BLOCK ~~321.06~~ 321.06 LOT ~~23~~ 23 QUALIFICATION CODE NT ADDRESS (SITE) 284 BOEING DR. PERMIT NO. 08-1016

CONSTRUCTION PERMIT APPLICATION

RECD APR 1 6 2008

C08-001661

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

CHECK ENCLOSED

I. IDENTIFICATION

1. Proposed Work Site at: 284 BOEING DR. BRICK, NJ 08723
2. Name of Owner in Fee: GWENDOLYN PHILLIPS
   Tel. ([redacted] -mail
   Address (same as above)
3. Ownership in Fee: Public _____ Private
4. Principal Contractor: _____
   Address _____
   License No. OR, if new home, Builder Reg. No. #[illegible] Exp. Date [illegible]
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) #[illegible]
   Federal Emp. ID No. #[illegible] FAX: (732) 220-2553
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun RON VIBACK
   Tel. (800) 997-2585 FAX: (732) 220-2553

SLOMIN'S
28 KENNEDY BLVD STE 900
E. BRUNSWICK, NJ 08816
(800) 997-2585

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical	40		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 40-		

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 _____

IIa. PROPOSED WORK

- ☒ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☒ Electrical	$1,850.00				11/08	[illegible]			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS	$1,850.00								

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/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
10. ☐ Swimming Pools, Spas and Hot Tubs

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.

(X) Check if contractor.

Agent Name _____

Address *SLOMIN'S*
28 KENNEDY BLVD STE 900
E. BRUNSWICK, NJ 08816

Telephone (*(800) 997-2585*

Signature *Sylena Angelo*

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

CONSTRUCTION PERMIT

Date Issued 04/18/2008
Control # C-08-001661
Permit # 08-1016

IDENTIFICATION Block: 321.06 Lot: 23 Qualifier
Work Site Location: 284 BOEING DR. Brick Township, NJ

Owner in Fee: PHILLIPS, SR., GEORGE & GWENDOLYN
284 BOEING DR. BRICK NJ 08723

Telephone: [redacted]

Contractor: SLOMIN'S
Address: 28 KENNEDY BLVD SUITE 900 EAST BRUNSWICK NJ 08816-
Telephone: 800/997-2585
Lic. No. or Bldrs. Reg. No.: 13VH01245500
Federal Employee. No.: 11-1339259

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALARM SYSTEM (BURGLAR OR FIRE) 2 DOOR CONTACTS, 1 MOTION DETECTOR, 1 KEYPAD, 1 SIREN AND 1-6 ZONE CONTROL PANEL.

Note: If constuction 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 $150

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$40
Check No.	235689
Cash	$0
Credit	$0
Collected By	Kim Bogan

U.C.C. F170
equiv (rev 8/03)

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

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:

1. 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.
2. Foundations and all walls up to grade level prior to back filling.
3. 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.
4. 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.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/29/2009
Control Number C-08-001661
Permit Number 08-1016
Permit Issue Date 04/18/2008
Certificate Number 08-1016

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 284 BOEING DR. Brick Township, NJ Block: 321.06 Lot: 23 Qual:

Owner in Fee: PHILLIPS, SR., GEORGE & GWENDOLYN

Owner Address: 284 BOEING DR. BRICK NJ 08723

Telephone: [redacted]

Contractor SLOMIN'S

Address 28 KENNEDY BLVD SUITE 900 EAST BRUNSWICK NJ 08816-

Telephone: 800/997-2585 Fax: 732/220-0553

License Number or Builders Registration Number: 13VH01245500 Federal Emp. Number: 11-1339259

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALARM SYSTEM (BURGLAR OR FIRE) 2 DOOR CONTACTS, 1 MOTION DETECTOR, 1 KEYPAD, 1 SIREN AND 1-6 ZONE CONTROL PANEL.

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 09/29/2009 U.C.C. F260 (rev. 08/05)

MID Drum Point

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 08-1016

Date Issued Permit # 4/18/08

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

Block 321.06 Lot 23 Qualification Code

Work Site Location 284 Boeing Drive
Brick, NJ 08723

Owner in Fee: Gwendolyn Phillips

Tel. ( ) e-mail (Same as above).

Address [redacted]
street zip code

Contractor: Slomin's Security Tel. (800) 997-2585

Address 28 Kennedy Blvd. Suite #900 e-mail East Brunswick, NJ 08816

Contractor License No. #P00804 Exp. Date 2010

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): #13VH01245500

Federal Emp. ID No. #11-1339259 FAX: (732) 220-0553

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ $150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[X] No Plans Required 4/17/08

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 9-24-9

Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-22-09	DD
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.

Sylvia Angulo
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA Account #0510412

DESCRIPTION OF WORK
2 Door Contacts, 1 Motion Detector, 1 Keypad, 1 Siren & 1-6 Zone Control Panel.

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	
	x	Burglar Alarm	
		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 $

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

MID Drum Point

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 08-1016

Date Issued Permit # 4/18/08

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

Block 321.06 Lot 23 Qualification Code

Work Site Location 284 Boeing Drive
Brick, NJ 08723

Owner in Fee: Gwendolyn Phillips
(Same as above).

Tel. ( ) [redacted]

Address street [redacted] zip code

Contractor: Slomin's Security Tel. (800) 997-2585

Address 28 Kennedy Blvd. Suite #900 e-mail East Brunswick, NJ ~~08816~~

Contractor License No. #P00804 Exp. Date 2010

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): #13VH01245500

Federal Emp. ID No. #11-1339259 FAX: (732) 220-0553

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ $150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[X] No Plans Required 9/17/08

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 9-24-9
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-22-09	DD
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.

Sylvia Angulo
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [X] Exempt Applicant

D. TECHNICAL SITE DATA Account #0510412

DESCRIPTION OF WORK
2 Door Contacts, 1 Motion Detector, 1 Keypad, 1 Siren & 1-6 Zone Control Panel.

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	
	x	Burglar Alarm	
		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 $

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

MID Drum Point

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 08-1016

Date Issued Permit # 4/18/08

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

Block 321.06 Lot 23 Qualification Code

Work Site Location 284 Boeing Drive
Brick, NJ 08723

Owner in Fee: Gwendolyn Phillips
(Same as above).

Tel. ( ) e-mail

Address [redacted]
street zip code

Contractor: Slomin's Security Tel. (800) 997-2585

Address 28 Kennedy Blvd. Suite #900 e-mail East Brunswick, NJ 08816

Contractor License No. #P00804 Exp. Date 2010

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): #13VH01245500

Federal Emp. ID No. #11-1339259 FAX: (732) 220-0553

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ $150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[X] No Plans Required 4/17/08

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 9-24-9
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-22-09	DD
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.

Sylvia Angulo
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [X] Exempt Applicant

D. TECHNICAL SITE DATA Account #0510412

DESCRIPTION OF WORK
2 Door Contacts, 1 Motion Detector, 1 Keypad, 1 Siren & 1-6 Zone Control Panel.

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	
	x	Burglar Alarm	
		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 $

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Slomin's

125 LAUMAN LANE, HICKVILLE, NY 11801

No. 235889

Check Date: 4/11/08

BRICK TOWNSHIP, ********** , ********** ** **********

Invoice	Description	Date	P.O. #	Gross Amount	Discount Amount	Net Amount Paid
0510412		04/09/08	0510412	$40.00	$0.00	$40.00
			TOTALS:	**$40.00**	**$0.00**	**$40.00**

Detach at Perforation Before Depositing Check

Message area. Provide your vendors with updates!

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Slomins, Inc.
Jason Salzman
125 Lauman Lane
Hicksville NY 11801

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/23/2007 TO 12/31/2008
VALID

13VH01245500
LICENSE/REGISTRATION/CERTIFICATION #

X _____
Signature of Licensee/Registrant/Certificate Holder

Lawrence DeMaio
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Slomins, Inc
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

10/23/2007 TO 12/31/2008
VALID

SIGNATURE

13VH01245500 Lawrence DeMaio
License/Registration/Certificate # ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

Department Of Community Affairs

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Division of Fire Safety State of New Jersey

Hereby Issues To

SLOMIN'S INC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Alarm System

P00804	03/21/2007 to 04/30/2010	
Permit ID	Date Issued	Lapse Date

Susan Bass Levin
Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY

This is to certify that a Fire Protection Equipment Contractor Business Permit has been issued to:

SLOMIN'S INC

And is authorized to provide services on the following systems: FAS

03/21/2007 to 04/30/2010
Date Issued Lapse Date

P00804
Permit ID

PLEASE DETACH HERE

Fire Protection System Abbreviation Key:

AFPES-All Fire Protection Equipment Systems
FSS-Fire Sprinkler System
SHFSS-Special Hazard Fire Suppression System
FAS-Fire Alarm System
PFE-Portable Fire Extinguisher
KFSS-Kitchen Fire Suppression System

PLEASE DETACH HERE

Dear Contractor:

Congratulations on receiving a business permit as a Fire Protection Equipment Contractor. The business identified above is authorized by the New Jersey Department of Community Affairs to install, service, repair, inspect and maintain fire protection equipment on the systems/services identified on the permit. The services authorized by this permit are restricted to the Fire Protection Equipment services identified on the business permit application, and may be limited within each permit classification.

Let me commend you on your professional attitude and desire to provide a valuable service to the citizens of New Jersey. The business permit will be valid for a period of three years. At least one employee of the business must be certified within "each" specialty listed on the permit. An individual certified as a "All Fire Protection Equipment Systems" contractor is permitted to work on all fire protection equipment systems authorized by Public Law P.L. 2001, c. 289.

Please do not hesitate to contact our office if we may further assist you. Our mailing address is: Division of Fire Safety, Contractor Certification and Emblems Unit, P.O. Box 809, Trenton, New Jersey 08625-0809, or phone us at (609) 633-6737.

Sincerely,

Susan Bass Levin

Susan Bass Levin, Commissioner

State of New Jersey

BURGLAR ALARM
LICENSE
34BA00008300
EXPIRES: 8/31/2010
DOB: 1/27/1949

RONALD W. VIRACK

Underwriters Laboratories Inc.®

Northbrook, IL Santa Clara, CA
Melville, NY Research Triangle Park, NC
Camas, WA

A not-for-profit organization dedicated to public safety and committed to quality service

Applicant ID No: 180666-001
Service Center No 1
Expires: 31-MAR-2008

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY that the Alarm Service Company indicated below is included by Underwriters Laboratories Inc. (UL) in its Product Directories as eligible to use the UL Listing Mark in connection with Certificated Alarm Systems. The only evidence of compliance with UL's requirements is the issuance of a UL Certificate for the Alarm System and the Certificate is current under UL's Certificate Verification Service.

Listed Service From: HICKSVILLE, NY

Alarm Service Company: (180666-001)

SLOMIN'S INC
125 LAUMAN LN
HICKSVILLE NY 11801

Service Center: (180666-001)

SLOMIN'S INC
125 LAUMAN LN
HICKSVILLE NY 11801

The Alarm Service Company is Listed in the following Certificate Service Categories:

File - Vol No.	CCN	Listing Category
BP9824 - 1	CVSG	[Burglar Alarm Systems] Mercantile
BP6694 - 1	CVSU	[Burglar Alarm Systems] Monitoring Station, Residential
S5152 - 1	UUFX	[Signal and Fire Alarm Equipment and Services] (Protective Signaling Services) Central Station

*****THIS CERTIFICATE EXPIRES ON 31-MAR-2008 *****

"LOOK FOR THE UL ALARM SYSTEM CERTIFICATE"

Engineering Manager
01-MAR-2007

© 1998 UL Form CS-CC

09/13/01

SLOMIN'S, INC.
125 LAUMAN LANE
HICKSVILLE NY 11801

Taxpayer Identification# **111-339-259/000**

Dear Business Representative:

Recently enacted State law (Public Law 2001, c.134) requires all contractors and subcontractors with State, county and municipal agencies to provide proof of their registration with the Department of the Treasury, Division of Revenue. The law became effective September 1, 2001.

Our records indicate that you are currently registered with the Division of Revenue, and accordingly, we have attached a Proof of Registration Certificate for your use. If you are currently under contract or entering into a contract with a State, county or local agency, you must provide a copy of the certificate to the contracting agency.

Please note that the law sets forth penalties for non-compliance with the provisions above. See N.J.S.A. 54:52-20.

Finally, please note that the new law amended Section 92 of the Casino Control Act, which deals with the casino service industry.

Should you have any questions or require more information about the attached certificate, or are involved with the casino service industry, call (609) 292-1730.

Thank you in advance for your consideration and cooperation.

Sincerely,

Patricia A. Chiacchio
Director, Division of Revenue

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE
FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 252
TRENTON, NJ 08646-0252

TAXPAYER NAME:
SLOMIN'S, INC.

TRADE NAME:

TAXPAYER IDENTIFICATION#
111-339-259/000

CONTRACTOR CERTIFICATION#
0057400

ADDRESS
125 LAUMAN LANE
HICKSVILLE NY 11801

ISSUANCE DATE:
09/13/01

EFFECTIVE DATE:
03/01/91

Patricia A. Chiacchio
Director, Division of Revenue

FORM-BRC(08-01)

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

Jan 03 06 01:34p

State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

TELECOMMUNICATIONS WIRING EXEMPTION

Issued to: Slomin's Inc.

125 Lauman Lane, Hicksville, NY 11801
Address

Signature of Holder

Exemption No. 0682

Slomin's

125 LAUMAN LANE, HICKSVILLE, NEW YORK 11801 • 516/932-7000 • FAX 516/932-7030

THE SLOMIN'S SHIELD
HOME SECURITY SYSTEM

BRICK TOWNSHIP
401 Chambers Bridge Road
Brick, NJ 08723
732-262-1024

ATTN: Building Department.

Please find the enclosed permit application for your consideration:

284 BOEING DR.

Please reply to me the cost of this permit if a check has not already been enclosed so that I may arrange for proper payment as soon as possible. Should you have any questions and/or comments or should any further information be required, please do not hesitate to contact me.

Thank You,

Sylena Angulo
Permit Coordinator
Slomin's Security
28 Kennedy Blvd. Suite #900
East Brunswick, NJ 08816
800-997-2585 (Ext. #286)
732-220-0553 (Fax #)

Payment Enclosed: X