Nov @

BLOCK 262.2 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 1171 Stockton PERMIT NO. P0400875

15289

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1171 Stockton Place
2. Name of Owner in Fee: JR Bugawski Tel. (732) 821-8578
   Address SAME (street) N Brunswick (municipality) 08902 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: P&L Plumbing Tel. (732) 417-0099
   Address 105 Newfield Ave. · Edison, New Jersey 08837
   License No. OR, if new home, Builder Reg. No. #991 Exp. Date _____
   Federal Employee No. 22-3591088 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Philip Del Negro
   Tel. (732) 417-0099 FAX (732) 417-0695

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing		20.-	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		1.-	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	21.-	

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	

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					6-603	ME			
7.	☐ Electrical									
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:

LDS NOB-B 10101405

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. ( ) 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. 5:32-2.15(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.

(X Check if contractor.

Agent Name **P&L Plumbing**

Address **105 Newfield Ave.**
Edison, New Jersey 08837

Telephone (**732**) **417-0099**

Signature _____

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

OFFICE DATE RECEIVED: _____

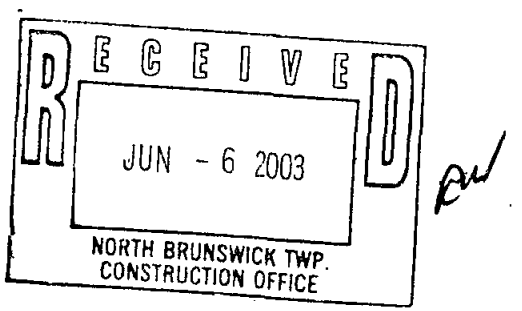
VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning 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. _____	_____	_____	_____	_____


RECEIVED
JUN - 6 2003
NORTH BRUNSWICK TWP.
CONSTRUCTION OFFICE

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

Permit Number: 20040075
Permit Date: 01/29/2004
Update Number:
Control Number: 15289
Application Date: 06/06/2003

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 262.2 Lot : 12 Qual :

Work site Location:	1171 STOCKTON PLACE North Brunswick	Contractor:	P & L PLUMBING
Owner In Fee:	BUGOWSKI, JOHN R. & KAREN E.	Address:	105 NEWFIELD AVENUE
Address:	1171 STOCKTON PLACE		EDISON NJ 08837
	NORTH BRUNSWICK NJ 08902	Telephone:	(732) - 417-0099
Telephone:	() -	Lic. No. / Bldrs. Reg. No.:	991
Use Group(s):	R-3	Federal Emp. No.:	22-3591088

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

WATER HEATER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	859.00
Cost of Demolition:	0.00
Total Cost:	$859.00

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.

Tom Paun 1-29-04

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:

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	$20.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$21.00**
All Fees Waived :	No

Amount to be Paid:	**$21.00**
Check Number:	41624
Check amount:	$21.00

Collected by:	DB
Receipt No:	57043
Total Cash Amount	
Total Check Amount	$21.00
Total CC Amount	
Grand Total	$21.00

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

Control Number: 15289
Application Date: 06/06/2003

CONSTRUCTION PERMIT

IDENTIFICATION 040075

OWNER/PROPERTY DETAILS

Block : 262.2 Lot : 12 Qual :

Work site Location:	1171 STOCKTON PLACE North Brunswick	Contractor:	P & L PLUMBING
Owner In Fee:	BUGOWSKI, JOHN R. & KAREN E.	Address:	105 NEWFIELD AVENUE
Address:	1171 STOCKTON PLACE		EDISON NJ 08837
	NORTH BRUNSWICK NJ 08902	Telephone:	(732) - 417-0099
Telephone:	() -	Lic. No. / Bldrs. Reg. No.:	991
Use Group(s):	R-3	Federal Emp. No.:	22-3591088

is hereby granted permission to perform the following work :

[ ]BUILDING [X]PLUMBING [ ] DEMOLITION

[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER

[ ]ELEVATOR DEVICES [ ]MECHANICAL

[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

WATER HEATER

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	
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:

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

Control Number: 15289
Application Date: 06/06/2003

CONSTRUCTION PERMIT

IDENTIFICATION 040075

OWNER/PROPERTY DETAILS

Block : 262.2 Lot : 12 Qual :

Work site Location:	1171 STOCKTON PLACE North Brunswick	Contractor:	P & L PLUMBING
Owner In Fee:	BUGOWSKI, JOHN R. & KAREN E.	Address:	105 NEWFIELD AVENUE
Address:	1171 STOCKTON PLACE		EDISON NJ 08837
	NORTH BRUNSWICK NJ 08902	Telephone:	(732) - 417-0099
Telephone:	() -	Lic. No. / Bldrs. Reg. No.:	991
Use Group(s):	R-3	Federal Emp. No.:	22-3591088

is hereby granted permission to perform the following work :

[ ]BUILDING [X]PLUMBING [ ] DEMOLITION

[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER

[ ]ELEVATOR DEVICES [ ]MECHANICAL

[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

WATER HEATER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	859.00
Cost of Demolition:	0.00
Total Cost:	$859.00

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	$20.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$21.00**
All Fees Waived :	No

Amount to be Paid: **$21.00**

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 6-10-03

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 06/06/2003 Date Issued 01/29/2004

Control # 15289 Permit # 20040075

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 : () -

Contractor P & L PLUMBING

Address 105 NEWFIELD AVENUE
EDISON NJ 08837

Telephone : (732)-4170099 Fax :

License No. : 991 Federal Emp. No. : 223591088

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 $859.00

3. Demolition $0.00 Estimated Cost of Plumbing Work (1+2+3) : $859.00

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	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$10.00
	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	$3.00
DCA Training Fee	$1.00
Minimum Fee	
TOTAL FEE	$24.00

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 # _____

SITE / OWNER DATA:

BLOCK 262.2 LOT 12 WORKSITE ADDRESS 1171 Stockton Place

Owner in Fee JR Bugowski

Address -SAME- City N Brunswick State NJ Zip Code 08902

Phone 732-821-8578

N.B.: 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

Contractor _____

Address _____

City _____ State ____ Zip Code _____

Phone _____

License # _____ Expires _____

Federal Employment # _____

BUILDING CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____

CONST. CLASS: Present ____ Proposed ____

New Bldg.: # of Stories _____ Height _____ Ft.

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

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

TECHNICAL SITE DATA:

Description: Replace water heater

TYPE OF WORK:

[ ] New Building [ ] Addition

[ ] Alteration:

[ ] Roofing [ ] Pool

[ ] Siding [ ] Asbestos Abatement

[ ] Fence, Height _____ [ ] Lead Hazard Abatement

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

[ ] Demolition

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ 859-

SIGNATURE _____ [ ] Agent [ ] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW : [ ] No Plans Required

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

SIGNATURE _____ DATE _____

PLUMBING SUBCODE

Contractor P & L PLUMBING, L.L.C.

Address 105 Newfield Ave - Unit F

City Edison State NJ Zip Code 08837

Phone (732) 417-0099

License # License #991 Expires

Federal Employment # Fax (732) 417-0695 Fed. ID# 22-3591088

040075

PLUMBING CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____

Building Sewer Size _____ [ ] Public Sewer [ ] Private Sep

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

TECHNICAL SITE DATA:

QTY.	FIXTURE/EQUIPMENT	QTY.	FIXTURE/EQUIPMENT
____	Water Closet	____	Gas Piping
____	Urinal/Bidet	____	Steam Boiler
____	Bath Tub	____	Hot Water Boiler
____	Lavatory	____	Sewer Pump
____	Shower	____	Interceptor/Separator
____	Floor Drain	____	Backflow Preventer
____	Sink	____	Greasetrap
____	Dishwasher	____	Sewer Connection
____	Drinking Fountain	____	Water Service Connection
____	Washing Machine	____	Stacks
____	Hose Bibb	10 1	Other Gas Cox
1	Water Heater 10	____	Other _____
____	Fuel Oil Piping	____	Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____

[ ] Licensed Plumber (Affix Seal) [ ] Exempt Applica

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :

[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE 6603

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 2602.2 LOT 12 PERMIT # _____

WORK SITE ADDRESS 171 Stockton Pl

Applicant JR Bugowski

Certifying Individual Phillip Del Negro Company P & L Pumbing

Address 105 Newfield Ave. (Street) Edison, (City) New Jersey (State) 08837 (Zip Code)

Tel. ((732)) 417-0099

040075

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[X] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[ ] B Label Vent
[ ] L Label Vent
[X] Masonry Chimney — Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Phillip Del Negro
Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 3/96)

P & L PLUMBING, LLC

Township of North Brunswick

41624

01/27/2004

21.00

PLEASE MAIL COMPLETED
PERMIT TO P & L PLUMBING

THANK YOU

Permit Account Bugowski/1171 Stockton Pl.

21.00