30784 BLOCK 26.02 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 111014

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 1171 Stockton Pl No Brunswick
2. Name of Owner in Fee: John Bugawski Tel. (732) 821-8578
   Address Same (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓ 732 821-8578
4. Principal Contractor: Qin Management Tel. (732) 819-0028
   Address 30 Rockland Pl Piscataway
   License No. OR, if new home, Builder Reg. No. — Exp. Date _____
   Federal Employee No. 22-3499694 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address — Contact _____
6. Responsible Person in Charge once Work has Begun John
   Tel. (732) 821-8578 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 22		
2. Electrical	116		
3. Plumbing	58		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$ 11		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Surcharge Fee	9		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	266		
13. TOTAL	$		

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	

OPTIONAL (for office use only)

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. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection					8-19-11				
6. ☑ Plumbing					8-17-11				
7. ☐ Electrical					8-17-11				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	5800								

VII. DESCRIPTION OF BUILDING USE

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

15373

U.C.C. F100-1 (rev. 12/03)

LDS NOB-B 10103392

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.

(✓) Check if contractor.

Agent Name Air Management

Address 30 Rachel Dr

Piscataway NJ

Telephone (732) 821-8578 732 8190008

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
AUG 11 2011
NORTH BRUNSWICK TWSP.
CONSTRUCTION OFFICE

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732-247-0922

CERTIFICATE
IDENTIFICATION

Date Issued: 11/16/2011
Control #: 30784
Permit #: 20111014

Block: 262.02 Lot: 12 Qual:
Work Site Location: 1171 STOCKTON PLACE
NORTH BRUNSWICK
Owner in Fee: BUGOWSKI JOHN R & KAREN E
Address: 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902
Telephone: 732 821-8578
Agent/Contractor: AIR MANAGEMENT
Address: 30 RACHEL JEN
PISCATAWAY NJ 08854
Telephone: 732 819-0038
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.: 22-3499694
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
AC-FURNACE REPLACE

Update Desc. of Wk/Use:

[ ] **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 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[X]Check No.: 3639
Collected by: DB

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Permit Number: 20111014
Update Number:
Control Number: 30784
Application Date: 08/16/2011
Permit Date: 08/24/2011

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 262.02 Lot: 12 Qualification Code:
Work Site Location: 1171 STOCKTON PLACE NORTH BRUNSWICK

Owner In Fee: BUGOWSKI JOHN R & KAREN E
Address: 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902

Telephone: (732) 821-8578

Use Group(s): R-5

Contractor: AIR MANAGEMENT
Address: 30 RACHEL JEN
PISCATAWAY NJ 08854

Telephone: (732) 819-0038

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 22-3499694

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
AC-FURNACE REPLACE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	5,819.00
Cost of Demolition:	0.00
Total Cost:	$5,819.00

NOTE: If construction 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.

THOMAS PAUN
Construction Official

8.24.11
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	$83.00
Plumbing	$116.00
Fire Protection	$58.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$9.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$266.00**
All Fees Waived:	No

Amount to be Paid:	**$266.00**
Check Number:	3639
Check amount:	$266.00

Collected by:	DB
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$266.00
Total CC Amount:	
Grand Total:	$266.00

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 30784
Application Date: 08/16/2011

CONSTRUCTION PERMIT

IDENTIFICATION 11014

OWNER/PROPERTY DETAILS

Block: 262.02 Lot: 12 Qualification Code:
Work Site Location: 1171 STOCKTON PLACE NORTH BRUNSWICK

Owner In Fee: BUGOWSKI JOHN R & KAREN E
Address: 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902

Telephone: (732) 821-8578

Use Group(s): R-5

Contractor: AIR MANAGEMENT
Address: 30 RACHEL JEN
PISCATAWAY NJ 08854

Telephone: (732) 819-0038

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 22-3499694

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
AC-FURNACE REPLACE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	5,819.00
Cost of Demolition:	0.00
Total Cost:	$5,819.00

PAYMENTS (Office Use Only)	
Building	
Electrical	$83.00
Plumbing	$116.00
Fire Protection	$58.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$9.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$266.00**
All Fees Waived:	No

Amount to be Paid: **$266.00**

NOTE: If construction 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.

Thomas Paun 8/19/11

THOMAS PAUN Date

Construction Official

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 30784
Application Date: 08/16/2011

CONSTRUCTION PERMIT

IDENTIFICATION 111014

OWNER/PROPERTY DETAILS

Block: 262.02 Lot: 12 Qualification Code:
Work Site Location: 1171 STOCKTON PLACE NORTH BRUNSWICK

Owner In Fee: BUGOWSKI JOHN R & KAREN E
Address: 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902

Telephone: (732) 821-8578

Use Group(s): R-5

Contractor: AIR MANAGEMENT
Address: 30 RACHEL JEN
PISCATAWAY NJ 08854

Telephone: (732) 819-0038

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 22-3499694

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
AC-FURNACE REPLACE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	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)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	
All Fees Waived:	No

Amount to be Paid:

NOTE: If construction 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.

THOMAS PAUN
Construction Official

Date

Note:

ELECTRICAL SUBCODE TECHNICAL SECTION

TOWNSHIP OF NORTH BRUNSWICK

Date Received: 08/16/2011 Date Issued: 08/24/2011
Control #: 30784 Permit #: 20111014

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 262.02 Lot: 12 Qualification Code:
Work Site Location: 1171 STOCKTON PLACE
Owner in Fee: BUGOWSKI JOHN R & KAREN E
Address: 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902

E-mail:

Telephone: (732) 821-8578
Contractor: AIR MANAGEMENT
ATTN:
Address: 30 RACHEL JEN
PISCATAWAY NJ 08854

Telephone: (732) 819-0038
Fax:

E-mail:
Home Improvement Registration No. or Exemption Reason:
Contractor License No.: Exp Date: Federal Emp. No.: 22-3499694

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed
[ ]Pole/Pad # [ ]Temporary [ ] Other
Building Occupied as Utility Co.
1. New Building $0.00 2. Rehabilitation $1,933.00
3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $1,933.00

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: 10/5/11
Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final			11/15/11	
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
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.

[ ] Licensed Electrical Contractor
[ ] Certified Landscape Irrigation Contractor
[ ] Exempt Applicant

Applicant's Signature/Contractor's seal and Signature

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER 1	$45.00
		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	
1	5.00	KW Central A/C Unit	$13.00
		HP/KW Space Htr./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	
		KW Photovoltaic Systems	
1		Other 3: furnace	$13.00
2		Other 4: brance	$26.00
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	$11.00
Minimum Fee	
State Permit Surcharge Fee	$3.00
TOTAL FEE	$86.00

U.C.C.F120(rev. 7/03)

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

UBCODE TECHNICAL SECTION **ELECTRICAL SUBCODE TECHNICAL SECTION** Date Received: 08/16/2011 Date Issued: 08/24/2011

TOWNSHIP OF NORTH BRUNSWICK Control #: 30784 Permit #: 20111014

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 262.02 Lot: 12 Qualification Code:

Work Site Location: 1171 STOCKTON PLACE

Owner in Fee: BUGOWSKI JOHN R & KAREN E

Address: 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902

E-mail:

Telephone: (732) 821-8578

Contractor: AIR MANAGEMENT
ATTN:

Address: 30 RACHEL JEN
PISCATAWAY NJ 08854

Telephone: (732) 819-0038
Fax:

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date:

Federal Emp. No.: 22-3499694

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed _____

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

Building Occupied as _____ Utility Co. _____

1. New Building $0.00 2. Rehabilitation $1,933.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $1,933.00

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				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
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.

[ ] Licensed Electrical Contractor
[ ] Certified Landscape Irrigation Contractor
[ ] Exempt Applicant

_____
Applicant's Signature/Contractor's seal and Signature

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER 1	$45.00
		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	
1	5.00	KW Central A/C Unit	$13.00
		HP/KW Space Htr./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	
		KW Photovoltaic Systems	
1		Other 3: furnace	$13.00
2		Other 4: brance	$26.00
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	$11.00
Minimum Fee	
State Permit Surcharge Fee	$3.00
TOTAL FEE	$86.00

U.C.C.F120(rev. 7/03)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 262.02 Lot 11 Qualification Code

Work Site Location 1171 Stockton Pl
NB Brunswick

Owner in Fee: John

Tel. (732) 821-8578 e-mail

Address scmd
street municipality zip code

Contractor: Parcelli Electric Tel. (732) 381-1581

Address 80 Thomas Dr e-mail
Clark NJ

Contractor License No. 11,900 Exp. Date 3/31/12

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

Federal Emp. ID No. 22-3210126 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1933

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: 8/11/11
Approved by:

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace AC & Furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 45
		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	
1	5	KW Central A/C Unit	13
		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	
1	2	Furnace	13
2		Branch ckts	26

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

TOWNSHIP OF NORTH BRUNSWICK

FIRE SUBCODE TECHNICAL SECTION

Date Received 08/16/2011 Date Issued 08/24/2011
Control # 30784 Permit # 20111014

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

Block: 262.02 Lot: 12 Qualification Code:

Work Site Location : 1171 STOCKTON PLACE

Owner Details

Owner in Fee: BUGOWSKI JOHN R & KAREN E
Address: 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902
Telephone: (732) 821-8578
E-mail:

Contractor Details

Contractor: AIR MANAGEMENT
ATTN:
Address: 30 RACHEL JEN
PISCATAWAY NJ 08854
Telephone: (732) 819-0038 Fax:
E-mail:

Home Improvement Registration No. or Exemption Reason:
Fire/Security Alarm Contractor No.: Federal Emp. No.: 22-3499694
Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:
Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed
Constr. Class: Present Proposed
Heating Systems: [ ]New [ ]Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

Fire Alarm System: [ ] New *or* [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New *or* [ ] Existing
Location of Main Control Valve:

Fuel Storage Tanks:
Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel

1. New: $0.00 2. Rehabilitation: $1,933.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work: 1,933.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11.15.11
Approved by: MD

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting				
Final			11.15.11	MD
Other				

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

[ ] Certified Contractor
[ ] Exempt Applicant

U.C.C.F140 (rev. 1/04)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
AC-FURNACE REPLACE

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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		
Suppression Systems		
Fire Pump __ GPM Type __		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads(Dry and Wet)		
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	1	$58.00
Fireplace Venting/Metal Chimney		
Other:		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$3.00
TOTAL FEE	$61.00

FIRE SUBCODE TECHNICAL SECTION

TOWNSHIP OF NORTH BRUNSWICK

Date Received 08/16/2011 Date Issued 08/24/2011
Control # 30784 Permit # 20111014

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

Block: 262.02 Lot: 12 Qualification Code:

Work Site Location : 1171 STOCKTON PLACE

Owner Details

Owner in Fee: BUGOWSKI JOHN R & KAREN E
Address: 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902
Telephone: (732) 821-8578
E-mail:

Contractor Details

Contractor: AIR MANAGEMENT
ATTN:
Address: 30 RACHEL JEN
PISCATAWAY NJ 08854
Telephone: (732) 819-0038 Fax:
E-mail:

Home Improvement Registration No. or Exemption Reason:
Fire/Security Alarm Contractor No.: Federal Emp. No.: 22-3499694
Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:
Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed
Constr. Class: Present Proposed
Heating Systems: [ ]New [ ]Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

Fire Alarm System: [ ] New *or* [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New *or* [ ] Existing
Location of Main Control Valve:

Fuel Storage Tanks:
Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel

1. New: $0.00 2. Rehabilitation: $1,933.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work: 1,933.00

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

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

[ ] Certified Contractor
[ ] Exempt Applicant

U.C.C.F140 (rev. 1/04)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
AC-FURNACE REPLACE

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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		
Suppression Systems		
Fire Pump __ GPM Type __		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads(Dry and Wet)		
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	1	$58.00
Fireplace Venting/Metal Chimney		
Other:		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$3.00
TOTAL FEE	$61.00

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 260.02 Lot 11 Qualification Code _____

Work Site Location 1171 Stockton Pl
No Brunswick

Owner in Fee John

Address same

Tel (732) 821-8578

Contractor Air Management

Address 30 Rockland Ter
Piscataway NJ

Tel (732) 819-0008 FAX (732) 819-0856

Fire Protection Equipment, NJ Div of Fire Safety Permit No. —

Fire Protection Equipment, NJ Div of Fire Safety Installer No. —

Fire Alarm Contractor No. —

Federal Emp. No. 22-3499694

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ 1833

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 8·19·11

Approved by: (M)

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Replace A/C + Furnace

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil	1	
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

TOWNSHIP OF NORTH BRUNSWICK

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 08/16/2011 Date Issued: 08/24/2011

Control #: 30784 Permit #: 20111014

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 262.02 Lot: 12 Qualification Code:

Work Site Location: 1171 STOCKTON PLACE

Owner in Fee : BUGOWSKI JOHN R & KAREN E

Address : 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902

Telephone : (732) 821-8578

E-mail:

Contractor: AIR MANAGEMENT

ATTN:

Address: 30 RACHEL JEN
PISCATAWAY NJ 08854

Telephone: (732) 819-0038

Fax:

E-mail:

Federal Emp. No.: 22-3499694

Contractor License No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $1,953.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $1,953.00

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 [CCA

Date: 11-15-11

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			11-15-11	
Chimney Cert.				
Other				

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's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C.F130(rev. 1/04)

D. TECHNICAL SITE DATA (List of all fixtures)

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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1: ac/furnace	$116.00
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$3.00
TOTAL FEE	$119.00

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: 08/16/2011 Date Issued: 08/24/2011

Control #: 30784 Permit #: 20111014

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 262.02 Lot: 12 Qualification Code:

Work Site Location: 1171 STOCKTON PLACE

Owner in Fee : BUGOWSKI JOHN R & KAREN E

Address : 1171 STOCKTON PLACE
NORTH BRUNSWICK NJ 08902

Telephone : (732) 821-8578

E-mail:

Contractor: AIR MANAGEMENT
ATTN:

Address: 30 RACHEL JEN
PISCATAWAY NJ 08854

Telephone: (732) 819-0038

Fax:

E-mail:

Federal Emp. No.: 22-3499694

Contractor License No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00
2. Rehabilitation: $1,953.00
3. Demolition: $0.00

Estimated Cost of Plumbing Work (1+2+3): $1,953.00

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				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
Other				

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's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1: ac/furnace	$116.00
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$3.00
TOTAL FEE	$119.00

U.C.C.F130(rev. 1/04)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 260.02 Lot 11 Qualification Code

Work Site Location 1171 Stockton Pl
No Brunswick NJ

Owner in Fee: John

Tel. (732) 8218578 e-mail

Address Same
street municipality zip code

Contractor: Air Management Tel. (732) 819-0008

Address 30 Rachel Dr Piscataway e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00644900

Federal Emp. ID No. 22-3499694 FAX: (732) 819-0856

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1933

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 8-12-11 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

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's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace furnace + AC

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

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 110.00

ACTION OFFICE SUPPLIES, INC (732) 534-3000

U.C.C. F130HB3 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Tag = Office / Other

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK: 262.02 LOT: 11 PERMIT#: 11014

WORK SITE ADDRESS: 1171 Stockton Pl

Certifying Individual (Print Name)
Name: Robert Williams
Address
Street: 30 Rachel Terr
State: NJ

Company
Name: Air Management
City: Piscataway
Zip: 08854
Phone # ( ) 732-819-0008

Check The Appropriate Box

Type of replacement:
[] Oil to Gas Conversion
[X] Gas Appliance Replacement
[] Oil to Oil Replacement
[] Other (describe):

Existing vent/chimney:
[] B labelvent
[] L labelvent
[] Masonry chimney-Tile lined
[] Flexible liner
[X] Power vent exhauster
[] Other (describe):

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I hereby 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.

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.

Direct Vent Appliance: ✓
No certification required:

Signature 8-11-11 Date

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

F370

ICIAN'S
MBER'S

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

Air Management Heating & Air Conditioning, Inc.
Robert L. Williams
30 Rachel Ter
Piscataway NJ 08854

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

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Air Management Heating & Air Conditioning, Inc
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
10/25/2010 TO 12/31/2011

PLEASE DETACH HE
IF YOUR LICENSE/REGISTI
CERTIFICATE ID CARD IS
PLEASE NOTIFY:
Division of Consumer Affa
P.O. Box 46016
Newark, NJ 07101

10/25/2010 TO 12/31/2011
VALID

13VH00844900
LICENSE/REGISTRATION/CERTIFICATION #

gnature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HE

Air Management Heating & Air Conditioning, Inc.

EXPIRATION DATE 2011

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

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AIR MANAGEMENT 17328198856

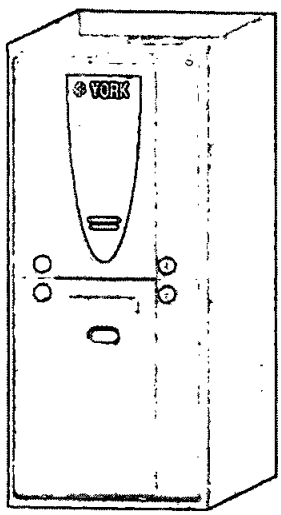
YORK®
Heating and Air Conditioning

TECHNICAL GUIDE

UP TO 98% MODULATING (ECM MOTOR) GAS-FIRED RESIDENTIAL MULTI-POSITION GAS FURNACES

MODELS: YP9C*C

NATURAL GAS
60 - 120 MBH INPUT



ISO 9001 Certified Quality Management System

When paired with a York heat pump

Due to continuous product improvement, specifications are subject to change without notice.

Visit us on the web at www.york.com for the most up-to-date technical information.

Additional rating information can be found at *www.ahridirectory.org*

WARRANTY

Lifetime limited warranty on both heat exchangers to the original purchaser; a 20-year limited warranty from original installation date to subsequent purchaser.

10-year warranty on the heat exchanger in commercial applications.

Standard 5-year limited Parts warranty.

Extended 10-year limited parts warranty when product is registered online within 90 days of purchase for replacement or closing for new home construction.

DESCRIPTION

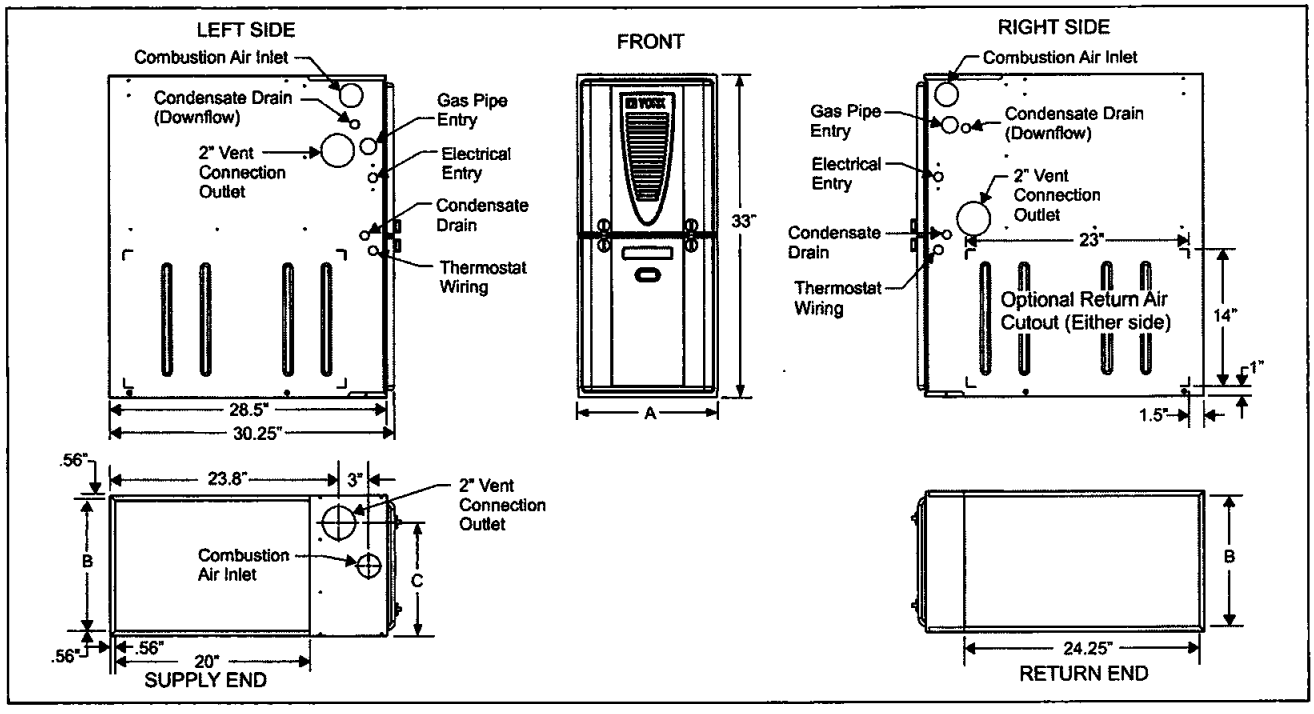
These compact units employ induced combustion, reliable hot surface ignition and high heat transfer aluminized tubular heat exchangers. The units are factory shipped for installation in upflow or horizontal applications and may be converted for downflow applications.

These furnaces are designed for residential installation in a basement, closet, alcove, attic, recreation room or garage and are also ideal for commercial applications. All units are factory assembled, wired and tested to assure safe dependable and economical installation and operation.

These units are Category IV listed and may be vented either through side wall or roof applications using approved plastic combustion air and vent piping.

FEATURES

- Modulating heating operation includes:
  - Modulating gas valve, inducer and circulating blower
  - Modulating operation from 100% to 35% input in 100 increments with nearly constant temperature rise.
- Easily applied in upflow, horizontal left or right, or downflow installation with minimal conversion necessary.
- Compact, easy to install, ideal height 33" tall cabinet.
- ECM variable speed drive for cooling SEER enhancement, improved comfort with optional airflow delay profiles, and continuous fan options for IAQ performance.
- Easy access to controls to connect power/control wiring.
- Built-in, high level self diagnostics with fault code display.
- Low unit amp requirement for easy replacement application.
- All models are convertable to use propane (LP) gas.
- Electronic Hot Surface Ignition saves fuel cost with increased dependability and reliability.
- 100% shut off main gas valve for extra safety.
- 24V, 40 VA control transformer and blower relay supplied for add-on cooling.
- Airflow leakage less than 1% of nominal airflow for ductblaster conditions.
- Solid removable bottom panel allows easy conversion.
- Hi-tech tubular aluminized steel primary heat exchanger with stainless steel tube/aluminum fin secondary heat exchanger for outstanding efficiency.
- No knockouts to deal with, making installation easier.
- Movable duct connector flanges for application flexibility.
- Quiet inducer operation, burner, and blower operation.
- Inducer rotates for easy conversion of venting options.
- Fully supported blower assembly for easy access and removal of blower.
- External air filters used for maximum flexibility in meeting customers IAQ needs.
- Insulated blower compartment for thermal and acoustic performance.
- 1/4 turn knobs provided for easy independent door removal.
- Internal condensate trap design (patent pending) provides condensate management options, easy visual operation check, and is self priming to prevent nuisance problems.
- These models may be connected as part of a communicating control system using a 4-wire connection bus.
- The York YP9C modulating ECM furnace is part of a "Hybrid Comfort System" when paired with a York Heat Pump.



Cabinet and Duct Dimensions

Models	Nominal CFM	Cabinet Size	Cabinet Dimensions (Inches)		
			A	B	C
YP9C060B12MP12C	1200	B	17 1/2	16 3/8	13 1/4
YP9C080B12MP12C	1200	B	17 1/2	16 3/8	14 3/4
YP9C080C16MP12C	1600	C	21	19 7/8	16 1/2
YP9C100C16MP12C	1600	C	21	19 7/8	18 1/4
YP9C100C20MP12C	2000	C	21	19 7/8	18 1/4
YP9C120D20MP12C	2000	D	24 1/2	23 3/8	21 3/4

Ratings & Physical / Electrical Data

Models	Input Max/Min	Output Max/Min	AFUE	Nominal Airflow	Total Unit Amps	Air Temp. Rise Max Input	Air Temp. Rise Min Input
	MBH	MBH	%	CFM		°F	°F
YP9C060B12MP12C	60/21	58/20	97.5	1200	7.0	40-70	20-50
YP9C080B12MP12C	80/28	77/27	97.5	1200	7.5	40-70	20-50
YP9C080C16MP12C	80/28	78/27	97.7	1600	10.0	40-70	20-50
YP9C100C16MP12C	100/35	97/34	97.7	1600	10.0	40-70	20-50
YP9C100C20MP12C	100/35	97/34	97.7	2000	12.0	45-75	25-55
YP9C120D20MP12C	120/42	116/40	98.0	2000	12.0	45-75	25-55

Models	Max. Outlet Air Temp	Blower		Blower Wheel Size	Max Over-Current Protect	Min. wire Size (awg) @ 75 ft one way	Approximate Operating Weights
	°F	HP	Amps				Lbs
YP9C060B12MP12C	170	1/2	4.8	11 x 8	15	14	113
YP9C080B12MP12C	175	1/2	4.8	11 x 8	15	14	119
YP9C080C16MP12C	175	3/4	7.5	11 x 10	15	14	134
YP9C100C16MP112C	175	3/4	7.5	11 x 10	15	14	140
YP9C100C20MP12C	180	1	14.5	11 x 11	20	12	143
YP9C120D20MP12C	180	1	14.5	11 x 11	20	12	152

Annual Fuel Utilization Efficiency (AFUE) numbers are determined in accordance with DOE Test procedures.
Wire size and over current protection must comply with the National Electrical Code (NFPA-70-latest edition) and all local codes.
The furnace shall be installed so that the electrical components are protected from water.

YORK®

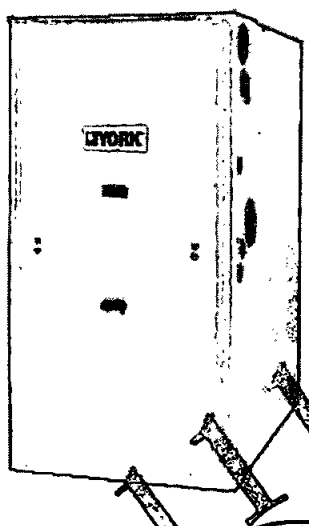
Heating and Air Conditioning

TECHNICAL GUIDE

95.5% SINGLE STAGE GAS-FIRED RESIDENTIAL MULTI-POSITION GAS FURNACES

MODELS: TM9X – High Efficiency Motor

NATURAL GAS
60 - 120 MBH INPUT



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Certified Quality
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DESCRIPTION

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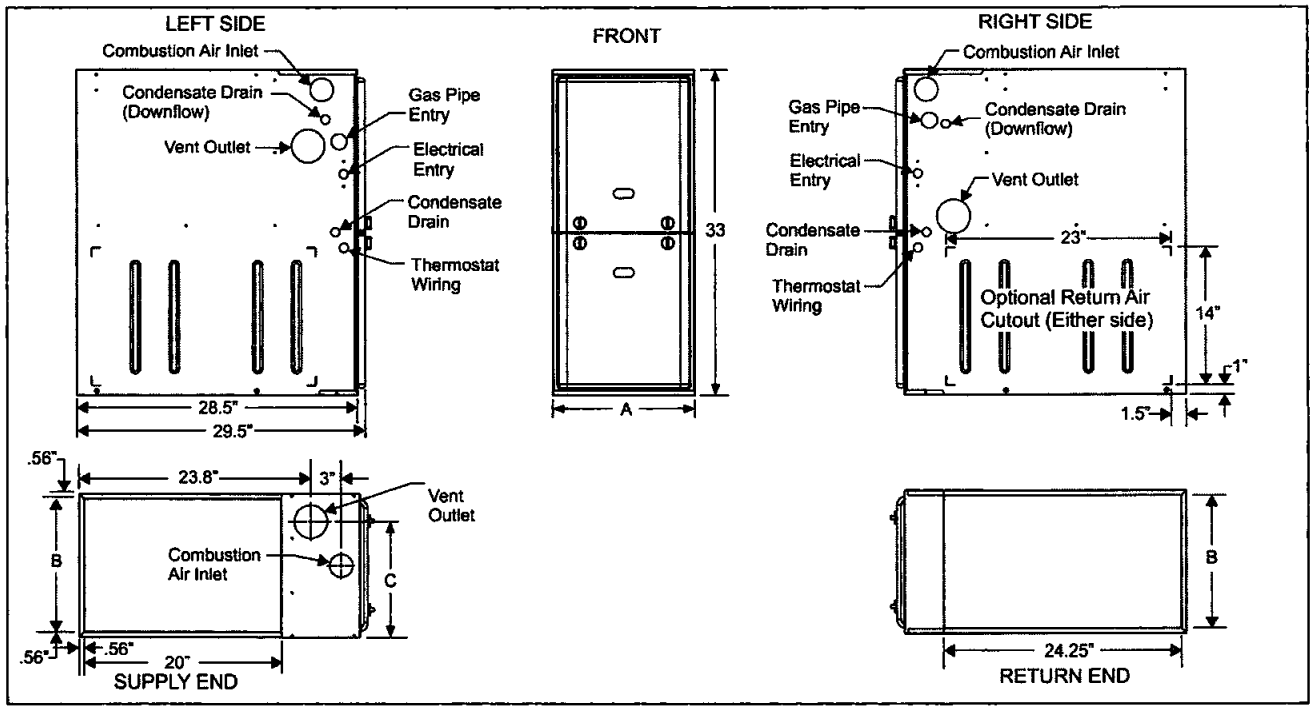
These furnaces are designed for residential installation in a basement, closet, alcove, attic, recreation room or garage and are also ideal for commercial applications. All units are factory assembled, wired and tested to assure safe dependable and economical installation and operation.

These units are Category IV listed and may be vented either through side wall or roof applications using approved plastic combustion air and vent piping.

FEATURES

- Easily applied in upflow, horizontal left or right, or downflow installation with minimal conversion necessary.
- Compact, easy to install, ideal height 33" tall cabinet.
- Blower-off delay for cooling SEER improvement.
- Easy access to controls to connect power/control wiring.
- Built-in, high level self diagnostics with fault code displays standard on integrated control module for reliable operation.
- Low unit amp requirement for easy replacement application.
- All models are convertable to use propane (LP) gas.
- Electronic Hot Surface Ignition saves fuel cost with increased dependability and reliability.
- 100% shut off main gas valve for extra safety.
- speed, direct drive X13 style high efficiency DC motor.
- 24V, 40 VA control transformer and blower relay supplied for add-on cooling.
- Hi-tech tubular aluminized steel primary heat exchanger.
- Secondary heat exchanger made of corrosion resistant stainless steel materials.
- Timed on, adjustable off blower capability for maximum comfort.
- Blower door safety switch.
- Solid removable bottom panel allows easy conversion.
- Airflow leakage less than 1% of nominal airflow at duct-blaster conditions.
- No knockouts to deal with, making installation easier.
- Movable duct connector flanges for application flexibility.
- Quiet inducer operation.
- Inducer rotates for easy conversion of venting options.
- Fully supported blower assembly for easy access and removal of blower.
- External air filters used for maximum flexibility in meeting customers IAQ needs.
- Protection included from air intake, exhaust vent, or condensate blockage.
- Patent pending self priming internal condensate trap design for easy installation.
- Venting applications - may be installed as a either 2-pipe (sealed combustion) or single-pipe vent (using indoor combustion air.
- No special vent termination required.
- 1/4 turn knobs provided for easy door removal.
- High-efficiency blower motor for lower electrical power usage and improved A/C SEER ratings.
- Insulated blower compartment for terminal and acoustic performance.



Cabinet & Duct Dimensions

BTUH (kW) Input	Nominal CFM (m^3/min)	Cabinet Size	Cabinet Dimensions (Inches)			Approximate Operating Weights
			A	B	C	Lbs
TM9X060B12MP11	1200	B	17 1/2	16 3/8	13 1/4	122
TM9X080B12MP11	1200	B	17 1/2	16 3/8	14 3/4	126
TM9X080C16MP11	1600	C	21	19 7/8	16 1/2	136
TM9X100C16MP11	1600	C	21	19 7/8	18 1/4	142
TM9X100C20MP11	2000	C	21	19 7/8	18 1/4	145
TM9X120D20MP11	2000	D	24 1/2	23 3/8	21 3/4	156

Ratings & Physical / Electrical Data

BTUH (kW) Input	Output	Nominal Airflow	AFUE	Air Temp. Rise	Max. Outlet Air Temp	Blower		Blower Size	Max Over-Current Protect	Total Unit Amps	Min. wire Size (awg) @ 75 ft one way
	MBH	CFM	%	°F	°F	HP	Amps				
TM9X060B12MP11	57	1200	95.5	30-60	180	1/2	6.8	11x8	15	9.5	14
TM9X080B12MP11	76	1200	95.5	40-70	170	1/2	6.8	11x8	15	9.5	14
TM9X080C16MP11	76	1600	95.5	35-65	165	1/2	6.8	11x10	15	9.5	14
TM9X100C16MP11	95	1600	95.5	40-70	170	1/2	6.8	11x10	15	9.5	14
TM9X100C20MP11	95	2000	95.5	35-65	165	3/4	8.4	11x11	15	10.9	14
TM9X120D20MP11	114	2000	95.5	45-75	175	3/4	8.4	11x11	15	10.9	14

Annual Fuel Utilization Efficiency (AFUE) numbers are determined in accordance with DOE Test procedures.
Wire size and over current protection must comply with the National Electrical Code (NFPA-70-latest edition) and all local codes.
The furnace shall be installed so that the electrical components are protected from water.