



PLUMBING SUBCODE
TECHNICAL SECTION



COMPLIANT

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

Block _____ Lot _____
Work Site Location 2 Blake Ave. Qualification Code Clark
Owner in Fee: A. Yess e-mail _____
Tel. _____

Address _____
Contractor: N.J. Plumbing & Heating, Inc. municipality T/A Chapman Brothers zip code
Address 36 North Ave. East, Cranford, NJ 07016
908-276-1320 Fax: 908-276-1326
Contractor License No. N.J. Plumb Lic #: 6073 & 6848
Home Improvement Contractor Registration No. or Exemption Reason NJHVAC Lic #: 1274 & 1335
Federal Emp. ID No. PIC Reg #: 13VH02062700
Federal ID #: 22-3811782

B. PLUMBING CHARACTERISTICS
Use Group _____ Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 11,275-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	Type:	Failure Approval Initial
<input type="checkbox"/> Partial - Underslab Utilities Approved	Slab	
Date: _____ Approved by: _____	Rough	
<input type="checkbox"/> Plumbing Plans Approved	Water	
Date: _____ Approved by: _____	Sewer	
Joint Plan Review Required:	Fixtures	
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	Gas Equipment	
SUBCODE APPROVAL for PERMIT	Gas Piping	
Date: _____	LPGas Tank	
Approved by: _____	Fuel Oil Piping	
SUBCODE APPROVAL for CERTIFICATE	Solar	
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	<u>Final</u>	
Date: _____		
Approved by: _____		

Date Received Control # 1127/23
Date Issued Permit # 23-060
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 sign/Contractor _____
Print name here: G. Swick [] Licensed Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other <u>Furnace</u>	

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 75



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____
 WORK SITE ADDRESS 2 Blake Ave. N.J. Plumbing & Heating, Inc.
 Owner in Fee C. Jesse T/A Chapman Brothers
 Verifying Individual _____ Company 36 North Ave East, Cranford, NJ 07016
 Address _____ 908-276-1320 Fax: 908-276-1326
 _____ N.J. Plumb Lic #: 6073 & 6848
 _____ NJ HVAC Lic #: 1274 & 1335
 Tel: (____) _____ City _____ Fax: (____) _____ Zip Code _____
 _____ HIC Reg #: 13VH02062700
 _____ Federal ID #: 22-3811782

Check the Appropriate Box(es):

Type of Replacement:		Existing Vent/Chimney:	Size _____
<input type="checkbox"/>	Oil to Gas Conversion	<input type="checkbox"/>	"B" Label Vent
<input checked="" type="checkbox"/>	Gas to Oil Conversion	<input type="checkbox"/>	"L" Label Vent
<input checked="" type="checkbox"/>	Gas Appliance Replacement	<input type="checkbox"/>	Flexible Liner
<input type="checkbox"/>	Oil to Oil Replacement	<input type="checkbox"/>	Power Vent/Exhauster
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: _____	Oil / Gas / Other: _____	_____
Appliance 2: _____	Oil / Gas / Other: _____	_____
Appliance 3: _____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____
 Material of Liner: Stainless Steel _____ Aluminum _____
 Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____
 Length of Connector: _____ Vent Connector Rise: _____
 How does the appliance vent? Natural Draft Fan-assisted Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature _____ Date _____

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature _____ Date _____

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature _____ Date _____

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____ Date _____

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

*All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.*

TOWNSHIP OF CLARK
 430 WESTFIELD AVENUE
 CLARK, NJ 07066-1704
 (908) 388-3600



**PLUMBING
 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 159 Lot 1

Work Site Location 2 Blake Dr.

Owner in Fee Lucille Makashi

Address 2 Blake Dr.

Contractor [REDACTED]

Address 27 Devon Lane

Tele. (202) 574-0480 Fax (202) 574-0898

Lic. No. 6249

Federal Emp. No. 22-3539147

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 495.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 Joint Plan Review Required:
 Building Electric
 Fire Elevator
 Plumbing Plans Approved
 Date: 12/13/00
 Approved by: [Signature]

INSPECTIONS
 Type: _____
 Slab _____
 Rough _____
 Water _____
 Sewer _____
 Fixtures _____
 Gas Equipment None
 Gas Piping _____
 Solar _____
 TCO _____

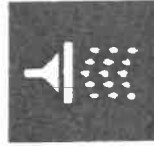
Dates (Month/Day)
 Failure _____ Approval _____ Initial _____

SUBCODE APPROVAL
 CO CCO CA
 Date: 12/13/00
 Approved by: [Signature]

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.

Signature --- Contractor's Seal _____ [] Exempt Applicant



Date Received 12/12/00
 Date Issued _____
 Control # 00-1046
 Permit # _____

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 DCA Training Fee \$ _____
 TOTAL FEE \$ 35.00

Replace 40 gal. gas w. H.

UCC/PRO F-130 (REV3/96) 12/21/00 No Rec. 10/15
 Professional Printing
 (609) 468-7933

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK: _____ LOT: _____ PERMIT#: _____

WORKSITE ADDRESS: 2 Blake Dr Clark

Certifying Individual(Print Name)

Company

Name: Lenny Grieco

Name: Lenny's PTH

Address

Street: 27 Devon Lane

City: Clark

State: Clark, N.J. 07066

Zip: 07066

Phone# (⁷³²) 574-0480

Check The Appropriate Box

Type of replacement:

- Oil to Gas Conversion
- Gas Appliance Replacement
- Oil to Oil Replacement
- Other (describe): _____

Existing vent/chimney:

- B label vent
- L label vent
- Masonry chimney-Tile lined
- Flexible liner
- Power vent/exhauster
- Other (describe): _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature

Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify the the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature

Date

Direct Vent Appliance:

No certification required:

Signature

Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.



NOTICE OF VIOLATION AND ORDER TO TERMINATE
 NOTICE AND ORDER OF PENALTY

Date Issued 3/12/99
 Control #
 Permit #

IDENTIFICATION

Work Site Location 2 Blake Drive Block 159 Lot 1
Clark, New Jersey 07066
 Owner in Fee Mr. & Mrs. William Makoski Agent J.T. Penyak
 Address 2 Blake Drive Address
Clark, New Jersey 07066 So. Plainfield, N. J.

ACTION

DATE OF NOTICE: _____ COMPLIANCE DUE DATE: _____ DATE OF INSPECTION: _____

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that: Failure to obtain the required Construction Permits. 5:23-2.14
 5:23-2.31

You are hereby ordered to terminate the said violations on or before _____.
 No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

Failure to comply with this Order will subject you to a penalty of \$ _____ per _____.

You are hereby ordered to pay a penalty in the amount of \$ ~~500.00~~ ²⁵⁰ for each violation for a total penalty of \$ ~~500.00~~ ²⁵⁰. Each week that any of the said violations remain outstanding after 3/12/99 shall result in an additional penalty of \$ 500.00 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the _____ County of _____ Union within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is \$ 100.00 to be forwarded with your application to the Board of Appeals office at Administration Building, 6th floor, Law Dept. Elizabeth, N. J.

If you have any questions concerning this matter, please call: Building Department 388-3600 Ext. 3029

NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ DATE: 3/12/99
 SCO

NOTICE AND ORDER OF PENALTY: _____ DATE: 3/12/99

pd. ck. # 3580 / 3/12/99



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

3/12/99
99-163

IDENTIFICATION Block 159 Lot 1
 Work Site Location 2 Blake DR. Contractor JIT. PENYAK RFC
 Owner in Fee makowski Address 124 CAMDEN AVE.
 Address SAME So. PIRel.
 Tel. () 754-4222
 Lic. No. or Bldrs. Reg. No. _____
 Fed. Emp. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: TEAR OFF 2 & REPLACE

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 \$ 4,100
 Construction Official [Signature]

3/12/99
 Date

PAYMENTS (Office Use Only)	
Building	<u>46.00</u>
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA Training Fee	<u>3.00</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>49.00</u>
Check No.	<u>3580</u>
Cash	_____
Collected by	_____

U.C.C. F170 (rev. 3/95)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY (see reverse side)

CLARK TOWNSHIP
 Construction Department
 430 Westfield Avenue
 Clark, New Jersey 07066
 (732) 388-3600 Ext. 3029



**BUILDING
 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 159 Work Site Location 2 BIAKE DR.
 Owner in Fee S Makowski
 Address S BIAKE DR.
 Tele. () 753-4222 Fax ()
 Contractor T.J. PENYAK RFG Co.
 Address 124 CAMDEN AVE.
50. P100.
 Lic. No. or Bldrs. Reg. No.
 Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 All
 Footing
 Foundation
 Frame
 Other

INSPECTIONS
 Date 3/12/99 Initial
 Type:
 Footing
 Foundation
 Slab
 Frame
 Barrier-Free
 Insulation
 Finishes
 Energy
 Mechanical
 CO CCO CA
 Fire Elevator

SUBCODE APPROVAL
 Date:
 Approved by:

Barrier-Free
 Barrier-Free

Dates (Month/Day)
 Failure Approval Initial

Est. Cost of Bldg. Work:
 1. New Bldg. \$
 2. Alteration \$
 3. Total (1+2) \$ 4,100

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.



Date Received 3/12/99
 Date Issued
 Control # 99-163
 Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TREAR - OFF 2, REPLACE WITH 25 yr.

TYPE OF WORK:

- New Building
 - Addition
 - Alteration
 - Roofing
 - Siding
 - Fence
 - Sign
 - Pool
 - Asbestos Abatement Subchapter 8
 - Lead Haz. Abatement NJAC 5:17
 - Other
 - Demolition
- Height (exceeds 6') Sq. Ft.

FEE (Office Use Only)

Administrative Surcharge \$
 Minimum Fee \$
 DCA Training Fee \$ 3.00
 TOTAL FEE \$ 49.00

U.C.C. F110 (rev. 3/88)

1 White = Inspector Copy
 2 Canary = Office Copy
 3 Pink = Office Copy
 4 Gold = Applicant Copy

CLARK
PUBLIC SERVICE
ELECTRIC & GAS COMPANY
RESIDENTIAL APPLIANCE CYCLING PROGRAM



CONSTRUCTION PERMIT

Date Issued 10/15/93
 Control # _____
 Permit # 93-9304

IDENTIFICATION Block 159 Lot 1
 Work Site Location 2 BLAKE DR Contractor MC LARON ELECTRIC
CLARK NJ 07066 Address 4 Duffie Place
 Owner in fee WILLIAM J MAKOSKI Tele. (900) 732-5877 Piscataway 08854-0000
 Address 2 BLAKE DR Federal Emp. No. 22-3086559
 CLARK NJ Exp. Date 10318 or Social Security No. _____

is hereby granted permission to perform the following work:
 BUILDING
 PLUMBING
 ELECTRICAL
 FIRE PROTECTION
 OTHER

DESCRIPTION OF WORK :

INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR
 PUBLIC SERVICE ELECTRIC & GAS COMPANY'S
 RESIDENTIAL APPLIANCE CYCLING PROGRAM ONLY

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 \$ 110.00

F-170C / REV for PSE&G WOH CONSTRUCTION OFFICIAL
INSPECTOR

PAYMENTS (Office Use Only)	
Building	_____
Plumbing	_____
Electrical	<u>23.00</u>
Fire Protection	_____
Other	_____
Other	_____
DCA Training Fee	_____
Cert. of Occ.	_____
Other	_____
Total	<u>23.00</u>
Check No.	<u>2213</u>
Cash	_____
Collected By:	_____

(see reverse side)



CERTIFICATE

CERT. NO. 90-156
 DATE ISSUED 9/28/90
 Block 159 Lot 1
 Subdivision _____

IDENTIFICATION

Owner Mr. & Mrs. Makoski Agent Al Apiuzis
 Address 2 Blake Drive Address 33 Farless Ave.
Clark, N.J. 07066 Old Bridge, N.J.
 Tel. (____) _____ Tel. (____) 251-6193
 Work Site Address Same Lic. No. _____
 Federal Emp. No. _____

PAYMENTS

Fees Remitted \$ 52.00
 Check No. 0106
 Cash
 Other _____
 Collected By: lds
 Date: 4/25/90

CERTIFICATE OF OCCUPANCY / APPROVAL

- A. CERTIFICATE OF OCCUPANCY CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

- B. CERTIFICATE OF CONTINUED OCCUPANCY

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

- C. TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK: Replacement of Bow Window, rewiring of room with lights and switches, removal of inside wall.

USE GROUP R 3 FIRE GRADING 1 Hr.

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE One family dwelling.

FINAL COST OF CONSTRUCTION: \$ _____

E. J. Williamson
 CONSTRUCTION OFFICIAL



CONSTRUCTION PERMIT

Date Issued 4-25-90
Control #
Permit # 90-156

IDENTIFICATION Block 159 Lot 1

Work Site Location CLARK N.J. Contractor A. Apruzzi

Owner in Fee MR + MRS MAKOSKI Address 33 FAIR-55 AVE

Address 2 BLAKE Drive Tele. (201) 281-6193

CLARK N.J. Lic. No. or Bldrs. Reg. No. Exp. Date

Tele. [REDACTED] Federal Emp. No. or Social Security No.

is hereby granted permission to perform the following work:

- BUILDING
- PLUMBING
- OTHER
- ELECTRICAL
- FIRE PROTECTION

DESCRIPTION OF WORK: REPLACEMENT OF BOW WINDOW WHICH IS SMALLER THAN THE ORIGINAL. REWIRING OF ROOM WITH LIGHTS AND SWITCHES - NEW SHEETROCK - REMOVAL OF INSIDE WALL

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 \$ 3,500.00

E.J. Sullivan
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	<u>27.00</u>
Plumbing	
Electrical	<u>35.00</u>
Fire Protection	
Other	
DCA Training Fee	
Cert. of Occ. <u>C/A</u>	<u>25.00</u>
Other	
Total	
Check No. <u>106/CASH</u>	
Cash	
Collected By: <u>[Signature]</u>	

U.C.C. Form F-170A

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

(see reverse side)

91-4

Snyder

3394
49598
17126



ELECTRICAL SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

4-20-90
90-156

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

Block 159 Lot #1
Work Site Location 2 Blake Drive, Clark N.J.
Owner in Fee MARLOSKI
Address 2 Blake Drive, Clark, N.J.
Contractor Sidney Brown
Address 1369 7th Unit, Union Pt., Bridgewater, N.J.
Tele. ()
Lic. No. 150 or Social Security No. [REDACTED]
Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Reinspection Resale Meter Set
 Pole/Pad # Temporary Other
Building Occupied as Dwelling Utility Co.
Est. Cost of Elec. Work \$ 1,660.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
 No Plans Required
 Joint Plan Review Required:
 Bldg. Plumb. Fire
 Elec. Plans Approved
Date: 4/23/90
Approved by: McPherson

INSPECTIONS:
Type: Rough Temporary Constr. Serv. TCO Other Service Final
Dates (Month/Day)
Failure Approval Initial
4/23/90 [initials]

SUBCODE APPROVAL:
 CO CCO [initials]
Date: 4/26/90
Approved by: [initials]

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Line Dept. _____

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.

Licensed Electrical Contractor Exempt Applicant
Sidney Brown Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
18		Fixtures (1)	
17		Receptacles (2)	
15		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Paid Check # 1821 Administrative Surcharge \$ 33.00
Collected by: gc Minimum Fee \$ 25.00
TOTAL FEE \$ 35.00

4-20-90 # 006075