BLOCK 262.2 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 1171 STOCKTON PLACE PERMIT NO. 030728

15326

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: _____
2. Name of Owner In Fee: MR. AND MRS. BUGOWSKI Tel. (732) 821-8578
   Address 1171 STOCKTON PLACE, NORTH BRUNSWICK 08902
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: MK WOODWORKING. INC. Tel. (609) 771-1350
   Address 1476 PROSPECT STR., TRENTON NJ 08638
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (609) 771-1306
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work ROLAND MASSE
   Tel. (609) 771-1350 FAX (609) 771-1306

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		64.-	
3. Plumbing		30.-	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal Admin.	$	10.-	
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		5.-	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	109.-	

VI. BUILDING/SITE CHARACTERISTICS

	(office use)
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	

LDS NB 10504082

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing					6/30/09				
7. ☑ Electrical	4000.-				6/30/09				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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.vii:

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. (X) Electrical C.4. (X) 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. 5:32-2.15(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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

030728

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

732. 247.0922
x450
TOM

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN RD - PO BOX 6019
NORTH BRUNSWICK, NJ 08902
732-247-0922

CERTIFICATE

IDENTIFICATION

Date Issued: 09/26/2003
Control #: 15326
Permit # 20030728

Block: 262.2 Lot : 12 Qual:

Work Site : 1171 STOCKTON PLACE
North Brunswick

Owner in Fee: BUGOWSKI, JOHN R. & KAREN E.

Address: 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902

Telephone:

Agent/Contractor: MK WOODWORKING

Address: *1476 PROSPECT STREET*
TRENTON NJ 08638

Telephone: 609 771-1350

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:

Social Security No.:

Home Warranty No:

Type of Warranty Plan: [ ] State [ ] Private

Use Group: R-3

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use: PLUMB/ELECTRIC

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _or the owner will be subject to fine or order to vacate.

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17 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 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.

[ ] **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

Thomas Paun

THOMAS PAUN Construction Official

Fees $0.00

Paid[ ]Check No

Collected by

U.C.C 360 (rev. 3/96)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN RD - PO BOX 6019
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Permit Number: 20030728
Permit Date: 07/09/2003
Update Number:
Control Number: 15326
Application Date: 06/12/2003

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 262.2 Lot : 12 Qual :

Work site Location:	1171 STOCKTON PLACE North Brunswick	Contractor:	MK WOODWORKING
Owner In Fee:	BUGOWSKI, JOHN R. & KAREN E.	Address:	1476 PROSPECT STREET
Address:	1171 STOCKTON PLACE		TRENTON NJ 08638
	NORTH BRUNSWICK NJ 08902	Telephone:	(609) - 771-1350
Telephone:	0 -	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-3	Federal Emp. No.:	

is hereby granted permission to perform the following work :

[ ]BUILDING [X]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:

PLUMB/ELECTRIC

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	5,500.00
Cost of Demolition:	0.00
Total Cost:	$5,500.00

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void.

THOMAS PAUN
Construction Official

Date 7/9/03

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

PAYMENTS (Office Use Only)

Building	
Electrical	$74.00
Plumbing	$30.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$5.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$109.00**
All Fees Waived :	No

Amount to be Paid:	**$109.00**
Check Number:	6126
Check amount:	$109.00

Collected by:	MW
Receipt No:	56035
Total Cash Amount	
Total Check Amount	$109.00
Total CC Amount	
Grand Total	$109.00

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN RD - PO BOX 6019
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 15326
Application Date: 06/12/2003

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 262.2 Lot : 12 Qual :

Work site Location:	1171 STOCKTON PLACE North Brunswick	Contractor:	MK WOODWORKING
Owner In Fee:	BUGOWSKI, JOHN R. & KAREN E.	Address:	1476 PROSPECT STREET
Address:	1171 STOCKTON PLACE		TRENTON NJ 08638
	NORTH BRUNSWICK NJ 08902	Telephone:	(609) - 771-1350
Telephone:	0 -	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-3	Federal Emp. No.:	

is hereby granted permission to perform the following work :

[ ]BUILDING [X]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:

PLUMB/ELECTRIC

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	5,500.00
Cost of Demolition:	0.00
Total Cost:	$5,500.00

8210

PAYMENTS (Office Use Only)

Building	
Electrical	$74.00
Plumbing	$30.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$5.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$109.00**
All Fees Waived :	*No*

Amount to be Paid: **$109.00**

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

Thomas Paun 7-1-03

THOMAS PAUN Date
Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN RD - PO BOX 6019
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 15326
Application Date: 06/12/2003

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 262.2 Lot : 12 Qual :

Work site Location:	1171 STOCKTON PLACE North Brunswick	Contractor:	MK WOODWORKING
Owner In Fee:	BUGOWSKI, JOHN R. & KAREN E.	Address:	1476 PROSPECT STREET
Address:	1171 STOCKTON PLACE		TRENTON NJ 08638
	NORTH BRUNSWICK NJ 08902	Telephone:	(609) - 771-1350
Telephone:	() -	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-3	Federal Emp. No.:	

is hereby granted permission to perform the following work :

[ ]BUILDING [X]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:

PLUMB/ELECTRIC

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	0.00
Cost of Demolition:	0.00
Total Cost:	$0.00

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	82.00
All Fees Waived :	No

Amount to be Paid:

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

THOMAS PAUN Date
Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Note:

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 06/12/2003 Date Issued 07/09/2003

TOWNSHIP OF NORTH BRUNSWICK Control # 15326 Permit # 20030728

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

Block : 262.2 Lot : 12 Qualifier :

Work Site Location 1171STOCKTON PLACE
Owner in Fee/Occupant BUGOWSKI, JOHN R. & KAREN E.
Address : 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902
Telephone : 0-
Contractor BOWDEN ELECTRIC
Address : 34 WEYBURNE ROAD
HAMILTON NJ 08690
Telephone : (609)-5865070
Fax :
License No. : 6278 Federal Emp. No. 222793416

B.ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
1. New Building $0.00 2. Alteration $4,000.00
3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $4,000.00

Job Summary(Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec.Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				

Temp Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issue _____

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.

_____ [ ] Licened Electrical Contractor
Applicant's Signature/Contractor's seal and Signature [ ] Exempt Applicant

D.TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
11.00		Lighting Fixtures	
11.00		Receptacles	
6.00		Switches	
		Detectors	
		Light Poles	
1.00		Motor-Fract.HP	
		Emergency&exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBER 29	$25.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1.00	7.20	KW Oven/Surface Unit	$7.00
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
1.00	200.00	AMP Service	$32.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$10.00
Minimum Fee	
DCA Training Fee	$4.00
TOTAL FEE	$78.00

Applicant When submitting this form to your local construction Code enforcement Office, please provide one original plus three photocopies

TOWNSHIP OF NORTH BRUNSWICK

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 06/12/2003 Date Issued 07/09/2003

Control # 15326 Permit # 20030728

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

Block : 262.2 Lot : 12 Qualifier :

Work Site Location : 1171 STOCKTON PLACE

Owner in Fee : BUGOWSKI, JOHN R. & KAREN E.

Address : 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902

Telephone : 0 -

Contractor CLINTON PLUMBING

Address 824 S. CLINTON AVE.
TRENTON NJ 08611

Telephone : (609)-3939400 Fax :

License No. : 5987 Federal Emp. No. : 222993889

B.PLUMBING CHARACTERISTICS

Use Group Present : R-3 Proposed :

Building Sewer Size : Public Sewer : 0 Private Septic : 0

Water Service Size : Public Water : 0 Private Well : 0

1. New Building $0.00 2. Alteration $1,500.00

3. Demolition $0.00 Estimated Cost of Plumbing Work (1+2+3) : $1,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
Final				
Chimney Cert.				
Other				

D.TECHNICAL SITE DATA

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	$10.00
1	Dishwasher	$10.00
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other GAS CONN	$10.00
	Other	
	Other	

Administrative Surcharge	
DCA Training Fee	$1.00
Minimum Fee	
TOTAL FEE	$31.00

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

U.C.C.F130(rev. 3/96)

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

CONSTRUCTION PERMIT APPLICATION - COUNTER FORM

Township of North Brunswick, Construction Office, 710 Hermann Road, North Brunswick, NJ 08902 / (732) 247-0922, ext. 450

FILL OUT COMPLETELY and TYPE OR PRINT IN INK

CHECK IF: ___ UPDATE, ___ PROTOTYPE, or ___ CHANGE OF CONTRACTOR and enter ORIGINAL PERMIT # _____

E / OWNER DATA:

OCK 262.2 LOT 12 WORKSITE ADDRESS 1171 STOCKTON PLACE

ner in Fee BUGOWSKI

dress 1171 STOCKTON PLACE City NORTH BRUNSWICK State NJ Zip Code 08902

one 732-821-8578

.: Signature(s) below and/or on reverse certify the accuracy of all data and the authority to submit this application.

OFFICE USE ONLY:

Received _____
Control # _____
Issued _____
Permit # _____

BUILDING SUBCODE

ntractor _____

dress _____

_____ State ___ Zip Code ___

one _____

ense # _____ Expires _____

leral Employment # _____

LDING CHARACTERISTICS:

E GROUP: Present ___ Proposed ___

NST. CLASS: Present ___ Proposed ___

v Bldg.: # of Stories ___ Height ___ Ft.

Area: Largest Floor ___ Sq. Ft. / All Floors ___ Sq. Ft.

Volume ___ Cu. Ft. / Total Land Disturbed ___ Sq. Ft.

CHNICAL SITE DATA:

Description:

E OF WORK:

[ ] New Building [ ] Addition

[ ] Alteration:

[ ] Roofing [ ] Pool

[ ] Siding [ ] Asbestos Abatement

[ ] Fence, Height ___ [ ] Lead Hazard Abatement

[ ] Sign, Sq. Ft. ___ [ ] Other _____

[ ] Demolition

IMATED COST:

v/Addition _____ + Alteration _____ = Total $ _____

NATURE _____ [ ] Agent [ ] Owner

ICE USE ONLY:

JBCODE PLAN REVIEW : [ ] No Plans Required

All [ ] Footing [ ] Foundation [ ] Frame [ ] Other _____

GNATURE _____ DATE _____

PLUMBING SUBCODE

Contractor CLINTON PLUMBING

Address 824 S. CLINTON AVE

City TRENTON State N.J. Zip Code 08611

Phone 609-393-9400

License # 5987 Expires _____

Federal Employment # 22 299 3889

PLUMBING CHARACTERISTICS:

USE GROUP: Present ___ Proposed ___

Building Sewer Size ___ [ ] Public Sewer [ ] Private Septic

Water Service Size ___ [ ] Public Water [ ] Private Well

TECHNICAL SITE DATA:

QTY.	FIXTURE/EQUIPMENT	QTY.	FIXTURE/EQUIPMENT
___	Water Closet	X	Gas Piping (RANGE)
___	Urinal/Bidet	___	Steam Boiler
___	Bath Tub	___	Hot Water Boiler
___	Lavatory	___	Sewer Pump
___	Shower	___	Interceptor/Separator
___	Floor Drain	___	Backflow Preventer
X	Sink	___	Greasetrap
X	Dishwasher	___	Sewer Connection
___	Drinking Fountain	___	Water Service Connection
___	Washing Machine	___	Stacks
___	Hose Bibb	___	Other _____
___	Water Heater	___	Other _____
___	Fuel Oil Piping	___	Other _____

ALL NOTE ALL ABOVE ARE DIRECT REPLACEMENTS

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ 1500.

SIGNATURE _____

[X] Licensed Plumber (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :

[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE 6/30/7

FIRE SUBCODE

ntractor _____
ldress _____
y _____ State ____ Zip Code _____
one _____
ense # _____ Expires _____
deral Employment # _____

E PROTECTION CHARACTERISTICS:

E GROUP: Present ____ Proposed ____
NST. CLASS: Present ____ Proposed ____
ating System: [ ] New [ ] Existing [ ] HVAC: Location _____
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____
Alarm System: [ ] New [ ] Existing: Panel Location _____
Supression/Standpipe System: [ ] New [ ] Existing
Main Control Valve Location _____
Method of Supervision _____
Water Supply Source _____

CHNICAL SITE DATA:

ESCRIPTION OF WORK:

ORAGE TANKS	CAPACITY	FUEL
[ ] Flammable Liquid		
[ ] Combustible Liquid		
[ ] LPG		
[ ] LNG		

RM SYSTEMS: [ ] 110 v Interconnected [ ] System
- Alarm Devices (i.e. smoke, heat, pulls, water/flow)
- Supervisory Devices (i.e. tampers, low/high air)
- Signaling Devices (i.e. horns/strobes, bells)
- Other Devices _____
- TOTAL

PRESSION SYSTEMS: [ ] Fire Pump [ ] GPM Type
- Dry Pipe/Alarm Valves
- Pre-Action Valves
- Sprinkler Heads (dry and wet)
- Standpipes

-ENGINEERED SYSTEMS:
- Wet Chemical
- Dry Chemical
- CO2 Suppression
- Foam Suppression
- Halon Suppression
- Other _____
- Kitchen Hood Exhaust System
- Smoke Control System
- [ ] Gas or [ ] Oil Fired Appliances
- Other _____

MATED COST:

Addition _____ + Alteration _____ = Total $ _____

ATURE _____ [ ] Agent [ ] Owner

E USE ONLY:

BCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved

NATURE _____ DATE _____

ELECTRICAL SUBCODE

Contractor BOWDEN ELECTRIC
Address 34 weyburne road
City Hamilton State NJ Zip Code 08690
Phone 609-586-5070
License # 6278 Expires _____
Federal Employment # 223753416

ELECTRICAL CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
[ ] Pole Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____

TECHNICAL SITE DATA:

QTY.	SIZE	ITEMS
11		Lighting Fixtures
11		Receptacles
6		Switches
___		Detectors
___		Light Poles
1		Motors - Fractional HP (Range Hood)
___		Emergency & Exit Lights
___		Communications Points
___		Alarm Devices/F.A.C. Panel
___		TOTAL QUANTITY
___		Pool / with UW Lights
___		Storable Pool/Spa/Hot Tub
___		___KW Elec. Range/Receptacle
1	7.2	KW Oven/Surface Unit
___		___KW Electric Water heater
___		___KW Electric Dryer/Receptacle
___		___KW Dishwasher
___		___HP Garbage Disposal
___		___KW Central Air Conditioning Unit
___		___HP/KW Space Heater/Air Handler
___		___KW Baseboard Heat
___		___HP Motors 1/+ HP
___		___KW Transformer/Generator
1	200	AMP Service
___		___AMP Subpanels
___		___AMP Motor Control Center
___		___KW Electric Sign/Outline Light
___		Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ 4000

SIGNATURE David W Bowden

[ ] Licensed Electrician (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved
SIGNATURE _____ DATE 6-13-07