



CONSTRUCTION PERMIT APPLICATION

C-21-001748

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

I. IDENTIFICATION

1. Proposed Work Site at: 284 BOEING DR BRICK NJ 08723
2. Name of Owner in Fee: 150 RIVER STREET REALTY
Tel. 201-376-1806 e-mail _____
Address 206 Rt 537, COLTS NECK NJ 07722
street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: PELLICANO BUILDINGS Tel. 732-610-8301
Address 206 Rt 537 e-mail _____
COLTS NECK NJ 07722
License No. OR, if new home, Builder Reg. No. 13VH07497900 Exp. Date 3/31/21
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 45-1713734 FAX: _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Robb Councilor
Tel. 201-376-1806 FAX: _____

V. FEE SUMMARY (for office use only)

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

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)

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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1,000	CW	3/1/21		3/15/21	HAH			
500				3-29-21	HAH			
0				4-16-21	HAH			
100				3/18/21	HAH			
0				3/12/21	ECG			

TOTAL COST 1,600 \$0

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

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 _____

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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

Signature

Date

3/1/2021

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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

RAB Councilor / William Burrows

Address

206 R537

ColB Mich as 0702

Telephone

201-376-1803

Signature

[Signature]

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



CONSTRUCTION PERMIT

Date Issued 4/16/21
Control # C-21-000748
Permit # 21-0944

IDENTIFICATION Block: 321.06 Lot: 23 Qualifier _____
Work Site Location: 284 BOEING DR. Brick Township, NJ Contractor 150 RIVER STREET REALTY
Address 206 RT 537 COLTS NECK NJ 07722
Owner in Fee 150 RIVER STREET REALTY
206 RT 537 COLTS NECK NJ 07722 Telephone: (201) 376-1806
Lic. No. or Bldrs. Reg. No. _____
Telephone: (201) 376-1806 Federal Employee No. _____

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:

**** PRIOR WORK **** C C O ...ENCLOSE PORCH

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 \$3

Construction Official D. N. ...

Date 4/16/21

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$125
Total	\$125
Check No.	
Cash	\$0
Credit	\$0
Collected By	<u>CW</u>

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:

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.

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.



Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: _____
Application Number: ZA-21-00253
Application Date: 3/3/2021
Project Number: _____
Permit Number: _____
Fee: \$75.00

Zoning Permit

Worksite **284 BOEING DR.**
Location: **Brick Township, NJ 08723**

Owner: **HERNON, PATRICK L & KATHLEEN M**
Address: **284 BOEING DRIVE**
BRICK, NJ 08723

Applicant: **PELLICANO BUILDERS**
Address: **206 ROUTE 537 EAST**
COLTS NECK, NJ 07722

Block: 321.06 Lot: 23 Qualifier: _____ Zone: R-10

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: Single-Family Residential

☐ Non Conforming Use

☐ Non Conforming Structure

Proposed Use: Single-Family Residential

Work Description:

Rehabilitation - Enclose the existing 20' X 20' porch.

The porch must be setback at least 30' from the front property line, 6'/20' combined from the side property line, and 20' from the rear property line.

Additional Zoning Permit is required for additional work.

Application Approved Date: 3/12/2021

Upon review it was determined that the Zoning Permit:

☒ Permitted by Ordinance

☐ Permitted by Variance approved on: _____

☐ Approved with Conditions

☐ Valid Nonconforming Use/Structure is established by

☐ Zoning Board of Adjustment

☐ Zoning Officer

Christopher J. Romano, Zoning Officer

3/12/2021

Date



Date Received
Control #

Date Issued
Permit #

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

Block 321.00 Lot 23 Qualification Code _____
Work Site Location 284 BOEING DR. BAHK, NJ 08723

Owner in Fee: 150 River Street Realty

Tel. (24) 376-1806 e-mail pubbc1233@gmail

Address 206 RT 537 COLB Neck, NJ 07722

Contractor: PRILLIANO RUBIO street PRILLIANO RUBIO municipality PRILLIANO RUBIO zip code 732 610 8301 Tel. (732) 610 8301

Address 206 RT 537 e-mail _____

Contractor License No. or Builder Registration No. 130407497900 Exp. Date 3/31/21

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13 V 40749790

Federal Emp. ID No. 130407497900 45-1713734 FAX: ()

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS	Dates (Month/Day)				
[]				Type:	Failure	Failure	Approval	Initial	
[]	No Plans Required			Footing					
[]	All	3/25/11		Footing Bonding					
[]	Footings/Foundations			Foundation					
[]	Structural/Framework			Slab					
[]	Exterior			Frame					
[]	Interior			Truss Sys./Bracing					
Joint Plan Review Required:				Barrier-Free					
[]	Elec.	[]	Plumb.	[]	Fire	[]	Elevator	Insulation	
SUBCODE APPROVAL for PERMIT				Finishes -Base Layer					
Date: 3/25/11				Finishes -Final					
Approved by: [Signature]				Energy					
SUBCODE APPROVAL for CERTIFICATE				Mechanical					
[]	CO	[]	CCO	[]	CA	TCO			
Date:				Other					
Approved by:				Final					
				Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ **Constr. Class** Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work: _____

New Bldg. Area/All Floors _____ sq. ft.	1 New Bldg \$
---	---------------

Volume of New Structure _____ cu. ft. 2 Rehabilitation \$ _____

Max. Live Load	3. Total (1+2)	\$ 1600
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Max. Occupancy Load	U.C.C. F110
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Max. Occupancy: _____ (rev. 11/09)

U.C.C. F110
(rev. 11/09)

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.

Sign here: _____

Print name here: JOJO COONIN

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

enclose existing policy
* CCO

TYPE OF WORK:

- [] New Building
- [] Addition
- [] Rehabilitation
- [] Roofing
- [] Siding
- [] Fence _____ Height (exceeds 6')
- [] Sign _____ Sq. Ft.
- [] Pool
- [] Retaining Wall _____ Sq. Ft.
- [] Asbestos Abatement Subchapter 8
- [] Lead Haz. Abatement NJAC 5:17
- [] Radon Remediation
- [] Other _____
- [] Demolition

FEE (Office Use Only)

\$

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

4/16/21
21-0944

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

Block 321.00 Lot 23 Qualification Code _____
Work Site Location 284 BOILING DR BAKE

Owner in Fee: 150 RIVER ST MEADY

Tel. (____) _____ e-mail _____

Address 206 RT 537 COLB NICH NJ
street municipality zip code

Contractor: YOUNGSON Tel. (201) 376-1866

Address 206 RT 537 COLB NICH NJ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 3-29-21

[] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 3-29-21

Approved by: MS

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type: Failure Failure Approval Initial

Rough _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Robb Councilman

Print name here: _____

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: CCO enclosed porch + prior work

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	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	_____

Administrative Surcharge \$ _____

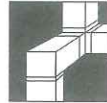
Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



MECHANICAL INSPECTION TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

4/16/21

21-0944

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

Block 321.06 Lot 23 Qualification Code _____

Work Site Location 284 BOEING BRICK RD

Owner in Fee: Yenecum

Tel. _____ e-mail _____

Address _____

Contractor: Pellucan 44032 Tel. 732 610 8301

Address 706 RT 587 COLB NICH RD e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

Heating System work: ☐ New OR ☐ Modification to Existing OR ☐ Conversion OR ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work \$ 1

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Mechanical Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.

☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 4-16-21

Approved by: JS

SUBCODE APPPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date: 5-11-21

Approved by: JS

INSPECTIONS

Type: Failure Failure Approval Initial

Water Heater _____

Appliance _____

Chimney/Vent _____

Piping _____

Tank _____

Cooling/AC _____

Generator _____

Fireplace _____

Chimney Cert. _____

Other _____

Other CCO _____

Final 51021 Wm 51021 Wm JS

No WORK DONE ON MECHANICAL

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 sign/Contractor
sign and seal here: _____

Print name here: _____

☐ Licensed Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CCO
enclosed porch

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Heater

\$ _____

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Generator

Other

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Control #

4/16/21

Date Issued
Permit #

21-0944

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

Block 321.06 Lot 23 Qualification Code _____
Work Site Location 284 Boeing DR BARK NJ 08723

Owner in Fee: 150 River street Property

Tel. (201) 376 1806 e-mail _____

Address 206 Rt 537, COLB N304, NJ 07702

Contractor: Pellicano Building Tel. (732) 610 8301

Address 206 Rt 537, COLB N304, NJ 07702

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): 134107497900

Federal Emp. ID No. _____ FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible

Heating System: [] New OR [] Modification to Existing Capacity _____

OR [] Conversion OR [] Replacement Fire Alarm System: [] New OR [] Existing

Fuel Type: [] Gas [] Oil [] Electric [] Solar Location of Panel: _____

Other _____ Fire Suppression/Standpipe System: [] New OR [] Existing

Location: _____ Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 100

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: 3/18/21

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

- [] CO [] CCO [] CA

Date: 5/4/21

Approved by: [Signature]

INSPECTIONS

Type:	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				

Dates (Month/Day)

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 sign/Contractor sign and seal here: [Signature]

Print name here: Rob Councilor

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: CCO * enclosed porch

Water Supply Source Prior work

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		

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



Receipt

Payment Date 5/18/2021

Transaction # PMT-21-04414

Receipt #

Issued To KATHLEEN HERNON

Description 284 BOEING DR
BLOCK 321.06 LOT 23
VIOLATION 21-00017

Date Printed 5/18/2021
Check Number

Cash	\$100.00
Check	\$0.00
Charge	\$0.00
Total Paid	\$100.00