BLOCK 380.21 LOT 1 QUALIFICATION CODE C0406 ADDRESS (SITE) 11 Riva Blvd PERMIT NO. 10-3012

RECD SEP 13 2010

CONSTRUCTION PERMIT APPLICATION

C-10-003300

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

I. IDENTIFICATION

1. Proposed Work Site at: 11 Riva Blvd
2. Name of Owner in Fee: Nancy Pantel
   Tel. [redacted] e-mail
   Add [redacted] Twp
   street municipality zip code
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: ____ Tel. ( ) ____
   Address ____ e-mail ____
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Hom
   Fede
5. Arch
   Addı
   Tel.
6. Resp
   Tel.

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

EDWARD GLASHAN
Tel. 732-938-1155 Fax. 732-938-3010

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		60 ✓	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		1	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other		10	
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. 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 ____

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing				9/28/10		MD	10/22/10	10.08.10 10-5-10	DS
☐ Fire Protection					1/3/10	DS			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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 ____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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 B 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:

Date Printed: 11/29/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

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

IDENTIFICATION Block: 380.21 Lot: 1 Qualifier C0406
Work Site Location: 11 RIVA BLVD. , NJ

Owner in Fee: PANTEL, NANCY
11 RIVA BLVD. Brick NJ 08723
Telephone: [redacted]

Contractor: NJR PLUMBING SERVICES
Address: 1415 WYCKOFF RD WALL NJ 07719
Telephone: (732) 938-1155
Lic. No. or Bldrs. Reg. No. 36BI00969200
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 constuction 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

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	

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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 0015588#1903
XX06 SERV.006

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

1. 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.
2. Foundations and all walls up to grade level prior to back filling.
3. 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.
4. 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
$2.00
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

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 10-3012

Date Issued
Permit # 11-03-10

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. ([redacted]) 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: 10/10 Approved by: MM
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-28-10
Approved by: JD

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 11-23-10
Approved by: JD

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				
Final			11.19.10	AM

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

Chimney Certificate Now Submitted

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DIRECT REPLACEENT OF GAS WATER HEATER

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	
	LPGas 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	$

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 10-3012

Date Issued / Permit # 11-03-10

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 [redacted] Nancy Rantel

Tel. ([redacted] e-mail

Address

Contractor: NJR HOME SERVICES (street, municipality) Tel. (732) 919-8090 (zip code)

Address 1415 WYCKOFF RD
WALL NJ 07719 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. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present x Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 472.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 10/8/10 Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/8/10
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11-3-10
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			11-3-10	
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			11-3-10	
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:

DIRECT REPLACEENT OF GAS WATER HEATER

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		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other venting no chimney cert		45
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

NJR Home Services

PERMIT

Block 380.21 **Lot** 1 **Appli. code** WH

Mailed To: BRICK TWP 401 CHANGEBRIDGE RD BRICK NJ 08723

Total Due: $ 107.00

Customer: SA 317780 PANTEL,NANCY 11 RIVA BLV BRICK

60-1288

G-04486

10-3012

Date Received
Control # 10-3012

Date Issued
Permit # 11-03-10

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. ([redacted]) 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: 10/7/10 Approved by: MA
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-28-10
Approved by: JJ

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				
Final				

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 REPLACEENT OF GAS WATER HEATER

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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
10.00.00	Other	
	Other	

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

CHIMNEY CERTIFICATION NOT SUBMITTED

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 10-3012

Date Issued
Permit # 11-03-10

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 Fee: Nancy Rantal

Tel. ([redacted]) 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: 11/3/10 Approved by: MA
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				
Final				

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 REPLACEENT OF GAS WATER HEATER

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	
	LPGas 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	$

Attorney Certification Not Submitted

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 10-3012

Date Issued Permit # 11-03-10

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. ([redacted] e-mail

Address

Contractor: NJR HOME SERVICES (street, municipality) Tel. (732) 919-8090 (zip code)

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 Registration No. or Exemption Reason (if applicable) 22-3609806 732 938-3010

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present x Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ ~~472.00~~

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] ~~No~~ Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 10/27/10 Approved by: CG
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/3/10
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
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:

DIRECT REPLACEENT OF GAS WATER HEATER

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		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other ventilation, mechanical exhaust		45
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

11-3-10

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 10-3012

Date Issued Permit # 11-03-10

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 Bentel

Tel. ([redacted]) e-mail

Address

Contractor: NJR HOME SERVICES (street, municipality) Tel. 732) 919-8090 (zip code)

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 Registration No. or Exemption Reason (if applicable) 22-3609806 732 938-3010

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 472.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] 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:

DIRECT REPLACEENT OF GAS WATER HEATER

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		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		65
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

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 100K BTU
1- 40gal HWH 40K
Total 140K BTUs

5" B-Vent X 15'H - Thru attic from 2nd floor
3' Rise off Top of [illegible]

TOWNSHIP
RELEASED FOR PERMIT INITIAL DATE
Building Subcode
Plumbing Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released 10/7/10
Construction Official

Sincerely,

Mark Hibbard, Subcode Official

10/7/10

INCREASE - 5" B-VENT TO 6" B-VENT THRU ROOF
4" TO WATER HEATER
4" TO FURNACES

Ed [illegible] LIC NO 9892

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

Thank you
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:

FAXED 732-938-3010
10/12/10

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

RESUBMIT
DATE 10/26/10

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

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

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

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.

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

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.

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

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 100K BTU
1- 40gal HWH 40K
Total 140K 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 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 appiances 3" ok for hwh

Need Fire Test -

Sincerely,

Mark Hibbard, Subcode Official

10/7/10 faxed

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, 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 appiances 3" ok for hwh

NEW 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. (Street) Wall (City) NJ (State) 07719 (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:

[X] 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 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.

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. 3/04)

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

13VH00361500
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR