

# To-Do List, Inspections by Permit No. for 8/15/22

For the Following Subcodes: ELEC

Elk Township

Permit/Sched'd	Description & Owner	Site/Contact/Block Lot	Unit	Instructions	Inspector Notes
20210065 8/16/22 0:00 ELEC NH FIN	595 sf addition- familyroom & relocate bedrm, add bathrm. FINAL FOR SUBCODE SCHEEPER, JOSHUA	<b>265 CLAYTON AVE</b> OWNER 178/24	<b>P / F / X</b>		Final Electrical Inspection
20210242 8/16/22 0:00 ELEC NH FIN	Inground pool w/ concrete apron aluminum & vinyl fence FINAL FOR SUBCODE HAYES, KAREN L	<b>124 DAYLIGHT DR</b> Budds Pool 6/14.05	<b>P / F / X</b>		Final Pool Inspection
20220042 8/16/22 0:00 ELEC NH ROUG	Model Home / SFD-Bordeaux #3-Prototype, 3 bdrm, 2.5 bath, attached 2 car garage RH (on VINEYARDS AT SILVEF (856)214-3341	<b>29 THORNWOOD DR</b> N A RUSSO (856)214-3341 56.01/16	<b>P / F / X</b>		Rough Electrical Inspection
20220042 8/16/22 0:00 ELEC NH SERV	Model Home / SFD-Bordeaux #3-Prototype, 3 bdrm, 2.5 bath, attached 2 car garage RH (on VINEYARDS AT SILVEF (856)214-3341	<b>29 THORNWOOD DR</b> N A RUSSO (856)214-3341 56.01/16	<b>P / F / X</b>		Service Electrical Inspection
20220132 8/16/22 0:00 ELEC NH SERV	Replace service cable/meter can NEEDS C/O INSP AFTER INSP CLEARS SERVICE MATTHEWS, DOMINIQ	<b>107 BUCK RD</b> 2 Oak Street ACE SWANSON E 72/1	<b>P / F / X</b>		service inspection
20220157 8/16/22 0:00 ELEC NH FIN	roof mounted solar FINAL FOR SUBCODE VOGEL, CHRISTOPHEI	<b>306 WINESAP WAY</b> TRINITY SO 29.01/2	<b>P / F / X</b>		Reinspection - Final Rooftop Solar



**ELECTRICAL SUBCODE  
TECHNICAL SECTION**



RECEIVED

**FILE COPY**

Date Received 1-25-21  
Control # 5860  
Date Issued 4-1-21  
Permit # 2021-0043

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

Block 178 Lot 24 Qualification Code NT  
Work Site Location 265 Clayton Ave Monroeville NJ 083213

Owner in Fee: Joshua Scheeper

Tel. 856 466-0174 e-mail Josh199038@gmail.com

Address 265 Clayton Ave Elk 083213  
street municipality zip code

Contractor: Joshua Scheeper Tel. 856 466-0174

Address 265 Clayton Ave e-mail Josh199038@gmail.com

Contractor License No. N/A Exp. Date N/A

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): N/A

Federal Emp. ID No. N/A FAX: N/A

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present  Proposed

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

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ \$ 5000

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

[ ] Electric Plans Approved

Date: 1-27-21 Approved by: BS

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 1-22-21

Approved by: BS

SUBCODE APPROVAL FOR CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

**INSPECTIONS**

Type: \_\_\_\_\_

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 \_\_\_\_\_

**DATES (Month/Day)**

Failure \_\_\_\_\_

Approval 1-11

Initial BS

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**D. TECHNICAL-SITE DATA**

DESCRIPTION OF WORK:

ITEMS	SIZE	QTY.
Lighting Fixtures		7
Receptacles		20
Switches		3
Detectors		
Light Poles		
Motors—Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		0

FEE (Office Use Only) \$ 70

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

265 Clayton Ave

LIFE COPY

- 7.26
- ① Lights and Recept must be GFI protected
  - ② Basement Recept must be GFI protected
  - ③ Remove Recept from Air-Fix at R/C
  - ④ Need Dam. in A/C Disc
  - ⑤ Need Recept within 25'





# ELECTRICAL SUBCODE TECHNICAL SECTION



RECEIVED

SEP 15 2021

# FILE COPY

Date Received 9-15-21  
Control # 6148  
Date Issued 11-8-21  
Permit # 2021-0242

### C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: David DeRita

Print name here: David DeRita  
Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr' [ ] Exempt Applicant

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Pool Filtered Spase Lum

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1	6FT	Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	

TOTAL NUMBERS

2	LED	Pool Permit/with UW Lights	\$ 50.00
		Storable Pool/Spa/Hot Tub	75.00
		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 (V.M. Able Speed)	15.00
1	VAN	HP Motors 1/2 HP	
		KW Transformer/Generator	
		AMP Service	
1	30	AMP Subpanels	75.00
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Pool Hand Dry	

Administrative Surcharge \$  
 Minimum Fee \$  
 State Permit Surcharge Fee \$ 205  
 TOTAL FEE \$

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

Block 14.05 Lot 14.05 Qualification Code

Work Site Location 124 Daylight Drive

Owner in Fee: Karen Hayes

Tel. ( 201 ) 926-1707 e-mail

Address Same Above

Contractor: DeRita Electric Municipality Clarksboro, NJ zip code 08020

Address 100 East Cohawkin Rd. Tel. ( 856 ) 423-3617

Contractor License No. 14132 Exp. Date exp. 2021

Home Improvement Contractor Registration 80-0388888 Reason (if applicable):

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

### B. ELECTRICAL CHARACTERISTICS

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

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

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ 2500

### JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[ ] No Plans Required	Type:	Failure Approval Initial
[ ] Partial -Underslab Utilities Approved	Rough	
Date: _____ Approved by: _____	Barrier-Free	
[ ] Electric Plans Approved	Trench	
Date: <u>11-2-21</u> Approved by: <u>LD</u>	Temp. Serv.	
Joint Plan Review Required:	Constr. Serv.	
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.	TCO	
SUBCODE APPROVAL FOR PERMIT	Other	
Date: <u>11-2-21</u>	Service	
Approved by: <u>LD</u>	Final	
	Barrier-Free	
SUBCODE APPROVAL FOR CERTIFICATE	Temp. Cut-in-Card Date Issued	
[ ] CO [ ] CCO [ ] CA	Final Cut-in-Card Date Issued	
Date: _____	Annual Pool Inspection	
Approved by: _____	Date of Grounding and Bonding	
	Certification	

124 Daylight Dr

3-10 4 TRAIL TO REAR

3-12 BOND WIRE FROM POOL TO FILTER

4 RIDGE BOND TRAIL ASSUMED TO BOND TR FILTER OF  
POWER TRAIL + GROUND TO POOL LTR. (2) 1" PVC

3-22 PERMETER BOND 4 RUPS + 6 PIS OF BOND OF ALL





**ELECTRICAL SUBCODE  
TECHNICAL SECTION**



RECEIVED  
MAR 12 2022

**FILE COPY**

Date Received **3-2-2022**  
Control # **6344**  
Date Issued  
Permit #

**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: **Todd Fisher**

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:  
**Bordeaux model on basement**

QTY.	SIZE	ITEMS	FEE (Office Use Only)
41		Lighting Fixtures	
56		Receptacles	
37		Switches	
7		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
141		TOTAL NUMBERS	

1	40	Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Ranges/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1	20	KW Dishwasher	
0	0	HP Garbage Disposal	
1	5	KW Central A/C Unit	
1	1	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
1	200	KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge \$ **200**  
 Minimum Fee \$ **200**  
 State Permit Surcharge Fee \$ **200**  
 TOTAL FEE \$ **600**

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

Block **56.02** Lot **9** Qualification Code \_\_\_\_\_  
Work Site Location **29 Thornwood Drive**  
**Glassboro, NJ 08028**

Owner in Fee: **Russo Homes, LLC**  
Tel. **(856) 214-3341** e-mail **grusso@russocorporation.com**

Address **403 Helms Ave** Swedesboro, NJ **08085**  
street municipality zip code

Contractor: **Flash Electric NJ Corp** Tel. **(856) 369-0202**  
Address **510 Heron Dr Suite 100** e-mail **info@flashelectriccorp.com**  
**Swedesboro, NJ 08085**

Contractor License No. **16464** Exp. Date **03/31/2024**

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
Federal Emp. ID No. **823789958** FAX: \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**  
Use Group Present \_\_\_\_\_ Proposed **R5**  
[ ] Pole/Pad # \_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_  
Building Occupied as \_\_\_\_\_ Utility Co. **7,500**  
Est. Cost of Elec. Work \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

**PLAN REVIEW**  
 No Plans Required  
 Partial -Underslab Utilities Approved  
 Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Electric Plans Approved  
 Date: **3-2-22** Approved by:

Joint Plan Review Required:  
 Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.  
**SUBCODE APPROVAL for PERMIT**  
 Date: **3-2-22** Approved by:

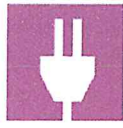
**SUBCODE APPROVAL for CERTIFICATE**  
 CO [ ] CCO [ ] CA  
 Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Type:	DATES (Month/Day)	
	Failure	Approval
Rough	_____	Initial
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	_____	_____





ELECTRICAL SUBCODE TECHNICAL SECTION



JUN 02 2022

FILE COPY

Date Received 6-2-2022
Control # 6454
Date Issued 6-7-2022
Permit # 2022-0132

TOWNSHIP OF 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:

Qualification Code (AKA 2 Oak St.)

Lot 1

Work Site Location 107 BUCK RD. ELK TWP.

Owner in Fee: MATTHEWS, DOMINIQUA

Tel. (215) 983-2065 e-mail

Address 85 WEAVER ST. PHILA. PA. 19119

Contractor: SWANSON ELECTRIC INC. municipality Tel. (856) 366-4219

Address 517 SPRUCE ST GLASSBORO NJ 08028 e-mail

WAYNESWANSON81@YAHOO.COM

Contractor License No. 7842 Exp. Date 03/31/2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 225237615 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co. ACE

Est. Cost of Elec. Work \$ 1,100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: Approved by: Barrier-Free

[ ] Electric Plans Approved

Date: Approved by: Trench

Joint Plan Review Required: Temp. Serv.

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev. Constr. Serv.

SUBCODE APPROVAL FOR PERMIT TCO

Date: Approved by: Other

Approved by: Barrier-Free

SUBCODE APPROVAL FOR CERTIFICATE Temp. Cut-in-Card Date Issued

[ ] CO [ ] CCO [ ] CA Final Cut-in-Card Date Issued

Date: Annual Pool Inspection

Approved by: Date of Grounding and Bonding Certification

Print name here: WAYNE SWANSON

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACE SERVICE CABLE, METER CAN

Table with columns: QTY., SIZE, ITEMS. Includes items like Lighting Fixtures, Receptacles, Switches, Detectors, Light Poles, Motors-Fract. HP, Emergency & Exit Lights, Communications Points, Alarm Devices/F.A.C. Panel.

TOTAL NUMBERS 0

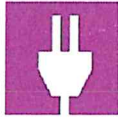
Table with columns: Pool Permit/with UW Lights, Storable Pool/Spa/Hot Tub, KW Elec. Range/Receptacle, KW Oven/Surface Unit, KW Elec. Water Heater, KW Elec. Dryer/Receptacle, KW Dishwasher, HP Garbage Disposal, KW Central A/C Unit, HP/KW Space Heater/Air Handler, KW Baseboard Heat, HP Motors 1/+ HP, KW Transformer/Generator, AMP Service, AMP Subpanels, AMP Motor Control Center, KW Elec. Sign/Outline Light.

Table with columns: Administrative Surcharge \$, Minimum Fee \$, State Permit Surcharge Fee \$, TOTAL FEE \$.





ELECTRICAL SUBCODE TECHNICAL SECTION



FILE COPY

NEC 2017

JUN 21 2022

RECEIVED

Date Received 6-21-2022
Control # 6476
Date Issued 7-5-2022
Permit # 2022-01577

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

Block 29.01 Lot 2 Qualification Code
Work Site Location 306 Winesap Way, Glassboro, NJ

Owner in Fee: Vogel, Christopher-
Tel. (856) 419-1382 e-mail chrisvogel1382@gmail.com

Address 306 Winesap Way
Contractor: Trinity Solar
Address 2211 Allenwood Rd. e-mail applications.nj@trinitysolarsystems.com

Contractor License No. 15474A Exp. Date 3-31-2024
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 223292324 FAX: (848) 220-9139

B. ELECTRICAL CHARACTERISTICS
Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 31,900

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: Charles P Bonicker

Print name here: Charles Bonicker
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: INSTALLATION OF INVERTERS AND PV SOLAR PANELS

Table with columns: QTY., SIZE, ITEMS, FEE (Office Use Only). Includes items like Lighting Fixtures, Receptacles, Switches, Detectors, Light Poles, Motors—Fract. HP, Emergency & Exit Lights, Communications Points, Alarm Devices/F.A.C. Panel, TOTAL NUMBERS, Pool Permit, etc.

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

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:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by: