

BLOCK 174 LOT 170 QUALIFICATION CODE

ADDRESS (SITE) 18 W. SUSAN

PERMIT NO. 05-02603



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: Paul Pruckowski / 18 West Susan St

2. Name of Owner in Fee: Paul Pruckowski Tel: (732) 739-5533

Address: 18 West Susan St Hazlet

3. Ownership in Fee: Public Private Municipality 20 code

4. Principal Contractor: OCEANSIDE CONST INC Tel: (732) 843-5774

Address: 105 EIGHTH AVE, MANASSAS VA 20108

License No. OR, if new home, Builder Reg. No. 333425381 Exp. Date _____

Federal Employee No. _____ FAX: () () ()

5. Architect or Engineer _____ Tel. () () ()

Address _____ Contact William Mader

6. Responsible Person in Charge once Work has Begun _____

Tel. (732) 303-0774 FAX: (732) 303-1873

3.7-05 AMON by the Contractor \$10 PT

II. PROPOSED WORK				OPTIONAL (for office use only)			
	Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Re-Approval
1. ☐ Minor Work							
2. ☐ New Building							
3. ☒ <u>Pool</u>			<u>3/1/05</u>	<u>3/4/05</u>			
4. ☐ a. Repair							
☐ b. Alteration							
☐ c. Renovation							
☐ d. Reconstruction							
5. ☐ Fire Protection							
6. ☐ Plumbing							
7. ☐ Electrical							
8. ☐ Elevator Devices							
9. ☐ Asbestos Abat. Subch. 8							
10. ☐ Lead Hazard Abatement							
11. ☐ Demolition							
TOTAL COSTS	<u>18,000</u>						

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/ Dumbbells/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

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>200</u>	
2. Electrical	\$ <u>46</u>	
3. Plumbing	\$ <u>46</u>	
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	\$	
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$ <u>25</u>	
9. State Permit Surcharge Fee	\$	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>271</u>	\$ <u>122</u>

VI. BUILDING/SITE CHARACTERISTICS

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 _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: _____

2. Use Group: A-5

3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units: 1 All Units restricted

Before Construction 1

After Construction 1

Net Gain or Loss 0

B. NON-RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

CERTIFICATION IN LIEU OF OATH

I, OWNER SECTION (to be completed if the applicant is the owner in fee)
 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): I will personally prepare 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
 - 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): 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): 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 OCCASIONE CONST INC
 Address 105 CLINTON AVE
MARLTON NJ 08053
 Telephone (732) 993-5774
04736
 Signature [Signature]

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

OFFICE DATE RECEIVED:

3-2-04 *md*

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	Other
Building _____	Energy _____	
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. _____	_____	_____	_____

OFFICE DATE RECEIVED:

3-8-04 *med*

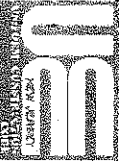
VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 18 Lot 110 Qualification Code 110

Work Site Location #18 West Susan St

Owner in Fee Paula Puchowski

Address 18 West Susan St

Tel (732) 739-5553

Contractor GARDEN STATE ELECTRICAL CONTRACTORS

Address 208 East Main Street

MANASQUAN, NEW JERSEY 08736

Tel (732) 223-8600 FAX (732) 223-8888

Contractor License No. 6730

Federal Emp. No. 22937384

B. ELECTRICAL CHARACTERISTICS

Use Group R-5 Proposed R-5

☐ Pole/Pad # 1 ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 750.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

☐ Elec. Plans Approved

Date: 1/5

Approved by: TS

INSPECTIONS

Type: Rough

Barrier-Free

Trench

Temp. Serv.

Const. Serv.

TCO

Other

Service

Final

Barrier-Free

Subcode Approval

☐ CO ☐ CCO ☐ CA

Date: 1/5

Approved by: TS

Date of Grounding and Bonding Certification

17'10" x 35'10"

17'10" x 35'10"

17'10" x 35'10"

17'10" x 35'10"

17'10" x 35'10"

17'10" x 35'10"

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

Licensed Elec. Contractor ☐ Cert'd Landscape Irrigation Contr' ☐ Exempt Applicant

TECHNICAL SITE DATA

QTY SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit with UV 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

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Electronics 100W 110VAC

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

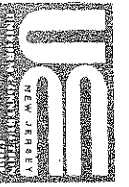
17'10" x 35'10"

17'10" x 35'10"

17'10" x 35'10"

17'10" x 35'10"

17'10" x 35'10"



PLUMBING
SUBCODE
TECHNICAL SECTION

(9/14)

Date Received
Date Issued
Control #
Permit #

6-3-05
EXTRA POOL PUMP (05-0265)

A. IDENTIFICATION—APPLICANT COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE CALL UTILITY DIG NO. 1-800-272-1099

Block 178 Lot 213
Work Site Location 18 WEST SUSAN STREET

Owner in Fee PAUL PLACKOWSKI
Address 18 WEST SUSAN ST
HAZLET NJ 0

Tele. (732) 739-5583

Contractor DETHUSING CONG.
Address 105 GUYTON AVE
MORRIS PLAIN NJ 08736

Tele. (732) 223-5174 Fax (732) 223-6279

Lic. No. 22342551
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present LS Proposed RS
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ _____

C. CERTIFICATION IN LIEU OF OATH

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
☐	No Plans Required	Slab				
☐	Joint Plan Review Required:					
☐	Building	Rough				
☐	Fire	Water				
☒	Plumbing Plans Approved	Sewer				
Date:	<u>4/27/05</u>	Fixtures				
Approved by:	<u>[Signature]</u>	Gas Equipment				
		Gas Piping				
		Solar				
SUBCODE APPROVAL		TCO				
☐	CO					
☐	CCO					
☐	CA					
Date:	<u>4/27/05</u>					
Approved by:	<u>[Signature]</u>					

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.

Signature — Contractor's Seal

D. TECHNICAL SITE DATA (List of all fixtures.)

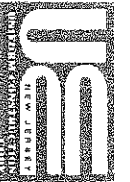
NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
	Gas Piping
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
	Other
	Other
	Other

gas pool heater

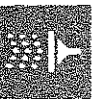
Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$ 75.

FEE (Office Use Only)

264-5707 Bui 10 2005



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received 05-05-05
Date Issued 05-05-05
Control # 05-02634
Permit # 05-02634

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

Block 122 Lot 174
Work Site Location 18 West Susan Street
Owner In Fee Paul Plachowski
Address 15 West Susan St
Hazel St 0
Tele (732) 739-5553
Contractor OCEANIDE CONSTRUCTION
Address 145 QUINN AVE
MORRIS AVENUE NJ 08736
Tele (732) 222-5774 Fax (732) 222-8779
Lic. No. 222475551
Federal Emp. No. _____
B. PLUMBING CHARACTERISTICS
Use Group 1.5 Proposed 1.5
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
☐ No Plans Required	Type: _____
☐ Joint Plan Review Required	Slab _____
☐ Building _____	Rough _____
☐ Fire _____	Water _____
☒ Plumbing Plans Approved	Sewer _____
Date: <u>4/12/05</u>	Fixtures _____
Approved by: <u>[Signature]</u>	Gas Equipment _____
SUBCODE APPROVAL	Gas Piping _____
☐ CO ☐ CCO ☐ CA	Solar _____
Date: _____	TCO _____
Approved by: _____	_____

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.

Signature --- Contractor's Seal

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 <u>1.5"</u>	<u>6.5"</u>
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greaseltrap	
Sewer Connection	
Water Service Connection	
Stacks	
Other _____	<u>10</u>
Other _____	
Other _____	

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ 75

264-5000 B-100



CONSTRUCTION PERMIT

Date Issued 3-28-05
Permit # 05-0263

IDENTIFICATION Block 173 Lot 24 Qualification Code OCEANSIDE CONST INC
Work Site Location 18 WEST SUSAN ST
Owner in Fee PAUL PUCKROSKI
Address HAZLET ST
Tel. (732) 739-5523
Contractor 105 QUEENS AVE
Address MANASSAQUE NY 14736
Tel. (732) 323-0774
Lic. No. or Bids. Reg. No. 223123551

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ING. POOL
Install 17'10" X 35'10" inground swimming pool
with diving board

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 \$ 10,880

Construction Official

Date

3/4/05

PAYMENTS (Office Use Only)

Building 200
Electrical 40
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 25
Cert. of Occupancy _____
Other _____
Total 271
Check No. 2538
Cash _____
Collected by mg

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

(see reverse side)

[illegible]

Block 45 Lot 24 Qualification Code _____
Work Site Location _____

[illegible]

Tel. () _____
Contractor _____
Address _____

Tel. () FAX ()
Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)				
PLAN REVIEW		Date	Initial	
☐ No Plans Required				
☐ All				
☐ Footing				
☐ Foundation				
☐ Frame				
☐ Other				
Joint Plan Review Required:				
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator	
SUBCODE APPROVAL				
☐ CO	☐ CCO	☒ CA		
Date:	6/2/05			
Approved by:	[Signature]			
		Type:	INSPECTIONS	
		Footing	6/2/05	
		Footing Bonding		
		Foundation		
		Slab		
		Frame		
		Truss Sys./Bracing		
		Barrier-Free		
		Insulation		
		Finishes -Base Layer		
		Finishes -Final		
		Energy		
		Mechanical		
		TCO		
		Other		
		Final		
		Barrier-Free		
			Dates (Month/Day)	
			Approval	
			6/2/05	
			[Signature]	

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	
No. of Stories			1. New Bldg. \$
Height of Structure			2. Rehabilitation \$
Area — Largest Floor			3. Total (1 + 2) \$
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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.

Date Received
Control #
Date Issued
Permit #

Signature

D. TECHNICAL SITE DATA

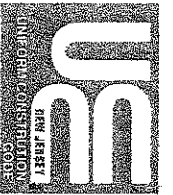
DESCRIPTION OF WORK

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Sliding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other _____
☐ Demolition

FEE (Office Use Only)

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



BUILDING 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 18 Lot 40 Qualification Code 23

Work Site Location 18 West Sussex St.
4421st St.
Owner In Fee Paul Puckowski
Address 18 West Sussex St.
4421st St.

Tel. (732) 739-3553
Contractor COENRUSIDE CONSTRUCTION
Address 105 Queens Ave.
MANASSAS VA

Tel. (732) 223-5774 FAX (732) 223-5774
Contractor License No. or Builder Registration No. 223-5774
Federal Emp. No. 223-5774

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Dates (Month/Day)	Initial
☐ No Plans Required							
☐ All							
☐ Footing							
☐ Foundation							
☐ Frame							
☒ Other							
Joint Plan Review Required:							
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator	Insulation			
SUBCODE APPROVAL				Barrier-Free			
☐ CO	☐ CCO	☐ CA	Energy	Truss Sys./Bracing			
Date:				Barrier-Free			
Approved by:				Insulation			
				Finishes -Base Layer			
				Finishes -Final			
				Mechanical			
				TCO			
				Other			
				Final			
				Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	<u>105</u>	<u>105</u>	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$ <u>10,000</u>
Area --- Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

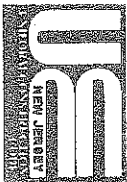
17'10" x 35'10" Inground Pool
Pool/yard area to be enclosed in at least 48 inch high approved fencing
All gates to be self closing and
be equipped with self closing latches
or least 64 inches above ground

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☒ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

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



PERMIT UPDATE

Date Update Issued 5-3-05
Control # 05-0203
Permit # 05-0203
Date Permit Issued

4-25-05 rec'd mail

IDENTIFICATION Block 473-174 Lot 24 23
Work Site Location 18 West Sussex St
Owner in Fee Paul Prockush
Address 18 West Sussex St
Tel. (732) 739-5553
Contractor Decampose Const
Address 105 Locust Ave
Tel. (732) 923-5774
Lic. No. or Bldg. Reg. No. MAH05200005 20736
Fed. Emp. No. 9030000001

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK

1 1/4 GAS PIPING for 200. Pool
GAS Pool Heating
Estimated Cost of Work \$ 7000.00
Heating
(325,000) 82

Construction Official

Date

U.C.C. F190

(rev. 3/96)

1 WHITE-INSPECTOR COPY

2 CANARY-OFFICE COPY

3 PINK-OFFICE COPY

4 GOLD-APPLICANT COPY

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	<u>75</u>
Fire Protection	<u>46</u>
Elevator Devices	
Other	
DCA Training Fee	<u>1.</u>
Cert. of Occupancy	
Other	
Total	<u>122.</u>
Check No.	<u>20616</u>
Cash	
Collected by	<u>my</u>



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 123 174 178 West Sum S Qualification Code 2423

Work Site Location

Owner in Fee Paul Duckowski
Address 18 West Susan St

Tel (732) 739-5533

Contractor Ocean State Const
105 Quarts Ave
Montgomery NJ

Tel () 973-5717 Fax () 973-8879

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

Fire Protection Equipment, NJ Div of Fire Safety/Inspector No.

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Res Res Proposed Res Fire Alarm System New or Existing
Construction Pres Pres Proposed Pres Location of Panel

Heating System New or Existing Existing HVAC Fire Suppression/Standpipe System:
Type Gas Oil Gasoline Solar Jet or Existing

Location

Fuel Storage Tanks:

Fuel Type Flammable or Combustible Capacity

Total Gallons of Fire Protection Work S

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Plumbing

☐ Electric ☐ Elevator

☐ Fire Plans Approved

Date:

Approved by:

SUBCODE APPROVAL:

☐ CO 12/16/80 100

Date: 12/16/80

Approved by: John Salom



(914)

C. CERTIFICATION IN LIEU OF OAT
I hereby certify that I am the (agent/owner) authorized to make this application.

☐ Certified Contractor

Applicant's Signature/Contractor's Signature

☐ Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

Firearm/Combustible Tanks

Alarm Systems

☐ System

☐ Interconnected

☐ CO Detector/Flow

Alarm Devices (e.g., smoke, heat, pull, wireless)

Supervisory Devices (e.g., tamper, low/high air)

Signaling Devices (e.g., horn/strobe, bell)

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

Exhaust System

Fireplace Venting/Metal Chimney

Other

Date Received

Control #

Date Issued 5-3-05

Part # 05-00263+

Signature of Contractor

Signature of Applicant

John Salom

NUMBER

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.O.C. Plan
(for 100)

1. Whole = Original Copy
2. Part = Office Copy

2. Copy = Office Copy
3. Copy = Applicant Copy