BLOCK 321.06 LOT 23 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 21-1945

CONSTRUCTION PERMIT APPLICATION C-21-001528

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 284 BOSING DRIVE, BRICK
2. Name of Owner in Fee: 150 RIVER STREET REALTY
   Tel. 732-610-8301 e-mail _____
   Address 206 RT 537 COLTS NECK, NJ 07722
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: PELICANO BUILDERS Tel. 732-610-8301
   Address 206 RT 537 e-mail _____
   COLTS NECK NJ 07722
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date 3/31/24
   Home Improvement Contractor Registration No. or Exemption Reason 13VH07497900
   Federal Emp. ID No. 45-1713734 FAX: _____
5. Architect or Engineer AL ONDAR Contact AL ONDAR
   Address 19 TRUMAN DR MARLBORO e-mail ARCHAOD@AOL.COM
   Tel. 732-261-9641 FAX: _____
6. Responsible Person in Charge once Work has Begun CAPTAIN
   Tel. 201-376-1806 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150-		
2. Electrical	150-		
3. Plumbing	85-		
4. Fire Protection			
5. Elevator Devices	N/A		
6. Subtotal	200-		
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 16-		
9. State Permit Surcharge Fee	2		
10. Subtotal	$ 75-		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 891-		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	12 ft.	
3. Area — Largest Floor	1200 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 (Alt.)
- ☐ 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	3,000				5/6/21	AM			
☑ Electrical	1500	CW	4/16/21	5/7/21	7.6.21	[illegible]			
☑ Plumbing	1200			6/2/21	7-20-21	WM			
☑ Fire Protection	300				5/12/21	[illegible]			
☐ Elevator	∅	Eng	Exempt		7/29/21	ECE			
TOTAL COST	6000	$0							

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 complete

I hereby certify that I am the owner in fe

Mark the following applicable boxes:

A. ( ) I further certify that a new h tructed on this property for my own use and occupancy. This dwelling is to b be used for any purpose other than single family residential use. I attest that a l work will be done, in whole or in part, by me or by subcontractors under my su plicable laws; and, I further acknowledge that said new home is not covered un lders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclo roperty within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN GE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAI THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED F THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT MENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSU

B. ( ) I further certify the followin iform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans 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 _____

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 MATT Pellicano

Address 206 RT 537
COLD SPRG NJ 07722

Telephone 732-610-8301

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 7/22/21
Control # C-21-001528
Permit # 21-1945

IDENTIFICATION Block: 321.06 Lot: 23 Qualifier

Work Site Location: 284 BOEING DR. Brick Township, NJ

Owner in Fee: 150 RIVER STREET REALTY
206 RT 537 COLTS NECK NJ 07722

Telephone: (732) 610-8301

Contractor: PELLICANO BUILDERS
Address: 206 ROUTE 537 EAST COLTS NECK NJ 07722

Telephone: (732) 610-8301
Lic. No. or Bldrs. Reg. No. 45976 13VH07497900
Federal Employee. No. 451713734

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [x] OTHER

DESCRIPTION OF WORK:
ALTERATION - RESIDENTIAL

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 $8,000

D. Neuwirth Jr. 7/22/21
Construction Official Date

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$150
Fire Protection	$85
Elevator Devices	$0
Other	$200.00
DCA Training Fee	$16
CO Fee	
Other	$0
Total	$751
Check No.	
Cash	$0
Credit	$0
Collected By	

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

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.

- [x] 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:

- [x] 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".

- [x] 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-21-00590
Application Date: 4/21/2021
Project Number:
Permit Number:
Fee: $75.00

Zoning Permit

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

Owner: **150 River Street Realty**
Address: **206 Route 537**
Colts Neck, NJ 07722

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 - Converting porch into Family Room. (400 sq. ft.)

Interior alteration to the home.

The alteration 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: 4/28/2021

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

4/28/2021
Date

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 7/22/21

Date Issued / Permit # 21-1945

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 234 Boling Dr Brick

Owner in Fee: 150 River Street Realty

Tel. 732 610 8301 e-mail

Address 206 Rt 537 Colts Neck NJ 07722
street municipality zip code

Contractor: Pellicano Builders Tel. 732-610-8301

Address 206 Rt 537, Colts Neck e-mail
NJ 07722

Contractor License No. or Builder Registration No. Exp. Date 3/31/24

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH07497900

Federal Emp. ID No. 45-1713734 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

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)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 2000.00
3. Total (1+ 2) $ 2000.00

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: Matt Pellicano

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ADD MASTER BATHROOM
ADD MASTER CLOSET
RENOVATE KITCHEN
REMOVE 3 BEARING WALLS
INSTALL 3 MICROLAM BEAMS

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 $

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7/22/21
Control #
Date Issued
Permit # 21-1945

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

Block 321 Lot 23 Qualification Code ______

Work Site Location 284 Boling Ar, Brick, NJ 08723

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)

Contractor: Curry Electric Tel. (732) 267-4061

Address 3185 Quarry Rd e-mail pcurry49@gmail.com
Manchester, NJ 08759

Contractor License No. 17767 Exp. Date 3/31/2024

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

Federal Emp. ID No. 464070437 FAX: ( ) ______

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ 1,500

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: [signature]

Print name here: Philip J. Curry

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ~~furnace~~ New lites, outlets, switches

QTY.	SIZE	ITEMS	FEE (Office Use Only)
16		Lighting Fixtures	
23		Receptacles	
7		Switches	
~~3~~		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
46		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	
1		HP/KW Space Heater/Air Handler furnace	
		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 $ ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: ______ Approved by: ______

[X] Electric Plans Approved

Date: 7/6/21 Approved by: TC

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7/6/21
Approved by: TC
AC Tirol

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

INSPECTIONS — Dates (Month/Day)

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 ______

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 7/22/21

Date Issued / Permit # 21-1945

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 BOSING DR BRICK, NJ

Owner in Fee: 150 RIVER STREET READY

Tel. 732 610 8301 e-mail

Address 206 RT 537, COLTS NECK, NJ 07722 (street / municipality / zip code)

Contractor: Nimon Plumbing & Heating, Inc. Tel. (732) 219-8938

Address PO Box 454, 276 Parkview Terr. e-mail

Lincroft, NJ 07738

Contractor License No. 8990 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223552471 FAX: (732) 224-0728

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer X Private Septic

Water Service Size Public Water X Private Well

Est. Cost of Plumbing Work $ 4,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date 7-20-21 Approved by: WSM
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-21-21
Approved by: NDG

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 sign/Contractor sign and seal here:

Print name here: Michael Nimon

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ADD NEW BATHROOM

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	
1	Shower	
1	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F130 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 1/12/21

Date Issued
Permit # 21-1945

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 BOLING DRIVE, BANK

Owner in Fee: 150 RIVER STREET REALTY

Tel. (732) 610-8301 e-mail

Address 206 RT 537, TOMS RIVER, NJ 07722
street municipality zip code

Contractor: [redacted] QUARRY SIC Tel. (732) 610-3301

Address [redacted] e-mail

NJ 07722 3185 QUARRY RD, MANCHESTER, NJ 08759

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

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

Fire Alarm Contractor No. 17767 Exp. Date 3/31/24

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

Federal Emp. ID No. 46 407 04 37 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 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 $ 300

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: 3/26/21 Approved by: LW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-15-21
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 sign/Contractor sign and seal here:

Print name here: PHILIP [illegible]

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source ADD 2 SMOKE & 1 CARBON
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		Portable family room
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e,, smoke, heat, pulls, water/flow)	3	EPS Threaded
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		3
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 $

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received 7/22/21
Control #

Date Issued
Permit # 21-1945

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 Brick

Owner in Fee: 150 River Street Realty

Tel. (732) 610-8301 e-mail mpsilvano12@hotmail.com

Address 206 Rt 537 Colts Neck NJ 07722
street municipality zip code

Contractor: Polar air offshore Inc Tel. (732) 840-3952

Address 410 Vista ct e-mail
Brick NJ

Contractor License No. or Builder Registration No. 19HC00027300 Exp. Date 11/30/22

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02258100

Federal Emp. ID No. 204173144 FAX: (732) 840-1405

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

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

Type: [ ] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required 9-30-21 mm
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-21-21
Approved by: JM

SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
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.

Sign here: Michael Zaccone

Print name here: Michael Zaccone

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Furnace & A/C with same size new

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other A/C	

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

MICHAEL ZACCONE
NJ STATE HVAC CONTRACTOR
275

U.C.C. F145
(rev. 11/09)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy