

10-3012

UCC
NEW JERSEY
UNIFORM CONSTRUCTION CONF

CONSTRUCTION PERMIT APPLICATION

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

C-10-003300

1. Proposed Work Site at: 11 Vida Blvd

2. Name of Owner in Fee: Nancy Pante

Tel. [REDACTED] e-mail [REDACTED]

Add Wilk Twp

3. Ownership in Fee: Public Private

4. Principal Contractor: _____ Tel. () _____

Address _____ e-mail _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

NJR Plumbing Services

Federal 1415 Wyckoff Rd, Wall NJ 07719

5. Arch **License No. 9692** **Exp. Date 6/2011**

Addl Federal Employee No. 22-3609806

Tel. **EDWARD GLASHAN**

6. Res| EDWARD GLASHAN
Tel. 732-938-1155 Fax. 732-938-3010

Update

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

(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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved _____ HUD _____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

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

(Check all that apply)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

[illegible]

TOTAL COST

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- | | | | |
|---|---|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells | 12. ☐ Fire Alarm |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks | |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs | |
| | 7. ☐ Sprinklers/Standpipes | 11. ☐ LPGas Tanks | |

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
- | | |
|----------------|-------|
| Gained, Sale | _____ |
| Gained, Rental | _____ |
| Lost, Sale | _____ |
| Lost, Rental | _____ |
- B. NON-RESIDENTIAL (*primary use*)
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
- C. MIXED USE -List secondary use(s): _____
- D. Construct. Classification: Present _____
Proposed _____

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(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

Ag NJR Plumbing Services
Ac 1415 Wyckoff Rd, Wall NJ 07719
License No. 9692 Exp. Date 6/2011
Federal Employee No. 22-3609806

Te EDWARD GLASHAN
S Tel. 732-938-1155

Fax. 732-938-3010

Edward Z. Glashan

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/29/2010
Control Number C-10-003300
Permit Number 10-3012
Permit Issue Date 11/03/2010
Certificate Number 10-3012

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 11 RIVA BLVD. , NJ Block: 380.21 Lot: 1 Qual: C0406
Owner in Fee: PANTEL, NANCY
Owner Address: 11 RIVA BLVD. Brick NJ 08723
Telephone: [REDACTED]
Contractor NJR PLUMBING SERVICES
Address 1415 WYCKOFF RD WALL NJ 07719
Telephone: (732) 938-1155 Fax: (732) 938-3010
License Number or Builders Registration Number: 36BI00969200 Federal Emp. Number: 22-3609806

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: HOT WATER HEATER

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



CONSTRUCTION PERMIT

11-03-10
Date Issued
Control # C-10-003300
Permit # 10-3012

IDENTIFICATION Block: 380.21 Lot: 1 Qualifier C0406
Work Site Location: 11 RIVA BLVD. NJ Contractor NJR PLUMBING SERVICES
Address 1415 WYCKOFF RD WALL NJ 07719
Owner in Fee PANTEL, NANCY
11 RIVA BLVD. Brick NJ 08723 Telephone: (732) 938-1155
Lic. No. or Bldrs. Reg. No. 36BI00969200
Telephone: Federal Employee No. 22-3609806

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

HOT WATER HEATER

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.

Estimated Cost of Work \$944

Construction Official

Date

11-3-10

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$60
Fire Protection	\$45
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$107
Check No.	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

11/03/10 12:23PM 001558#1903

XX06 SERV.006

- ☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

- The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
- Foundations and all walls up to grade level prior to back filling.
- All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
- Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

PLUMBING	\$60.00
FIRE	\$45.00
SERVICE	\$2.00
HEATING	\$7.00

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

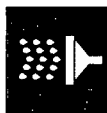


Please contact NJR Home Services when permits are ready. We will be responsible for payment.

Thank you, Sandy
732-919-8172
EMAIL:SDAVIS@NJRESOURCES.COM



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 380.21 Lot 1 Qualification Code 11 Riva Blvd

Work Site Location Brick

Owner Monmouth Dental

Tel. [REDACTED] e-mail [REDACTED]

Address [REDACTED] street municipality zip code

Contractor NJR PLUMBING SERVICES Tel. 732 938-1155

Address 1415 WYCKOFF RD e-mail [REDACTED]
WALL NJ 07719

Contractor License No. 9692 Exp. Date 6/11

Home Improvement Contractor Registration No. of Exemption Reason (if applicable): 22-3609806 FAX: (732) 938-3010

B. PLUMBING CHARACTERISTICS
Use Group Present x Proposed

Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 472.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Slab				
☐ Partial - Underslab Utilities Approved	Rough				
Date: <u> </u> Approved by: <u> </u>	Water				
☒ Plumbing Plans Approved	Sewer				
Date: <u>10/28/10</u> Approved by: <u>MFA</u>	Fixtures				
Joint Plan Review Required: <u> </u>	Gas Equipment				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Gas Piping				
SUBCODE APPROVAL for PERMIT	LP Gas Tank				
Date: <u>10-28-10</u>	Fuel Oil Piping				
Approved by: <u> </u>	Solar				
SUBCODE APPROVAL for CERTIFICATE	TCO				
☐ CO ☐ CCO ☒ CA	Final				
Date: <u>11-23-10</u>					
Approved by: <u> </u>					

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

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF GAS WATER HEATER

Date Received 10-30-12
Control # 11-03-10
Date Issued
Permit #

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	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 380.21 Lot 1 Qualification Code 11-03-10

Work Site Location 11 Riva Blvd Brick

Owner National Tel. (732) 919-8090 e-mail

Address NJR HOME SERVICES Municipality WALL NJ 07719 Tel. (732) 919-8090 e-mail

Contractor 1415 WYCKOFF RD Tel. (732) 919-8090 e-mail

Address WALL NJ 07719 Tel. (732) 919-8090 e-mail

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

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

Fire Alarm Contractor No. 22-3609896 Exp. Date 732 938-3010

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

Federal Emp. ID No. FAX: ()

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed Fuel Storage Tank:

Constr. Class: Present Proposed Fuel Type: Flammable or Combustible

Heating System: New or Modification to Existing Fire Alarm System: New or Existing

OR Conversion or Replacement Location of Panel:

Fuel Type: Gas Oil Electric Solar Fuel Suppression/Standpipe System:

Other Location of Main Control Valve:

Location: Total Cost of Fire Protection Work \$ 472.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW INSPECTIONS Dates (Month/Day)

No Plans Required Type: Alarm System Failure Failure Approval Initial

Partial - Underlab Utilities Approved Suppression Sys.

Date 6/26/10 Approved by CE Standpipe

Fire Protection Plans Approved Fire Pump

Date: Approved by: Pre-Eng. System

Joint Plan Review Required: Mechanical

Bldg. Elec. Plumb. Elev. Smoke Control

SUBCODE APPROVAL for PERMIT TCO

Date: 6/26/10 Approved by: CE Alarm/Combust Tanks

SUBCODE APPROVAL for CERTIFICATE Final

CO CCO CA Fireplace Venting

Date: 6/26/10 Approved by: CE Other

U.C.C. F-140 (rev 12/07) Recorder from OCS Printing 609-390-1400

Date Received 10-30-12

Control # 11-03-10

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 Applicant's Signature/Contractor's Signature Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: DIRECT REPLACEMENT OF GAS WATER HEATER

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

System

110v Interconnected

CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, 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

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances Gas Oil Solid

Fireplace Venting/Metal Chimney

Other venting no chimney cat

Administrative Surcharge \$ 45

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



PERMIT

Block Lot Appli. code

Mailed To: BRICK TWP 401 CHANGEBRIDGE RD BRICK NJ 08723

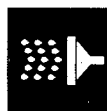
Total Due: \$

Customer:

60-1288



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 380-21 Lot 1 Qualification Code _____
Work Site Location 11 Riva Blvd

Brick

Owner in Fee: Nancy Pantel

Tel. () _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: NJR PLUMBING SERVICES Tel. 932 938-1155

Address 1415 WYCKOFF RD e-mail _____
WALL NJ 07719

Contractor License No. 9692 Exp. Date 6/11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-3609806 FAX: () 732 938-3010

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 472.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required
☐ Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

☒ Plumbing Plans Approved
Date 06/10 Approved by: MH

Joint Plan Review Required: _____
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT
Date: 05-28-10

Approved by: 30

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

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 Plumbing Contractor ☐ Exempt Applicant

Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF GAS WATER HEATER

Date Received
Control #
Date Issued
Permit #

10-3012
10-3012
11-03-10

QTY.

FIXTURE/EQUIPMENT

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

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Administrative Surcharge \$

Minimum Fee \$

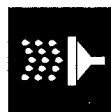
State Permit Surcharge Fee \$

TOTAL FEE \$

FEE (Office Use Only)



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 380.21 Lot 1 Qualification Code _____

Work Site Location 11 Rive Blvd

Brick

Owner in Escrow Waller Development

Tel. () _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: NJR PLUMBING SERVICES Tel. (732) 938-1155

Address 1415 WYCKOFF RD e-mail _____

WALL NJ 07719

Contractor License No. 9692 Exp. Date 6/11

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

Federal Emp. ID No. 22-3609806 FAX: (732) 938-3010

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 472.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

☒ Plumbing Plans Approved

Date: 11/11/10 Approved by: MH

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: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF GAS WATER HEATER

QTY.

FIXTURE/EQUIPMENT

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

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Date Received 10-30-12
Control # 11-03-10
Date Issued
Permit #

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 380-21 Lot 1 Qualification Code 11 Riva Blvd

Work Site Location 11 Riva Blvd

Owner in Fee: Brick

Tel (Maney Patel) e-mail

Address

Contractor: NJR HOME SERVICES Tel. (732) 919-8090

Address 1415 WYCKOFF RD e-mail

WALL NJ 07719

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor 823-3609806 Exemption Reason (if applicable) 732 938-3010

Federal Emp. ID No. FAX: ()

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed Fuel Storage Tank:

Constr. Class: Present Proposed Fuel Type: Flammable or Combustible

Heating System: New or Modification to Existing Fire Alarm System: New or Existing

OR Conversion or Replacement Location of Panel:

Fuel Type: Gas Oil Electric Solar Fire Suppression/Standpipe System:

Other Location of Main Control Valve:

Location:

Total Cost of Fire Protection Work \$ 472.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Plans Required

Partial - Underslab Utilities Approved

Date: 10/24/12 Approved by: OF

Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

Bldg. Elec. Plumb. Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/24/12 TCO

Approved by: ASO Flam/Combust Tanks

SUBCODE APPROVAL for CERTIFICATE

CO JCCO JCA

Date: Final

Approved by: 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. 11-03-10

Certified Contractor Applicant's Signature/Contractor's Signature

Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

DIRECT REPLACEMENT OF GAS WATER HEATER

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

System

110v Interconnected

CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, 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

Fuel-Fired Appliances Gas Oil Solid

Fireplace Venting/Metal Chimney

Other re-ho, re-chimney

Administrative Surcharge \$ 45

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Date Received 10-30-12

Control #

Date Issued 11-03-10

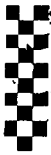
Permit #

Applicant's Signature/Contractor's Signature

Exempt Applicant

U.C.C. F140 (rev 12/07) Recorder from OCS Pinning

609-390-1400



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

*resubmit
10/7/10*

Subcode Official Review

To: 16 RIVA BLVD BRICK, NJ 08723

CC:

RE: Plumbing Subcode
Block: 380.21 Lot: 1 Qual:
16 RIVA BLVD.
Permit Number: Control Number: C-10-003300
Last Submit Date: Monday, September 13, 2010

Date: Monday, September 13, 2010

Dear CARNEY, JOAN R,

Your request is hereby denied based upon the following infractions. 1- certification not submitted. 2- appliance and connector vent data required, max input, vent height, connector vent size.

10/4/10

1- Furnace 100 K BTU
40K
1- 40 gal Water Heater
Total 140 K BTUs

5" B-vent x 15' H - Thru attic from 2nd floor
3' Rise off Top of

Sincerely,

Mark Hibbard, Subcode Official

TOWNSHIP	
INITIAL	DATE
RELEASED FOR PERMIT	
Building Subcode	
Plumbing Subcode	
Fire Subcode	
Electrical Subcode	
Plan Reviewer	
Plans Released	
Construction Official	

10/7/10

INCREASES - 5" B-VENT TO 6" B-VENT THRU ROOF
4" TO WATER HEATER
4" TO FURNACE

Ed. Hibbard Lic. no 9692





Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 16 RIVA BLVD BRICK, NJ 08723

CC:

RE: Plumbing Subcode

Block: 380.21 Lot: 1 Qual:

16 RIVA BLVD.

Permit Number: Control Number: C-10-003300

Last Submit Date: Thursday, October 07, 2010

Date: Friday, October 08, 2010

Dear CARNEY, JOAN R,

Your request is hereby denied based upon the following infractions.

1- chimney certification requires a fire permit application

Sincerely,

Paul Auth, Subcode Official

Mail 400

Sandy ☺

732-919-8172



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 16 RIVA BLVD BRICK, NJ 08723

CC:

RE: Plumbing Subcode
Block: 380.21 Lot: 1 Qual:
16 RIVA BLVD

Permit Number: Control Number: C-10-003300
Last Submit Date: Thursday, October 07, 2010

Date: Friday, October 08, 2010

Dear CARNEY, JOAN R,

Your request is hereby denied based upon the following infractions:

1- chimney certification requires a fire permit application

*FAKED 732-938-3010
10/12/10*

RESUBMIT

DATE 10/26/10
DATE

Sincerely,

Paul Auth , Subcode Official

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 3434
DESTINATION ADDRESS 97329383010
PSWD/SUBADDRESS
DESTINATION ID
ST. TIME 10/12 13:44
USAGE T 00' 16
PGS. 1
RESULT OK



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

TO: 16 RIVA BLVD BRICK, NJ 08723

CC:

RE: Plumbing Subcode

Block: 380.21 Lot: 1 Qual:

16 RIVA BLVD.

Permit Number: Control Number C-10-003300

Last Submit Date: Thursday, October 07, 2010

Date: Friday, October 08, 2010

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Your request is hereby denied based upon the following infractions.
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Paul Auth, Subcode Official



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 16 RIVA BLVD BRICK, NJ 08723

CC:

RE: Plumbing Subcode
Block: 380.21 Lot: 1 Qual:
~~16 RIVA BLVD~~

Permit Number: Control Number: C-10-003300
Last Submit Date: Monday, September 13, 2010

Date: Monday, September 13, 2010

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Sincerely,

Mark Hibbard, Subcode Official

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	3112
DESTINATION ADDRESS	917329383010
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	09/14 12:34
USAGE T	00' 17
PGS.	1
RESULT	OK



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 16 RIVA BLVD BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 380.21 Lot: 1 Qual:
16 RIVA BLVD.
Permit Number: Control Number: C-10-003300
Last Submit Date: Monday, September 13, 2010

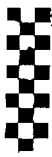
Date: Monday, September 13, 2010

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Sincerely,

Mark Hibbard, Subcode Official



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 16 RIVA BLVD BRICK, NJ 08723

CC:

RE: Plumbing Subcode
Block: 380.21 Lot: 1 Qual:

16 RIVA BLVD.

Permit Number: Control Number: C-10-003300
Last Submit Date: Monday, September 13, 2010

Date: Monday, September 13, 2010

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1- Furnace 100 K BTU
40K
1- 40 gal HWI
40K
Total = 140 K BTUs

5" B-Vent x 15' H - Thru attic from 2nd floor
3' Rise off Top of water Heater

Sincerely,

Mark Hibbard, Subcode Official

RESUBMIT

DATE

10/4/10

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 3382
DESTINATION ADDRESS 97329383010
PSWD/SUBADDRESS
DESTINATION ID
ST. TIME 10/07 07:18
USAGE T 00' 16
PGS. 1
RESULT OK



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 16 RIVA BLVD BRICK, NJ 08723

CC:

RE: Plumbing Subcode
Block: 380.21 Lot: 1 Quai:

16 RIVA BLVD

Permit Number: Control Number: C-10-003300
Last Submit Date: Monday, October 04, 2010

Date: Tuesday, October 05, 2010

Dear CARNEY, JOAN R.

The following comments were made during the Plan Review process:
requires fire chimney not sized correctly for both appliances 3" ok for riwh

Now fire TALK -

Sincerely,

Mark Hibbard, Subcode Official



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

10/7/10 faxed

Subcode Official Review

To: 16 RIVA BLVD BRICK, NJ 08723

CC:

RE: Plumbing Subcode
Block: 380.21 Lot: 1 Qual:
16 RIVA BLVD.
Permit Number: Control Number: C-10-003300
Last Submit Date: Monday, October 04, 2010

Date: Tuesday, October 05, 2010

Dear CARNEY, JOAN R.

The following comments were made during the Plan Review process:
requires fire chimney not sized correctly for both appliances 3" ok for hwh

(N/A FIRE TECH -)

Sincerely,

Mark Hibbard, Subcode Official



CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 380.21 LOT 1 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 11 Riva Blvd

Applicant Nancy Pantel

Certifying Individual Gerald DeToro Company NJR Home Services

Address 1415 Wyckoff Rd. Wall NJ 07719

Street

City

State

Zip Code

Tel. (732) 919-8172

Check the Appropriate Box

Type of Replacement:

- ☐ Oil to Gas Conversion
- ☐ Gas Appliance Replacement
- ☐ Oil to Oil Replacement
- ☐ Other _____

Existing Vent/Chimney:

- ☒ B Label Vent
- ☐ L Label Vent
- ☐ 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 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.

Signature [Signature]

Date _____

Direct Vent Appliance:

No certification required:

Signature _____

Date _____

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

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTICOLORED
BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

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

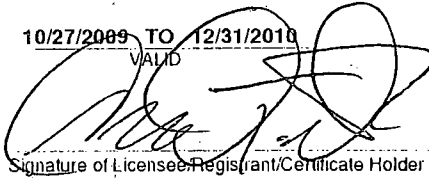
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

NJR Home Services
Glenn Lockwood
1415 Wyckoff Road
Wall NJ 07719

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

10/27/2009 TO 12/31/2010
VALID


Signature of Licensee/Registrant/Certificate Holder

13VH00361500
LICENSE/REGISTRATION/CERTIFICATION #


DIRECTOR