

HVAC

BLOCK

701.24 LOT 8

QUALIFICATION CODE

ADDRESS (SITE)

247 Sprucewood Dr.

PERMIT NO.

11-10729



CONSTRUCTION PERMIT APPLICATION

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

C-11-00392

I. IDENTIFICATION

1. Proposed Work Site at:

247 Sprucewood Dr.

2. Name of Owner in Charge:

Nathan Dikeefe

Tel:

[Redacted]

Address:

247 Sprucewood Dr.

City:

[Redacted]

State:

NJ

County:

[Redacted]

Zip Code:

[Redacted]

3. Ownership in Fee:

Public

Private

Municipality:

[Redacted]

City:

[Redacted]

State:

[Redacted]

Zip Code:

[Redacted]

4. Principal Contractor:

HCS Heating & Cooling, Inc.

Tel:

732-557-9220

Fax:

[Redacted]

City:

[Redacted]

Address:

15605 Rt 37 W Unit 5 J

Tel:

[Redacted]

Fax:

[Redacted]

City:

[Redacted]

License No. OR, if new home, Builder Reg. No.:

13VH03178600

Exp. Date:

12/31/11

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

[Redacted]

Federal Emp. ID No.:

[Redacted]

5. Architect or Engineer:

[Redacted]

Contact:

[Redacted]

Address:

[Redacted]

City:

[Redacted]

6. Responsible Person in Charge, once Work has Begun:

IRINI Miranda

Tel:

732-557-9220

Fax:

[Redacted]

City:

[Redacted]

IIa. PROPOSED WORK

Minor Work

Repair

Asbestos Abat. - Subch. 8

New Building

Alteration

Lead Hazard Abatement

Radon Remediation

Annual Permit

Demolition

Reconstruction

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

IIb. SUBCODES

(Check all that apply)

Building

Electrical

Plumbing

Fire Protection

Elevator

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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[Redacted]

[Redacted]

[Redacted]

[Redacted]

III. PLAN REVIEW (optional)

DO YOU WANT:

Partial Releases

Prototype Processing

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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

1. Elevators/Escalators/Lifts/

Dumbwaiters/Moving Walks

High Pressure Boilers

Pressure Vessels

Refrigeration Systems

Cross-Connections/Backflow Preventers

Hazardous Uses/Places of Assembly

Sprinklers

Smoke Control Systems in Open Wells

Underground Storage Tanks

Swimming Pools, Spas and Hot Tubs

LP Gas Tanks

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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V. FEE SUMMARY (for office use only)

1. Building

\$

[Redacted]

[Redacted]

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VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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2. Use Group, Proposed:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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3. Change in Use Group, Indicate Present:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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[Redacted]

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[Redacted]

[Redacted]

[Redacted]

[Redacted]

4. No. of dwelling units: Total Units Income-restricted

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.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.

Agent Name Trinidad Mironele (HCS INC)

Address 1565 RT 37 W UNIT #5
Toms River NJ 08755

Telephone (732) 557-9220

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition _____

Name of Code & Edition _____

Building _____	Energy _____	Other _____
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

☐ Temporary Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Temporary Certificate of Compliance	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Continued Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Certificate of Compliance	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Certificate of Approval	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Lead Abatement Clearance Certificate	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____

OFFICE USE ONLY

[illegible]



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 701.24 Lot 8 Qualification Code _____
Work Site Location 247 Sprucewood DR
BRICK NJ 08723

Owner in Fee: Anthony D'Urso

Address 247 Sprucewood DR, Municipality 08703 Zip code 08703

Contractor: QUALITY PLUMBING & HEATING INC Tel. (732) 505-8903

Address 325 Anchor Ave e-mail _____
Beachwood NJ 08722

Contractor License No. 10234 Exp. Date 11-11-11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 223376535 FAX: (732) 505-6985

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 5000-

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	Type:	Slab	Failure	Approval	Initial
☐ Partial - Underslab Utilities Approved	Slab				
Date: _____ Approved by: _____	Rough				
☐ Plumbing Plans Approved	Water				
Date: _____ Approved by: _____	Sewer				
Joint Plan Review Required:	Fixtures				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Gas Equipment				
SUBCODE APPROVAL for PERMIT	Gas Piping				
Date: <u>2-17-11</u>	LPGas Tank				
Approved by: <u>ED</u>	Fuel Oil Piping				
SUBCODE APPROVAL for CERTIFICATE	Solar				
☐ CO ☐ CCO ☐ CA	TCO				
Date: _____	Final				
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.

VA
Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

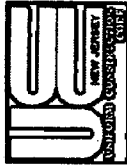
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Replace Boiler.

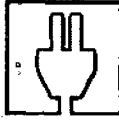
QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
<u>1</u>	Hot Water Boiler <u>110,000</u>	
	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 \$ _____

Date Received 11-10-79
Control # _____
Date Issued _____
Permit # 04/20/11



ELECTRICAL 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 701.24 Lot 8 Qualification Code _____
Work Site Location 247 SPRUCEWOOD DRIVE

Owner in Fee CATHY O'KEEFE

Address 247 SPRUCEWOOD DRIVE

Address BECK, NJ 08723

Contractor AULSTINE ELECTRIC

Address 224 ENSIGN AVE

Address BEACHWOOD, NJ 08722

Tel (732) 244-9795 FAX (732) 977-8606

Contractor License No. 14530

Federal Emp. No. 15-668889L

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:		Type:		Type:	
[] No Plans Required		Rough		Initial	
Joint Plan Review Required:		Barrier-Free		Approval	
[] Building [] Plumbing		Trench		Failure	
[] Fire [] Elevator		Temp. Serv.		Initial	
[] Elec. Plans Approved		Constr. Serv.		Failure	
Date: _____		TCO		Approval	
Approved by: _____		Other		Failure	
		Service		Initial	
		Final		Approval	
		Barrier-Free		Failure	
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued		Initial	
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued		Approval	
Date: _____		Annual Pool Inspection		Failure	
Approved by: _____		Date of Grounding and Bonding		Initial	
		Certification		Approval	

Date Received
Control #

Date Issued
Permit #

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 [] Certified Landscape Irrigation Contr'r [] Exempt Applicant

D. 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 UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Barber

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

2/18/2010 1071



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

04/20/11
C-11-000392
11-1079

IDENTIFICATION Block: 701.24 Lot: 8 Qualifier
Work Site Location: 247 SPRUCEWOOD DR Brick Township, NJ Contractor: HCS HEATING & COOLING
Address: 1565 ROUTE 37 WEST UNIT 5 TOMS RIVER NJ 08755
Owner in Fee: O'KEEFE, KERRY C JR & CATHERINE Telephone: (732) 557-9220
247 SPRUCEWOOD DR BRICK NJ 08723 Lic. No. or Bldrs. Reg. No. 13VH03178600
Telephone: Federal Employee No. 223652300

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:

Boiler

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 \$5,200

Construction Official

Date

3-8-11

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	\$50
Plumbing	\$60
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$8
CO Fee	
Other	\$0
Total	\$118
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.

☐ 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.

04/20/11 10:42AM 001558H5335
XX06 SERV.006

MAST
PLUMBING \$50.00
DCA \$60.00
CHECK \$8.00
\$118.00

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.



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 701.24 Lot 8 Qualification Code _____
Work Site Location 247 Sprucewood DR
BECK NJ 08723

Owner in Charge Anthony D'Verfe e-mail _____

Address 247 Sprucewood DR Municipality 08703

Contractor QUALITY PLUMBING + HEATING INC Tel. (732) 505-8903

Address 325 Ardmore AVE e-mail _____
BEACHWOOD NJ 08722

Contractor License No. 10234 Exp. Date 11-11-11

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

Federal Emp. ID No. 223376535 FAX: (732) 505-6985

B. PLUMBING CHARACTERISTICS
Use Group ☐ Present ☐ Proposed

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

Est. Cost of Plumbing Work \$ 500-

JOB SUMMARY (Office Use Only)		DATES (Month/Day)	
PLAN REVIEW	INSPECTIONS	Failure	Approval
☐ No Plans Required	Type: _____	_____	Initial
☐ Partial - Underlab Utilities Approved	Slab _____	_____	_____
Date: _____ Approved by: _____	Rough _____	_____	_____
☐ Plumbing Plans Approved	Water _____	_____	_____
Date: _____ Approved by: _____	Sewer _____	_____	_____
Joint Plan Review Required:	Fixtures _____	_____	_____
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Gas Equipment _____	_____	_____
SUBCODE APPROVAL FOR PERMIT	Gas Piping _____	_____	_____
Date: <u>2-17-11</u>	LPGas Tank _____	_____	_____
Approved by: <u>SD</u>	Fuel Oil Piping _____	_____	_____
SUBCODE APPROVAL FOR CERTIFICATE	Solar _____	_____	_____
☐ CO ☐ CCO ☐ CA	TCO _____	_____	_____
Date: _____	Final _____	_____	_____
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.

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Replace Boiler

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
<u>1</u>	Hot Water Boiler <u>110,000</u>	_____
_____	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 \$ _____

Date Received
Control # 11-1079

Date Issued
Permit # 04/20/11



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 701, 24 Lot 8 Qualification Code _____

Work Site Location 247 S. ARLINGTON DR.

Owner in Fee: ARTHUR OVERBE

Tel. 732-303-6179 e-mail _____

Address 247 S. ARLINGTON DR. Municipality BRICK Zip code 08723

Contractor: QUALITY PLUMBING + HEATING INC. Tel. (732) 505-8903

Address 325 ARDEN AVE e-mail _____

Contractor License No. 10234 Exp. Date 11-11-11

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

Federal Emp. ID No. 223376535 FAX: (732) 505-6985

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 5000-

Exp. Date 11-11-11

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

Federal Emp. ID No. 223376535 FAX: (732) 505-6985

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 5000-

Exp. Date 11-11-11

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

Federal Emp. ID No. 223376535 FAX: (732) 505-6985

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 5000-

Exp. Date 11-11-11

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

Federal Emp. ID No. 223376535 FAX: (732) 505-6985

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 5000-

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Replace Boiler

QTY. _____ 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 _____

LPG Gas Tank _____

Steam Boiler _____

Hot Water Boiler 110,000

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

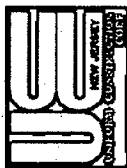
TOTAL FEE \$ _____

C. CERTIFICATION IN LIEU OF OATH

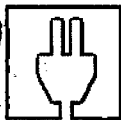
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Plumbing Contractor ☐ Exempt Applicant



ELECTRICAL 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 701.24 Lot 8 Qualification Code _____
Work Site Location 247 SPRUCEWOOD DRIVE

Owner in Fee CATHY O'KEEFE
Address 247 SPRUCEWOOD DRIVE

BRICK NJ 08723
Tel (732) 503-0479

Contractor AUSTINE ELECTRIC
Address 224 ENSIGN AVE

BEACHWOOD NJ 08722
Tel (732) 244-9796 FAX (732) 977-8606

Contractor License No. 14530
Federal Emp. No. 15-6688891

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial _____
☒ No Plans Required 3-8-11 JS

Joint Plan Review Required:
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Elec. Plans Approved

Dates (Month/Day)
Failure Failure Approval Initial

INSPECTIONS Type: Rough Barrier-Free Trench Temp. Serv. Constr. Serv. TCO Other Service Final Barrier-Free

Date: _____ Approved by: _____

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: _____
Annual Pool Inspection _____
Date of Grounding and Bonding _____
Certification _____

Approved by: _____

Date Received

Control #

Date Issued

Permit #

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 ☐ Certifd Landscape Irrigation Contrr ☐ Exempt Applicant

D. 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 UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

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

Notes

FEE (Office Use Only)

Administrative Surcharge \$

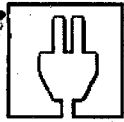
Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



ELECTRICAL 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 701.24 Lot 8 Qualification Code _____
Work Site Location 247 SERVICE ROAD DRIVE

Owner in Fee Cathy O'Keefe

Address 247 SERVICE ROAD DRIVE

BRICK, NJ 08723

Address 224 Kensington Ave

BEACHWOOD, NJ 08723

Tel (732) 244-9795 FAX (732) 977-8606

Contractor License No. 14530

Federal Emp. No. 15-668891

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSECTIONS		Dates (Month/Day)	
No Plans Required	Date Initial	Type	Failure	Approval	Initial
☒	<u>3-8-11 JS</u>	Rough			
Joint Plan Review Required:					
☐	Building	☐	Plumbing		
☐	Fire	☐	Elevator		
☐	Elec. Plans Approved				
Date: _____					
Approved by: _____					
SUBCODE APPROVAL					
☐	CO	☐	CCO	☐	CA
Date: _____					
Approved by: _____					
Date of Grounding and Bonding Certification _____					

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
1		Lighting Fixtures
1		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range/Receptacle	
KW Oven/Surface Unit	
KW Elec. Water Heater	
KW Elec. Dryer/Receptacle	
KW Dishwasher	
HP Garbage Disposal	
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	

Notes

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

2/18/2010

101

11-1079
04/20/11

Date Received
Control #

Date Issued
Permit #