOS ABATEMENT
(Subchapter 8 only) | <input type="checkbox"/> OTHER |

DESCRIPTION OF WORK:

SPLICE EXTENDED SERVICE CABLE

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 \$2,500

[Signature] 11/18/14
 Construction Official Date

U.C.C. F170
 equiv (rev 1/04)

- 1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

PAYMENTS (Office Use Only)	
Building	\$0
Electrical	\$100
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$5
CO Fee	
Other	\$0
Total	\$105
Check No. <u>062853</u>	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- Required inspections for all subcodes for one- and two-family dwellings are as follows:
- The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 - Foundations and all walls up to grade level prior to back filling.
 - All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 - Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
- A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".
- A complete copy of released plans must be kept on the job site.


If you do not understand any of this information, please ask.



**ELECTRICAL SUBCODE
TECHNICAL SECTION**



Date Received 11-20
Control # 11-20
Date Issued 08/14/14
Permit # 08144393



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

Block _____ Lot _____ Qualification Code _____
 Work Site Location 37 Cheverny Court
Hampton, NJ 08619
 Owner in Fee: Melissa Stoy
 Tel. (____) _____ e-mail _____
 Address 37 Cheverny Court Hampton, NJ 08619
 Contractor: EMGEN Electrical Services, LLC Tel. (609) 581-7700
 Address P.O. Box 9074 e-mail emgen@optonline.net
Trenton, NJ 08650
 Contractor License No. 14754 Exp. Date 2015
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. 74-3080962 FAX: (609) 581-7794

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
 Pole/Pad # _____ Temporary Other _____
 Building Occupied as _____ Utility Co. _____
 Est. Cost of Elec. Work \$ 2,500.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
<input checked="" type="checkbox"/> PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
<input checked="" type="checkbox"/> No Plans Required		Rough	_____	_____	_____	_____
<input checked="" type="checkbox"/> Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	_____	_____
Date: _____ Approved by: _____		Trench	_____	_____	_____	_____
<input type="checkbox"/> Electric Plans Approved		Temp. Serv.	_____	_____	_____	_____
Date: _____ Approved by: _____		Constr. Serv.	_____	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.		Other	_____	_____	_____	_____
SUBCODE APPROVAL <u>11/1/14</u>		Service	_____	_____	_____	_____
Date: _____ Approved by: _____		Final	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____ Approved by: _____		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 or) owner of record and authorize to make this application and perform the work listed on this application.

Brian Stoy
 Applicant's Signature/Contractor's Seal and Signature
16754

Licensed Elec. Contractor Certifd Landscape Irrigation Contr' Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace splice & extend service cable.

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

Administrative Surcharge \$ 100
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ 5
 TOTAL FEE \$ _____



CUT-IN-CARD

LOCATION _____ UTILITY CO _____
37 Choverney BLK 2167 LOT 513

OWNER _____ OCCUPANT _____

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

FINAL TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 100 A 1p 3w - Re-introduction

INSTALLED BY Enger LICENSE NO 14759

DATE 11/20/14 PERMIT # 144393 INSPECTOR Paul [Signature]

CALLED IN / / Lic. No: 7137

* * Transmit Confirmation Report * *



P1

11/20/2014 21:09

TTI: Hamilton Twp Insp

TTI Number: 6098904026

Distant Station	Resolution	Start Time	Time	Page	Kind	Result	Error Code	Message
609 716 8599	Normal	11/20 21:09	00:07"	1		# OK		

CUT-IN-CARD

LOCATION 37 Choverney UTILITY CO _____
 BLK 2161 LOT 513

OWNER _____ OCCUPANT _____

"Installation in the above premises has been inspected and is
 in accordance with N.E.C. and DCA requirements."

FINAL TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 100 Amp SW - Re-Installation

INSTALLED BY F. Meyer LICENSE NO 14459

DATE 11/20/14 PERMIT # 14-4573 INSPECTOR [Signature]

CALLED IN / / Lic. No: 7121

U.C.C. Form F-35GD 1 White - OFFICE COPY 2 Tag - UTILITY COPY