



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 63 Lot 1 Qualification Code _____
 Work Site Location THE MOUNTAIN PARKWAY
MIDDLETOWN NJ 07748
 Owner in Fee: GERARD LOGAN CONST. LLC
 Tel. (732) 241-5776 e-mail _____
 Address 10 BOONE AVE e-mail _____
Atlantic Highlands NJ 07716 zip code _____
 Contractor: GERARD LOGAN CONST. LLC Tel. (732) _____
Atlantic Highlands NJ 07716 e-mail _____

Contractor License No. or Builder Registration No. 041202 Exp. Date 12-20
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required			<input checked="" type="checkbox"/> All	Footing				
<input type="checkbox"/> Footings/Foundations			<input type="checkbox"/> Structural/Framework	Footing Bonding				
<input type="checkbox"/> Exterior			<input type="checkbox"/> Interior	Foundation				
<input type="checkbox"/> Slab			<input type="checkbox"/> Truss Sys./Bracing	Slab				
<input type="checkbox"/> Frame			<input type="checkbox"/> Barrier-Free	Insulation				
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			<input type="checkbox"/> Finishes - Base Layer	Barrier-Free				
<input type="checkbox"/> Finishes - Final			<input type="checkbox"/> Energy	Insulation				
<input type="checkbox"/> Mechanical			<input type="checkbox"/> Mechanical	TOO				
<input type="checkbox"/> Other			<input type="checkbox"/> Final	Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.
 Max. Live Load _____
 Max. Occupancy / pad _____

If Industrialized Building:
 Constr. Class Present _____ Proposed _____
 State Approved _____ HUD _____

Est. Cost of Bldg. Work:
 1. New Bldg. \$ _____
 2. Rehabilitation \$ _____
 3. Total (1 + 2) \$ _____

Date Received _____ Control # _____
 Date Issued _____ Permit # _____
 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.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Addition Alternative according to submitted plans.

TYPE OF WORK:

<input type="checkbox"/> New Building	
<input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Rehabilitation	
<input type="checkbox"/> Roofing	
<input type="checkbox"/> Siding	
<input type="checkbox"/> Fence _____	Height (exceeds 6')
<input type="checkbox"/> Sign _____	Sq. Ft.
<input type="checkbox"/> Pool	
<input type="checkbox"/> Retaining Wall _____	Sq. Ft.
<input type="checkbox"/> Asbestos Abatement Subchapter 8	
<input type="checkbox"/> Lead Haz. Abatement NJAC 5.17	
<input type="checkbox"/> Radon Remediation	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Demolition	

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



FIRE PROTECTION 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 63 Lot 1 Qualification Code _____
Work Site Location 748 Monmouth Hwy Middletown
Owner In Fee: Ceriod 10000 Court NE
Tel. (732) 241-0770 e-mail _____
Address 10 Round Ave Atl. Blvd Middletown
Contractor: Forest 11056 Municipally _____ Tel. (732) 787-4110
Address Hwy 301 Middletown e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 2820
Federal Emp. ID No. _____ FAX: (____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible
Heating System: [] New OR [] Modification to Existing Fire Alarm System: [] New OR [] Existing
OR [] Conversion OR [] Replacement Location of Panel: _____
Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: [] New OR [] Existing
[] Other _____ Location of Main Control Valve: _____
Location: _____
Total Cost of Fire Protection Work \$ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	Type: _____	Failure _____ Approval _____ Initial _____
[] Partial -Under-slab Utilities Approved	Alarm System	
Date: _____ Approved by: _____	Suppression Sys.	
[] Fire Protection Plans Approved	Standpipe	
Date: _____ Approved by: _____	Fire Pump	
Joint Plan Review Required: _____	Pre-Eng. System	
[] Bldg. [] Elec. [] Plumb. [] Elev.	Mechanical	
SUBCODE APPROVAL for PERMIT	Smoke Control	
Date: _____	TCO	
Approved by: _____	Flam/Combust Tanks	
SUBCODE APPROVAL for CERTIFICATE	Fireplace Venting	
[] CO [] CCO [] CA	Final	
Date: _____	Other _____	

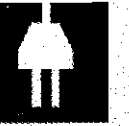
Date Received _____ Control # 127884
Date Issued 01/12/20
Permit # 20200952
I hereby certify that I am the (agent/of) owner of record and am authorized to make this application.
Applicant sign/Contractor sign and seal here:
Print name here: _____
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

NIAC 5-23-6-32(F) - If the cumulative area of all floors of the additions is 25 percent or more of the floor area of the largest floor of the existing building, smoke detectors complying with the building subcode shall be installed throughout the addition and the existing building.
Flammable/Combustible (i.e., horns/strobes, bells) _____
Alarm _____
Supervisory Devices (i.e., tamper, low/high air) _____
Signaling Devices (i.e., horn/strobes, bells) _____
Other Devices _____
TOTAL _____
Suppression Systems _____
Fire Pump _____ GPM Type _____
Dry Pipe/Alarm Valves _____
Pre-action Valves _____
Sprinkler Heads (Dry and Wet) _____
Standpipes _____
Pre-engineered Systems _____
Wet Chem/other exhaust hood systems rated for more than 400 cfm shall be provided with makeup air approximately equal to the exhaust air rate.
CO₂ Supp. _____ Refer to Section M1503, IRC 2015 New Jersey
Foam Supp. _____
FM200 Suppression _____
Other _____
Other Systems _____
Kitchen Hood Exhaust System _____
Smoke Control System _____
Fuel-Fired Appliances [] Gas [] Oil [] Solid _____
Fireplace Venting/Metal Chimney _____
Other _____
Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____



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 603 Lot 4 Qualification Code _____

Work Site Location 748 Monmouth Parkway Middletown NJ 07748

Owner In Fee: 66000 10000 20000 10000 10000

Tel. (732) 241-5776 e-mail _____

Address 10 Broom Ave. Atlantic Highlands NJ 07716

Contractor: LT Electric LLC Tel. (732) 533-8560

Address MIDDLETOWN NJ 07748 e-mail _____

Contractor License No. 15W02 Exp. Date 3/2021

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

Federal Emp. ID No. 522561250 FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

Pole/Pad # _____ Temporary Other _____

Building Occupied as Single Family Utility Co. SNV

Est. Cost of Elec. Work \$ 8000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required

Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

Bldg. Plumb. Fire. Elev.

SUBCODE APPROVAL for PERMIT

Date: _____ Approved by: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

CO CCO CA

Date: _____ Approved by: _____

INSPECTIONS

Type: _____ Failure _____ Approval _____ Initial _____

Rough _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

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 of owner of record and am authorized to make this application and perform the work listed on this application. Applicant sign/contractor sign and seal here.

Print name, here: _____

Licensed Elec. Contractor Certifd Landscape Irrigation Contr Exempt Applicant

D. TECHNICAL SCHEDULE

QTY	SIZE	ITEMS	FEE (Office Use Only)
34		Lighting Fixtures	
40		Receptacles	
29		Switches	
7		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	

Administrative Surcharge \$ _____

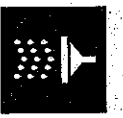
Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



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 63 Lot 7 Qualification Code _____
Work Site Location 748 Monmouth Parkway
Owner In Fee: 60000

Tel. (732) 246-5555 e-mail _____
Address 10 Avenue for Atlanta Atlanta, GA
Contractor: Everett Wood street municipality Tel. (732) 787-1100 zip code
Address Everett Wood e-mail _____

Contractor License No. 2750 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

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 \$ 60000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 Partial/Under-slab Utilities Approved
 Date: _____ Approved by: _____

Plumbing Plans Approved
 Date: _____ Approved by: _____
 Joint Plan Review Required: _____
 Bldg. Elec. Fire Elev.

SUBCODE APPROVAL FOR PERMIT
 Date: _____
 Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE
 CO CCO CA
 Date: _____
 Approved by: _____

INSPECTIONS	Dates (Month/Day)		
	Failure	Failure	Approval
Type:			Initial
Slab			
Rough			
Water			
Sewer			
Fixtures			
Gas Equipment			
Gas Piping			
L.P.Gas Tank			
Fuel Oil Piping			
Solar			
TCO			
Final			

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 and perform the work listed on this application.
Applicant sign/Contractor's sign and seal here:
Print name here: _____
[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
2 water

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	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other <u>10000</u>	

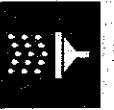
Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

All work shall conform to the requirements of the code

Date Received 1-23-04
Control # 610120
Date Issued 102200959
Permit # 102200959



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 03 Lot 1 Qualification Code _____
 Work Site Location 798 Monmouth Parkway
Madison NJ 07118
 Owner in Fee: Carroll Logan East Inc.
 Tel. (732) 241-5776 e-mail _____
 Address 10 Bowle Ave Atlantic Highlands NJ 07716
 Contractor: ASAM Mechanical Heating Inc. Tel. (848) 245-0260 zip code _____
792A Wesclover Rd e-mail _____
 Address Rowell NJ 07781
 Contractor License No. 10257 Exp. Date 6-30-25
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. 201886066 FAX: (848) 245-0261

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 \$ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
	Type	Failure	Failure	Approval	Initial
<input checked="" type="checkbox"/> No Plans Required	Slab				
<input checked="" type="checkbox"/> Partial Under-slab Utilities Approved	Rough				
<input checked="" type="checkbox"/> Plumbing Plans Approved	Water				
<input checked="" type="checkbox"/> Joint Plan Review Required	Sewer				
<input checked="" type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire <input type="checkbox"/> Elev.	Fixtures				
	Gas Equipment				
	Gas Piping				
	LP Gas Tank				
	Fuel Oil Piping				
	Solar				
	TCC				
	Final				

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 and perform the work listed on this application.
 Applicant sign/Contractor sign and seal here: _____
 Print name here: Carroll Logan East Inc.
 Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
rough + finish according to plans

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

Date Received 1-27-2024
 Control # 010120
 Date Issued 01/10/20
 Permit # 67202100152

All work shall conform to the requirements of the code

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