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Received  
2-8-08



# CONSTRUCTION PERMIT APPLICATION

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

**I. IDENTIFICATION**

1. Proposed Work Site at: 113 SILVER

2. Name of Owner in Fee: JOE BRIGANDI JR.

Tel. (\_\_\_\_\_) e-mail \_\_\_\_\_

Address 113 SILVER CLASSBORO 08028

street municipality zip code

3. Ownership in Fee: Public \_\_\_\_\_ Private X

4. Principal Contractor: HJM CONTRACTING INC Tel. (\_\_\_\_\_) \_\_\_\_\_

Address 337 ELK RD MONROEVILLE NJ e-mail \_\_\_\_\_

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

5. Architect or Engineer: COMPASS ARCHITECTURE Contact RON FALL

Address 1203 HADDONFIELD/BERLIN RD e-mail \_\_\_\_\_

Tel. (\_\_\_\_\_) FAX: (\_\_\_\_\_) \_\_\_\_\_

8. Responsible Person in Charge once Work has Begun HARDY METCALF

Tel. (\_\_\_\_\_) FAX: (\_\_\_\_\_) \_\_\_\_\_

**V. FEE SUMMARY (for office use only)**

		Update	Update
1. Building	\$ <u>112</u>		
2. Electrical		<u>62</u>	
3. Plumbing		<u>65</u>	<u>46</u>
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review \$			
8. Subtotal	\$		
9. State Permit Surcharge Fee	<u>7</u>		
10. Subtotal	\$		
11. Cert. of Occupancy	<u>60</u>		
12. Other			
13. TOTAL	\$ <u>179</u>		

B  
E  
F  
P  
Z

**VI. BUILDING/SITE CHARACTERISTICS**

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 \_\_\_\_\_

(office use only)

**IIa. PROPOSED WORK**

Minor Work  New Building  Addition  Demolition

Repair  Alteration  Renovation  Reconstruction

Asbestos Abat. -Subch. B  Lead Hazard Abatement  Radon Remediation  Annual Permit

SUNROOM-FIRE PLACE-SPA

**IIb. SUBCODES**  
(Check all that apply)

Building

Electrical

Plumbing

Fire Protection

Elevator

**FOR OFFICE USE ONLY (Optional)**

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates		Re-viewer
						Approval	Rejection	
				<u>3/24/08</u>				
				<u>3/19/08</u>				
				<u>4/15/08</u>				
<b>TOTAL COSTS</b>								

**VII. DESCRIPTION OF BUILDING USE**

**A. RESIDENTIAL (primary use)**

1. State Specific Use: \_\_\_\_\_

2. Use Group: \_\_\_\_\_

3. Change in Use Group, Indicate Former: \_\_\_\_\_

4. No. of dwelling units: All Units Income-restricted

Before Construction \_\_\_\_\_

After Construction \_\_\_\_\_

Net Gain or Loss \_\_\_\_\_

**B. NON-RESIDENTIAL (primary use)**

1. State Specific Use: \_\_\_\_\_

2. Use Group: \_\_\_\_\_

3. Change in Use Group, Indicate Former: \_\_\_\_\_

**C. MIXED USE -List secondary use(s):** \_\_\_\_\_

**III. PLAN REVIEW (optional)**

DO YOU WANT:

1.  Partial Releases

2.  Prototype Processing

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

1.  Elevators/Fscalators/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

10.  Swimming Pools, Spas and Hot Tubs

09/12/2013 19:02

**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.ix:

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. 5:23-2.15(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, 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 HHM CONTRACTING CORP.

Address 337 ELK ROAD  
MONROEVILLE NJ 08343

Telephone ( [REDACTED] )

Signature [Signature] 9/11/13

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

THE BOROUGH OF GLASSBORO  
CONSTRUCTION OFFICE  
(609) 881-8140

Date Issued 03/13/08  
Control #  
Permit # 08-070

UCC NEW JERSEY  
CONSTRUCTION  
PERMIT

IDENTIFICATION Block 4 Lot 2 Qual \_\_\_\_\_

Work Site Location 113 SILVER AVENUE  
B

Contractor H.H.M. CONTRACTING CORP

Address 337 ELK ROAD

Owner in Fee BRIGANDI, JOSEPH

MONROEVILLE, NJ 08343-

Address 113 SILVER AVENUE

Telephone [REDACTED]

GLASSBORO, NJ 08028-

Lic. No. or Bldrs. Reg. No. \_\_\_\_\_

Telephone [REDACTED]

Federal Emp. No. [REDACTED]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

FOOTING & FOUNDATION ONLY - 16 X 35 SUNROOM

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 \$ 5,000

PAYMENTS (Office Use Only)

Building	<u>112</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>7</u>
Cert. of Occupancy	<u>60</u>
Other	_____
Total	<u>179</u>
Check No.	<u>3525</u>
Cash	_____
Collected By	<u>JEP</u>

\_\_\_\_\_  
Construction Official

03/13/08

Date

BUILDING  
SUBCODE  
TECHNICAL SECTION

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

Block 4 Lot 2 Qual  
Work Site Location 113 SILVER AVENUE

B  
Owner in Fee BRIGANDI, JOSEPH  
Address 113 SILVER AVENUE  
GLASSEBORO, NJ 08028-

Tele. [REDACTED]  
Contractor H.H.M. CONTRACTING CORP  
Address 337 BLK ROAD  
MONROEVILLE, NJ 08343-  
Tele. [REDACTED] Fax [REDACTED]  
Lic. No. or Bldrs. Reg. No.  
Federal Emp. No. [REDACTED]

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

FOOTING & FOUNDATION ONLY - 16 X 35 SUNROOM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Req.			Type	Failure Failure Approval Initial
<input type="checkbox"/> All	3/14/08	Co	Footing	
<input type="checkbox"/> Footing			Foundation	
<input type="checkbox"/> Foundation			Slab	
<input type="checkbox"/> Frame			Frame	
<input type="checkbox"/> Other			BarrierFree	
Joint Plan Review Required:			Insulation	
<input type="checkbox"/> Elect	<input type="checkbox"/> Plumb	<input type="checkbox"/> Fire	Finishes	
SUBCODE APPROVAL			Energy	
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Mechanical	
Date:			TCO	
Approved By:			Other	
			Final	
			BarrierFree	

TYPE OF WORK

	FEE (Office Use Only)
<input type="checkbox"/> New Building	\$ 0
<input checked="" type="checkbox"/> Addition	112
<input type="checkbox"/> Alteration	0
<input type="checkbox"/> Roofing	0
<input type="checkbox"/> Siding	0
<input type="checkbox"/> Fence 0 Height (exceeds 6')	0
<input type="checkbox"/> Sign 0 Sq. Ft.	0
<input type="checkbox"/> Pool - Above Ground	0
<input type="checkbox"/> Pool - In Ground	0
<input type="checkbox"/> Asbestos Abatement Subchapter 8	0
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17	0
<input type="checkbox"/> Other	0
Other	0
Other	0
<input type="checkbox"/> Demolition	0

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed R-3	Est. Cost of Bldg. Work:
Constr. Class Present		Proposed	1. New Bldg. \$ 5,000
No. of Stories	1		2. Alteration \$ 0
Height of Structure	5	Ft.	3. Total (1+2) \$ 5,000
Area Largest Floor	560	Sq. Ft.	
New Bldg. Area/All Floors	560	Sq. Ft.	Industrialized Building:
Volume of New Structure	2,800	Cu. Ft.	<input type="checkbox"/> State Approved
Total Land Area Disturbed	560	Sq. Ft.	<input type="checkbox"/> HUD

Administrative Surcharge	\$	0
Paid <input checked="" type="checkbox"/> Check # 3525	Minimum Fee	\$ 0
Collected by: JEP	TOTAL FEE	\$ 112
	DCA State Permit Fee	\$ 7

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THE BOROUGH OF GLASSBORO  
CONSTRUCTION OFFICE  
(609) 881-8140

Update Issued 04/09/08  
Control #  
Permit # 08-070+A  
Permit Issued 03/13/08

### UCC NEW JERSEY PERMIT UPDATE

IDENTIFICATION Block 4 Lot 2 Qual \_\_\_\_\_

Work Site Location 113 SILVER AVENUE  
BE

Contractor H.H.M. CONTRACTING CORP

Address 337 ELK ROAD

Owner in Fee BRIGANDI, JOSEPH

MONROEVILLE, NJ 08343-

Address 113 SILVER AVENUE

Telephone [REDACTED]

GLASSBORO, NJ 08028-

Lic. No. or Bldrs. Reg. No. \_\_\_\_\_

Telephone [REDACTED]

Federal Emp. No. [REDACTED]

Is hereby granted permission to perform the following work:

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

#### PAYMENTS (Office Use Only)

Building	155
Electrical	60
Plumbing	0
Fire Protection	65
Elevator Devices	0
Other	
DCA State Permit Fee	10
Cert. of Occupancy	0
Other	
Total	290
Check No.	3544
Cash	
Collected By	JEP

#### DESCRIPTION OF WORK:

SUNROOM - 16 X 35 WITH SPA

Estimated Cost of Work \$ 49,300

\_\_\_\_\_  
Construction Official

04/09/08

Date

BUILDING  
SUBCODE  
TECHNICAL SECTION

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

Block 4 Lot 2 Qual \_\_\_\_\_  
Work Site Location 113 SILVER AVENUE  
EE  
Owner in Fee BRIGANDI, JOSEPH  
Address 113 SILVER AVENUE  
GLASSBORO, NJ 08028-  
Tele. (\_\_\_\_\_) \_\_\_\_\_  
Contractor H.R.M. CONTRACTING CORP  
Address 137 ELK ROAD  
MONROEVILLE, NJ 08343-  
Tele. (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

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

SUNROOM - 16 X 35 WITH SPA

JOB SUMMARY (Office Use Only)

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

TYPE OF WORK

	FEE (Office Use Only)
<input type="checkbox"/> New Building	\$ _____ 0
<input checked="" type="checkbox"/> Addition	_____ 155
<input type="checkbox"/> Alteration	_____ 0
<input type="checkbox"/> Roofing	_____ 0
<input type="checkbox"/> Siding	_____ 0
<input type="checkbox"/> Fence _____ 0 Height (exceeds 6')	_____ 0
<input type="checkbox"/> Sign _____ 0 Sq. Ft.	_____ 0
<input type="checkbox"/> Pool - Above Ground	_____ 0
<input type="checkbox"/> Pool - In Ground	_____ 0
<input type="checkbox"/> Asbestos Abatement Subchapter 8	_____ 0
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17	_____ 0
<input type="checkbox"/> Other _____	_____ 0
Other _____	_____ 0
Other _____	_____ 0
<input type="checkbox"/> Demolition	_____ 0

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed R-3	Est. Cost of Bldg. Work:
Constr. Class Present	_____	Proposed _____	1. New Bldg. \$ _____ 45,000
No. of Stories _____	_____	_____	2. Alteration \$ _____ 0
Height of Structure _____	_____	_____	3. Total (1+2) \$ _____ 45,000
Area Largest Floor _____	_____	_____	Industrialized Building:
New Bldg. Area/All Floors _____	_____	_____	<input type="checkbox"/> State Approved
Volume of New Structure _____	_____	_____	<input type="checkbox"/> HUD
Total Land Area Disturbed _____	_____	_____	

Administrative Surcharge	\$ _____ 0
Paid <input checked="" type="checkbox"/> Check # <u>3544</u>	Minimum Fee \$ _____ 0
Collected by: <u>JEP</u>	TOTAL FEE \$ _____ 155
	DCA State Permit Fee \$ _____ 10

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ELECTRICAL  
SUBCODE  
TECHNICAL SECTION

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

Block 4 Lot 2 Qual \_\_\_\_\_  
Work Site Location 113 SILVER AVENUE  
BE  
Owner in Fee BRIGANDI, JOSEPH  
Address 113 SILVER AVENUE  
GLASSBORO, NJ 08028-  
Tele. \_\_\_\_\_  
Contractor R.J. RHILLEY ELECT. CONTR.  
Address BOX 362  
PITMAN, NJ 08071-  
Tele. (\_\_\_\_\_) Fax (\_\_\_\_\_) \_\_\_\_\_  
Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

B. ELECTRICAL CHARACTERISTICS  
Use Group -Present R-3 Proposed R-3  
 Pole/Pad # \_\_\_\_\_  Temporary  Other \_\_\_\_\_  
Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
Estimated Cost of Electrical Work \$ 4,000

JOB SUMMARY (Office Use Only)  
PLAN REVIEW  
 No Plans Required  
Joint Plan Review Required:  
 Bldg  Plumb  
 Fire  Elevator  
 Elect Plans Approved  
Date: \_\_\_\_\_  
Approved By: \_\_\_\_\_  
SUBCODE APPROVAL  
 CO  CCO  CA  
Date: \_\_\_\_\_  
Approved By: \_\_\_\_\_

INSPECTIONS	Dates (Month/Day)			
	Type	Failure	Approval	Initial
Rough	_____	_____	_____	_____
Temp Serv	_____	_____	_____	_____
Const Serv	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Other	_____	_____	_____	_____
Service	_____	_____	_____	_____
Final	_____	_____	_____	_____
	Temp. Cut-in-Card Date Issued	_____	_____	_____
	Final Cut-in-Card Date Issued	_____	_____	_____

D. TECHNICAL SITE DATA		FEE (Office Use Only)
NO.	ITEM	
<u>2</u>	Lighting Fixtures	
<u>10</u>	Receptacles	
<u>3</u>	Switches	
<u>3</u>	Detectors	
<u>0</u>	Light Poles	
<u>2</u>	Motors-Fract HP	
<u>0</u>	Emergency & Exit Lights	
<u>0</u>	Communications Points	
<u>0</u>	Alarm Devices/F.A.C. Panel	
<u>20</u>	TOTAL NUMBERS	<u>36</u>
<u>0</u>	Pool Permit/with UW Lights	<u>0</u>
<u>1</u>	Storable Pool/Spa/Hot Tub	<u>10</u>
<u>0</u>	KW Elect Range/Receptacle	<u>0</u>
<u>0</u>	KW Oven/Surface Unit	<u>0</u>
<u>0</u>	KW Elect Water Heater	<u>0</u>
<u>0</u>	KW Elect Dryer/Receptacle	<u>0</u>
<u>0</u>	KW Dishwasher	<u>0</u>
<u>0</u>	HP Garbage Disposal	<u>0</u>
<u>0</u>	KW Central A/C Unit	<u>0</u>
<u>0</u>	HP/KW Space Heater/Air Handler	<u>0</u>
<u>0</u>	Baseboard Heat	<u>0</u>
<u>0</u>	HP Motors 1/+ HP	<u>0</u>
<u>0</u>	KW Transformer/Generator	<u>0</u>
<u>0</u>	AMP Service	<u>0</u>
<u>0</u>	AMP Subpanels	<u>0</u>
<u>0</u>	AMP Motor Control Center	<u>0</u>
<u>0</u>	KW Elect Sign/Outline Light	<u>0</u>
	Other _____	<u>0</u>
	Other _____	<u>0</u>
	Other _____	<u>0</u>

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 Electrical Contractor  Exempt Applicant

Administrative Surcharge \$	<u>0</u>
Paid <input checked="" type="checkbox"/> Check # <u>3544</u> Minimum Fee \$	<u>14</u>
Collected by: <u>JEP</u> TOTAL FEE \$	<u>60</u>
DCA State Permit Fee \$	<u>0</u>

09/12/2013 19:02

FIRE PROTECTION  
SUBCODE  
TECHNICAL SECTION

Date Issued 04/09/08  
Control #  
Permit # 08-070+A

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

Block 4 Lot 2 Qual  
Work Site Location 113 SILVER AVENUE  
BE  
Owner in Fee BAIGANDI, JOSEPH  
Address 113 SILVER AVENUE  
GLASSBORO, NJ 08028-  
Tele. ( )  
Contractor R.J. REILLEY ELECT. CONTR.  
Address BOX 362  
PITMAN, NJ 08071-  
Tele. ( ) Fax ( )  
Lic. No. or Bldrs. Reg. No.  
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group - Present R-3 Proposed R-3 Fire Alarm System  
Constr Class - Present Proposed New [ ] Existing [ ]  
Heating Systems [ ] New [ ] Existing [ ] HVAC Location of Panel:  
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar Fire Suppression/Standpipe Sys  
[ ] Other New [ ] Existing [ ]  
Location: Location of Main Control Valve  
Total Est Cost of Fire Prot Work \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
		Type	Failure	Approval	Initial
[ ] No Plans Required	Alarm Sys				
Joint Plan Review Required:	Suppr Test				
[ ] Bldg [ ] Elect	Standpipe				
[ ] Plumb [ ] Elevator	Fire Pump				
[ ] Fire Plans Approved	PreEng Sys				
Date:	Mechanical				
Approved By:	Smoke Ctl				
SUBCODE APPROVAL	TCO				
[ ] CO [ ] CCO [ ] CA	Final				
Date:	Other				
Approved By:					

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:  
Water Supply Source  
Method of Alarm/Suppr Sys Superv

	FEE (Office Use Only)	
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [X] 110v Interconnected NUMBER		
[ ] System		
Alarm Devices (smoke, heat, pulls, water/flow)	6	
Supervisory Devices (tamper, low/high air)	0	
Signaling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	6	65
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other	0	0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other	0	0
Other	0	0
Other	0	0
Administrative Surcharge \$		0
Paid [X] Check # 3544 Minimum Fee \$		0
Collected by: JEP TOTAL FEE \$		65
DCA State Permit Fee \$		0

09/12/2013 19:02





**BUILDING SUBCODE  
TECHNICAL SECTION**



Date Received  
Control #  
Date Issued  
Permit #

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 112 SILVER AVE  
GLASSBORO NJ  
 Owner In Fee Joe Brigandi  
 Address 112 SILVER AVE  
GLASSBORO NJ  
 Tel. (\_\_\_\_) \_\_\_\_\_  
 Contractor HHM Contracting Corp  
 Address 337 ELK RD  
MONROEVILLE NJ 08343  
 Tel. (\_\_\_\_) \_\_\_\_\_ FAX \_\_\_\_\_  
 Contractor License No. or Builder Registration No. \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_

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  
16x35 Sun Room

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required				Footing				
<input checked="" type="checkbox"/> All	<u>2/26/08</u>	<u>JB</u>		Footing Bonding				
<input type="checkbox"/> Footing				Foundation				
<input type="checkbox"/> Foundation				Slab				
<input type="checkbox"/> Frame				Frame				
<input type="checkbox"/> Other				Truss Sys./Bracing				
				Barrier-Free				
Joint Plan Review Required:				Insulation				
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator				Finishes -Base Layer				
				Finishes -Final				
SUBCODE APPROVAL				Energy				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA				Mechanical				
Date:				TCO				
Approved by:				Other				
				Final				
				Barrier-Free				

**TYPE OF WORK:**

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

**FEE (Office Use Only)**

\$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. BUILDING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_ Est. Cost of Bldg. Work: 45000.00  
 Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_ 1. New Bldg. \$ 45000.00  
 No. of Stories 5 2. Rehabilitation \$ 5000.00 **F+H**  
 Height of Structure \_\_\_\_\_ Ft. 3. Total (1+2) \$ 50,000  
 Area - Largest Floor 560 Sq. Ft. 560  
 New Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft. 3887  
 Volume of New Structure 6687 Cu. Ft. 3887  
 Total Land Area Disturbed 2800 Sq. Ft. 3887

Administrative Surcharge \$ \_\_\_\_\_  
 Minimum Fee \$ \_\_\_\_\_  
 State Permit Surcharge Fee \$ \_\_\_\_\_  
**TOTAL FEE \$ \_\_\_\_\_**

U.C.C. F110 (rev. 07/03)  
 1 White = Inspector Copy  
 3 Pink = Office Copy  
 2 Canary = Office Copy  
 4 Gold = Applicant Copy



# ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received  
Control #

Date Issued  
Permit #

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 113 SILVER AVE GLASSBORO

Owner in Fee: JOSEPH BRIGANDI JR.

Tel. ( \_\_\_\_\_ ) 113 SILVER AVE e-mail \_\_\_\_\_

Address GLASSBORO NJ 08038

Contractor: R. J. REILLEY ELECTR. CONTRACTORS, INC. [REDACTED]

Address BOX 362 PITMAN NJ 08071 e-mail bob\_reilley@hotmail.com

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

### B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

[ ] Pole/Pad # \_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_

Building Occupied as FM Dwelling Utility Co. ACE

Est. Cost of Elec. Work \$ \$400.00

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK  
Addition to House

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
10		Receptacles	
3		Switches	
3		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		<u>FAN/LIGHT</u>	
11		TOTAL NUMBERS	\$ <u>36</u>
1		Pool Permit with UW Lights	<u>AC</u>
		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	

### JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[ ] No Plans Required			Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:			Rough				
[ ] Building [ ] Plumbing			Barrier-Free				
[ ] Fire [ ] Elevator			Trench				
[ ] Elec. Plans Approved			Temp. Serv.				
Date: _____			Constr. Serv.				
Approved by: _____			TCO				
			Other				
			Service				
			Final				
			Barrier-Free				
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued				
[ ] ICC [ ] ICCO [ ] IGA			Final Cut-in-Card Date Issued				
Date: _____			Annual Pool Inspection				
Approved by: _____			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.

Robert J. Reilley  
Applicant's Signature/Contractor's Seal and Signature

Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr' [ ] Exempt Applicant

U.C.C. F-120 (rev. 10/06)  
(Internet version)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_