Manchester Township
1 Colonial Drive
Manchester, NJ 08759
732 - 657-8121

Permit Number: 20120163
Update Number:
Control Number: 76318
Application Date: 08/06/2011
Permit Date: 04/10/2012

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER PROPERTY DETAILS

Block: 61.10 Lot: 15 Qualification Code:
Work Site Location: 34 BELVIDERE DR SO MANCHESTER

Owner In Fee: DOMONKOS, CONSTANCE
Address: 34 BELVIDERE DR SO
MANCHESTER NJ 08759
Telephone: (732) 408-1155

Use Group(s): R-5

Contractor: GOLD MEDAL PLUMBING HEATIN
Address: 11 COTTERS LANE
EAST BRUNSWICK NJ 08816
Telephone: (732) 393-3700
Lic. No./Bldrs. Reg. No.: 11918
Federal Emp. No.: 83-0357354

is hereby granted permission to perform the following work :

[ ] BUILDING	[X] PLUMBING	[ ] DEMOLITION
[ ] ELECTRICAL	[ ] FIRE PROTECTION	[ ] OTHER
[ ] ELEVATOR DEVICES	[ ] MECHANICAL	
[ ] ASBESTOS ABATEMENT	[ ] LEAD HAZARD ABATEMENT	

(Subchapter 8 only)

DESCRIPTION OF WORK:
WATER HEATER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	2300.00
Cost of Demolition:	0.00
Total Cost:	$2300.00

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.

Michael P Martin — Date: 8-16-11
Construction Official

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$75.00
Fire Protection	
Elevator Devices	
Mechanical	
YrlFee (DCA)	
AltFee (DCA)	$4.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$79.00
All Fees Waived:	No

Amount to be Paid: $79.00

Check Number: 4242
Check amount: $79.00

Collected by: M
Receipt No: 0031
Total Cash Amount:
Total Check Amount: $79.00
Total CC Amount:
Grand Total: $79.00

Note:

Manchester Township
1 Colonial Drive
Manchester, NJ 08759
732-657-8121

CERTIFICATE
IDENTIFICATION

Date Issued: 04/20/2012
Control #: 76318
Permit #: 20120463

Block: 61.10 Lot: 15 Qual:
Work Site Location: 34 BELVEDERE DR SO
MANCHESTER
Owner in Fee: DOMONKOS, CONSTANCE
Address: 34 BELVEDERE DR SO
MANCHESTER NJ 08759
Telephone: 732 408-1155
Agent/Contractor: GOLD MEDAL PLUMBING HEATING COOLING ELECTRICINE
Address: 11 COTTERS LANE
EAST BRUNSWICK NJ 08816
Telephone: 732 390-1200
Lic. No./ Bldrs. Reg.No.: 11918 Federal Emp. No.: 83-0352354
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
WATER HEATER

Update Desc. of Wk/Use:

[ ] CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period(_____ years): see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Michael P Martin Construction Official

Fees: $0.00
Paid[X]Check No.: 4242
Collected by: M

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

BLOCK 61.10 LOT 15 QUALIF /CODE _____ ADDRESS (SITE) 34 Belvedere Dr PERMIT NO. 2012063

76318

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 34 Belvedere Dr. Manchester
2. Name of Owner in Fee: Domanoos
   Tel. (732) 408-1155 e-mail _____
   Address: 34 Belvedere Dr Manchester (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3700
   Address 11 Cedars Lane, East Brunswick, NJ 08816 e-mail _____
   License No. GR, if new home, Builder Reg. No. 4736 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. 830357354 Fax (732) 390-3791
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (___) _____ FAX (___) _____
6. Responsible Person in Charge once Work has Begun Adam Goldstein
   Tel. (732) 390-3700 FAX (732) 390-3791

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

AUG – 3 2011

IIb. SUBCODES: Mark

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Received by	Date Issued	Rejection Date	Approval Date	Re-viewer	Resubmission Dates: Approval	Resubmission Dates: Rejection	Re-viewer
[ ] Building									
[ ] Electrical									
Plumbing	2300				8/8/11	RWP			
Fire Protection	200				NA				
[ ] Elevator									
TOTAL COSTS:	2500								

VII. DESCRIPTION OF BUILDING USE

A RESIDENTIAL (primary use)
1 State Specific Use
2 Use Group Proposed _____
3 Change in Use Group Indicate Number
4 No. of dwelling units Total Units Proposed Total Units Presently Existing
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. DO YOU WANT: (optional)

1. [ ] Partial Release
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
8. [ ] Smoke Control Systems in Open Wells
9. [ ] Underground Storage Tanks
10. [ ] Swimming Pools, Spas and Hot Tubs
11. [ ] LP Gas Tanks

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X	X	X	
☐ Utility Dig No.			X	X	X	X			
☐									
☐									

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)

		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.				

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.

X Check if contractor.

Agent Name Gold Medal Plumbing Heating Cooling Electric, Inc.

Address 11 Cotters Lane

East Brunswick, NJ 08816

Telephone (732) 390-3700

Signature _____

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

FOLD

FOLD

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 7/6/18
Date Issued 4/10/12
Control #
Permit # 20120463

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

Block 61.10 Lot 15 Qualification Code
Work Site Location 34 Belvedere Dr 08759

Owner in Fee: Dancokos
Tel. 732 408-1155 e-mail
Address same (street) (municipality) (zip code)

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3700
Address 11 Cotters Lane
East Brunswick, NJ 08816

Contractor License No. 9734 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 830357354 FAX: (732) 390-3791

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 $ 3300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Date Initial
Joint Plan Review Required
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9/8/16
Approved by: MWP

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4-20-12
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Other				
FCO				

Dates (Month/Day)

F.C.O. 4-20-12

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Signature/ Contractor's Seal and Signature
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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	
1	Water Heater	35
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other	
	Administrative Surcharge $	25
	Minimum Fee $	
	State Permit Surcharge Fee $	4
	TOTAL FEE $	70.00

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

1. White-Inspector Copy
2. Canary-Applicant Copy
3. Pink-Office Copy
4. White Tag-Office Copy

UCC/F-130
Professional Printing
(800) 468-7933

08/08

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 10-31
Date Issued
Control #
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____ street municipality zip code

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3700

Address 11 Colters Lane
East Brunswick, NJ 08816

Contractor License No 9734 Exp. Date _____

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

Federal Emp. ID No. 830357354 FAX: (732) 390-3791

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 $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required Date Initial

Joint Plan Review Required
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO _____				

C. CERTIFICATION IN LIEU OF OATH

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

_____
Applicant Signature/ Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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
1	Water Heater
___	Fuel Oil Piping
___	Gas Piping
___	LPGas Tank
___	Steam Boiler
___	Hot Water Boiler
___	Sewer Pump
___	Interceptor/Separator
___	Backflow Preventer
___	Greasetrap
___	Sewer Connection
___	Water Service Connection
___	Stacks _____
___	Garbage Disposal _____
___	Other _____

FEE (Office Use Only)

$ _____

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

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

UCC/F-130
Professional Printing
(856) 468-7933

1. White-Inspector Copy
2. Canary-Applicant Copy
3. Pink-Office Copy
4. White Tag-Office Copy

06/08

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 60.10 LOT 15 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 34 Belvedere Dr.

Applicant Domonos

Certifying Individual Adam Baltz Company Gold Medal OHCE

Address 11 Cotters Lane East Brunswick NJ 08816
(Street) (City) (State) (Zip Code)

Tel. (732) 390-3700

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:

- [X] B Label Vent
- [ ] L Label Vent
- [ ] Masonry Chimney – Tile Lined
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed

Signature _____ Date _____

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature _____ Date _____

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____ Date _____

Direct Vent Appliances:

No certification required

Signature _____ Date _____

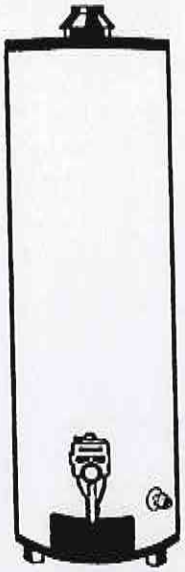
THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370 (rev. 3/01)

Residential Gas Water Heater

USE & CARE MANUAL

WITH INSTALLATION INSTRUCTIONS FOR THE CONTRACTOR



The purpose of this manual is twofold: for the installing contractor, to provide requirements and recommendations for the proper installation and adjustment of the water heater, and for the owner-operator, to explain the features, operation, safety precautions, maintenance and trouble shooting of the water heater. This manual also includes a parts list.

It is imperative that all persons who are expected to install, operate or adjust this water heater read the instructions carefully so that they may understand how to do so.

Any questions regarding the operation, maintenance, service or warranty of this water heater should be directed to the entity from whom it was purchased. If additional information is required, refer to the section on How to Obtain Service Assistance.

Do Not Destroy this Manual. Please read carefully and keep in a safe place for Future Reference.

⚠ **Recognize this symbol as an indication of Important Safety Information!**

⚠ **CALIFORNIA PROPOSITION 65 WARNING: This product contains chemicals known to the State of California to cause cancer, birth defects or other reproductive harm.**

⚠ **WARNING: If the information in these instructions is not followed exactly, a fire or explosion may result causing property damage, personal injury or death.**

⚠ FOR YOUR SAFETY!

— **Do not store or use gasoline or other flammable vapors or liquids or other combustible materials in the vicinity of this or any other appliance. To do so may result in an explosion or fire.**

— **WHAT TO DO IF YOU SMELL GAS**

- **Do not try to light any appliance.**
- **Do not touch any electrical switch; do not use any phone in your building.**
- **Immediately call your gas supplier from a neighbor's phone. Follow the gas supplier's instructions.**
- **If you cannot reach your gas supplier, call the fire department.**
- **Do not return to your home until authorized by the gas supplier or fire department.**

— **Improper installation, adjustment, alteration, service or maintenance can cause injury, property damage or death. Refer to this manual. Installation and service must be performed by a qualified installer, service agency or the gas supplier.**

Printed in USA

AP5839-13 (0402)

⚠ General Safety Precautions

Be sure to read and understand the entire Use & Care Manual before attempting to install or operate this water heater. Pay particular attention to the following General Safety Precautions. Failure to follow these warnings could result in a fire or explosion, causing property damage, bodily injury or death. Should you have any problems understanding the instructions in this manual, STOP, and get help from a qualified installer or service technician or the gas supplier.

⚠ WARNING

Gasoline, as well as other flammable materials and liquids (adhesives, solvents, etc.), and the vapors they produce, are extremely dangerous. DO NOT handle, use or store gasoline or other flammable or combustible materials anywhere near or in the vicinity of a water heater. Be sure to read and follow the warning label pictured below and other labels on the water heater, as well as the warnings printed in this manual. Failure to do so can result in property damage, bodily injury, or death.

⚠ DANGER

Failure to install the draft hood and properly vent the water heater to the outdoors as outlined in the Venting Section of this manual can result in unsafe operation of the water heater. To avoid the risk of fire, explosion, or asphyxiation from carbon monoxide, never operate this water heater unless it is properly vented and has an adequate air supply for proper operation. Be sure to inspect the vent system for proper installation at initial start-up; and at least annually thereafter. Refer to Maintenance section of this manual for more information regarding vent system inspections.

⚠ DANGER

LIQUEFIED PETROLEUM MODELS — Propane, or LP gas, must be used with great caution.

- **It is heavier than air and will collect first in lower areas making it hard to detect at nose level.**
- **Make sure to look and smell for LP leaks before attempting to light appliance. Use a soapy solution to check all gas fittings and connections. Bubbling at a connection indicates a leak that must be corrected. When smelling to detect an LP leak, be sure to sniff near the floor too.**
- **Gas detectors are recommended in LP applications and their installation should be in accordance with the manufacturer's recommendations and/or local laws, rules, regulations or customs.**
- **It is recommended that more than one method be used to detect leaks in LP applications.**

IF LP GAS IS PRESENT OR SUSPECTED:

- ***DO NOT*** **attempt to find the cause yourself;**
- ***DO NOT*** **try to light any appliance;**
- ***DO NOT*** **touch any electrical switch;**
- ***DO NOT*** **use any phone in your building.**
- **Leave the house immediately and make sure your family and pets leave also.**
- **Leave the doors open for ventilation and contact the gas supplier, a qualified service agency or the fire department.**
- **Keep the area clear until the service call has been made, the leak is corrected, and a qualified agency has determined the area to be safe.**

⚠ WARNING

Both LP and natural gas have an odorant added to help detection. Some people may not physically be able to smell or recognize this odorant. If unsure or unfamiliar about the smell associated with LP or natural gas, ask the gas supplier. Other conditions, such as "Odorant Fade", which causes the odorant to "fade", or diminish in intensity can also hide or camouflage a gas leak.

⚠ DANGER

Water heaters utilizing Liquefied Petroleum gas (LP) are different from natural gas models. A natural gas heater will not function safely on LP gas and vice versa. No attempt should ever be made to convert a heater from natural gas to LP gas. To avoid possible equipment damage, personal injury or fire: DO NOT connect this water heater to a fuel type not in accordance with unit data plate. Propane for propane units. Natural gas for natural gas units. These units are not certified for any other type fuel.

⚠ WARNING

LP appliances should not be installed below-grade (for example, in a basement) if such installation is prohibited by federal, state and/or local laws, rules, regulations or customs.

BLOCK 61.10 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 34 BELVEDERE DRIVE SOUT PERMIT NO. 20122086

78897

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 34 BELVEDERE DRIVE SOUTH MANCHESTER
2. Name of Owner in Fee: KEN DOMONKOS
   Tel. (732) 406-1155 e-mail _____
   Address SAME
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc Tel. (732) 390-3725
   Address 11 Cotters Lane e-mail _____
   East Brunswick, NJ 08816
   License No. OR, if new home, Builder Reg. No. 9734 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 830357354 FAX: (732) 390-3793
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun ADAM BELITZ
   Tel. (732) 390-3725 FAX: (732) 390-3793

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 ____

RECEIVED JUN 20 2012

Matt

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

II. SUBCODES (check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	1,000				6/26/12	KK			
☒ Plumbing	0.000				6/26/12	RMP			
☒ Fire Protection	500		6/26/12		6/27/12	MR			
☐ Elevator									
TOTAL COST	$0.100								

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 Walls
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

UCC F100-1 (rev 8/08)

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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

	Name of Code & Edition		Name of Code & Edition		Other
Building		Elderly		Other	
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.				

U.C.C. F100-3 (rev. 12/07)

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.bc

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 _____

Address _____

_____

Telephone (____) _____

Signature _____

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

Manchester Township
1 Colonial Drive
Manchester, NJ 08759
732 - 657-8121

Permit Number: 20122086
Update Number:
Control Number: 78997
Application Date: 06/23/2012
Permit Date: 10/01/2012

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 61.10 Lot: 15 Qualification Code:
Work Site Location: 31 BELVEDERE DR SO MANCHESTER

Owner In Fee: DOMONKOS, CONSTANCE
Address: 31 BELVEDERE DR SO
MANCHESTER NJ 08759

Telephone: (732) 408-1155

Use Group(s): R-5

Contractor: GOLD MEDAL PLUMBING HEATI
Address: 11 COTTERS LANE
EAST BRUNSWICK NJ 08816

Telephone: (732) 390-3700
Lic. No. / Bldrs. Reg. No.: 11918
Federal Emp. No.: 83-0357354

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
REPLACE A/C & FURNACE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	8,100.00
Cost of Demolition:	0.00
Total Cost:	$8,100.00

PAYMENTS (Office Use Only)

Building	
Electrical	$80.00
Plumbing	$131.00
Fire Protection	$75.00
Elevator Devices	
Mechanical	
Vol Fee (DCA)	
Ab Fee (DCA)	$14.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$300.00
All Fees Waived:	No

Amount to be Paid: $300.00

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.

Check Number: 4985
Check Amount: $300.00

Michael P Martin
Construction Official

7-3-12
Date

Collected by: MB
Receipt No: 3933
Total Cash Amount:
Total Check Amount: $300.00
Total CC Amount:
Grand Total: $300.00

Note:

MANCHESTER TOWNSHIP
1 COLONIAL DRIVE
MANCHESTER, NJ 08759
732-657-8121

CERTIFICATE
IDENTIFICATION

Date Issued: 10/24/2012
Control #: 78997
Permit #: 20122086

Block: 61.10 Lot: 15 Qual: _____

Work Site Location: 34 BELVEDERE DR SO
MANCHESTER

Owner in Fee: DOMONKOS, CONSTANCE

Address: 34 BELVEDERE DR SO
MANCHESTER NJ 08759

Telephone: 732 408-1155

Agent/Contractor: GOLD MEDAL PLUMBING HEATING COOLING ELECTRIC INC

Address: 11 COTTERS LANE
EAST BRUNSWICK NJ 08816

Telephone: 732 390-3700

Lic. No./ Bldrs. Reg.No.: 11918 Federal Emp. No.: 83-0353354

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
REPLACE A/C & FURNACE

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period_____ years/c see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Michael P Martin Construction Official

Fees: $0.00
Paid[X]Check No.: 4985
Collected by: MH

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/1/12
Control # 78997
Date Issued
Permit # 20122086

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

Block 61.10 Lot 15 Qualification Code
Work Site Location 34 BELEVEDERE DRIVE SOUTH MANCHESTER
Owner in Fee: KEN DOMONKOS
Tel. (732) 408-1155 e-mail
Address SAME
Contractor: Gold Medal Plumbing Heating Cooling Electric Inc Tel. (732) 390-3725
Address 11 Cottora Lane e-mail
East Brunswick, NJ 08816
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):
Federal Emp. ID No. 830357354 FAX: (732) 390-3703

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New or [ ] Modification to Existing or [ ] Conversion or [X] Replacement
Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:
Total Cost of Fire Protection Work $ 500

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:

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/Contractor sign here:
Print name here: Adam Golitz
[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source REPLACE FURNACE
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, waterflow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
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 [X] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		17.00
Minimum Fee $		1.00
State Permit Surcharge Fee $		
TOTAL FEE $		76.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial/Underslab Utilities Approved
Date: 10/1/12 Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [X] CA
Date: 10/24/12
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			10/24/12	JC
Other				

U.C.C. FM0 (rev 02/11) Internet version

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 78997
Date Issued 10/1/12
Permit # 20122086

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

Block 01.10 Lot 15 Qualification Code
Work Site Location 34 BELEVEDERE DRIVE SOUTH MANCHESTER

Owner in Fee: KEN DOMONKOS
Tel. (732) 408-1155 e-mail
Address SAME

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc Tel. (732) 390-3725
Address 11 Colters Lane e-mail
East Brunswick, NJ 08816

Contractor License No. 9734 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 830357354 FAX: (732) 390-3793

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 $ 6,000

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 9/25/12
Approved by: RWP

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10/24/12
Approved by: RWP

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: Adam Bolitz
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE A/C + FURNACE

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	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greaseirap	
	Sewer Connection	
	Water Service Connection	
	Sweep Furnace	46
1	Other A/C + FURNACE	86

Administrative Surcharge $	
Minimum Fee $	131
State Permit Surcharge Fee $	10.00
TOTAL FEE $	141.00

U.C.C. P130 (rev. 11/08) 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

Date Received
Control #
Date Issued 10/1/12
Permit # 20122086

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

Block 61.10 Lot 15 Qualification Code

Work Site Location 34 BELEVEDERE DRIVE SOUTH MANCHESTER

Owner in Fee: KEN DOMONKOS

Tel. (732) 408-1155 e-mail

Address SAME

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3725

Address 11 Colters Lane e-mail

East Brunswick, NJ 08816

Contractor License No. 11918 Exp. Date

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

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Additional Review Required

[ ] Code [ ] Plans [ ] Elev. [ ] Other

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] TCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type	Date - Month / Day: Failure	Failure	Approval	Initial
Rough				
Barrier Free				
Trench				
Temp. Serv.				
Comb. Serv.				
TCO				
Other				
Service				
Final				
Service Fee				

Temp. Cert. Serv. Date Issued

Final Cert. Serv. Date Issued

Annual Pool Inspection

Notify Township and Housing 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:

Print name here: Mike Agugliaro

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REPLACE A/C + FURNACE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	$ 30-
		Pool Permit/with U/W 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	
1	5	KW Central A/C Unit	15-
		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	
1		FURNACE	15-
		Administrative Surcharge	$
		Minimum Fee	$ 80-
		State Permit Surcharge Fee	$
		TOTAL FEE	$

UCC. F120 (rev 11/09) Internet version

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

Manchester Township
1 Colonial Drive
Manchester, NJ 08759
732 - 657-8121

Permit Number: 20130527
Update Number:
Control Number: 81384
Application Date: 03/29/2013
Permit Date: 04/10/2013

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 61.10 Lot: 15 Qualification Code:
Work Site Location: 34 BELVEDERE DR SO MANCHESTER

Owner In Fee: DOMONKOS, CONSTANCE
Address: 34 BELVEDERE DR SO
MANCHESTER NJ 08759

Telephone: (732) 408-1155

Use Group(s): R-5

Contractor: NEIL BROOKS PLUMBING HEATI
Address: 14 SOUTH HOPE CHAPEL ROAD
JACKSON NJ 08527

Telephone: (732) 363-4373

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 22-3458402

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
GENERATOR

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	7,800.00
Cost of Demolition:	0.00
Total Cost:	$7,800.00

PAYMENTS (Office Use Only)	
Building	
Electrical	$130.00
Plumbing	$85.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AbFee (DCA)	$13.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$228.00
All Fees Waived:	No

Amount to be Paid: $228.00

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.

Michael P Martin
Construction Official

4/8/13
Date

Check Number: 7910
Check amount: $228.00

Collected by: deg
Receipt No: 6410
Total Cash Amount:
Total Check Amount: $228.00
Total CC Amount:
Grand Total: $228.00

Note:

MANCHESTER TOWNSHIP
1 COLONIAL DRIVE
MANCHESTER, NJ 08759
732-657-8121

CERTIFICATE
IDENTIFICATION

Date Issued: 05/28/2013
Control #: 81384
Permit #: 20130527

Block: 61.10 Lot: 15 Qual:
Work Site Location: 34 BELVEDERE DR SO
MANCHESTER
Owner in Fee: DOMONKOS, CONSTANCE
Address: 34 BELVEDERE DR SO
MANCHESTER NJ 08759
Telephone: 732-408-1155
Agent/Contractor: NEIL BROOKS PLUMBING HEATING COOLING
Address: 14 SOUTH HOPE CHAPEL ROAD
JACKSON NJ 08527
Telephone: 732-363-4373
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.: 22-3458402
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
GENERATOR

Update Desc. of Wk/Use:

[ ] CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period____ years/ see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Michael P. Martin Construction Official

Fees: 50.00
Paid[X]Check No.: 7910
Collected by: deg

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 13884
Date Issued 4/10/13
Permit # 20130527

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

Block 61.10 Lot 12 Qualification Code
Work Site Location 34 Belvedere Drive South
Manchester NJ 08759
Owner in Fee Constance Demonakos
Tel. 732 908 1155 e-mail
Address 34 Belvedere Drive South Manchester 08759
Contractor Des Sardin Electric LLC Tel. 732 921 5895
Address 177 South Hope Chapel Rd e-mail
Jackson NJ 08527
Contractor License No. 16308 Exp Date 3/13
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp ID No 22 299 7976 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R Proposed R
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Res. Utility Co JCP&L
Est. Cost of Elec. Work $ 3600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[1] No Plans Required
[ ] 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: 4/10/13
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] C/O [X] CA
Date: 5/28/13
Approved by:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Consb. Serv.				
TCO				
Other				
Service Final	5/1/13			WE
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cutin-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

5/1/13 CAN NOT CLOSE HOO

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: Kristian DeSardin
[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 20 kw Generator & Transfer Switch

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 Perim/Unth 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	
1	20	KW Transformer/Generator	65
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	200AMP	Transfer Switch.	65

Administrative Surcharge $
Minimum Fee $ 130.-
State Permit Surcharge Fee $ 2.-
TOTAL FEE $ 132.-

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

UCC F120 (rev. 11/09)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 81384
Date Issued 4/10/13
Permit # 20130527

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

Block 61.10 Lot 15 Qualification Code

Work Site Location 34 Belvedere Drive South Manchester NJ 08759

Owner in Fee: Constance Domenico

Tel. 732 408-1155 e-mail

Address 34 Belvedere dr South Manchester NJ 08755

Contractor: Neil Brooks Plumbing Heating Cooling Inc. Tel. (732) 363-1373

Address 14 South Hope Chapel Road e-mail neilbrooksphc@aol.com

Jackson, NJ 08527

Contractor License No. 8551 Exp. Date 6/2013

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

Federal Emp. ID No. 223458402 FAX. (732) 901-7938

B. PLUMBING CHARACTERISTICS

Use Group Present R- Proposed R

Building Sewer Size N/A Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 4000.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 4/11/13
Approved by: RWP

SUBCODE APPROVAL for CERTIFICATE
[ ] CC [ ] CO [ ] CA
Date: 5/22/13
Approved by: RWP

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			5/8	RWP
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH 20130527

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: Neil Brooks

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Gas for Standby Generator

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	
1	Gas Piping METER TO Generator	85
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 95
State Permit Surcharge Fee	$ 7
TOTAL FEE	$ 92.00

UCC F130 (rev 12/07) 1. White = Inspector Copy 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy

BLOCK 61.10 LOT 13 QUALIFICATION CODE _____ ADDRESS (SITE) 34 Belvedere Dr. S PERMIT NO. 20130527

8/384

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 34 Belvedere Drive South
2. Name of Owner in Fee: Santacroce Rumcabez Tel. (732) 408 1155
   Address: 34 Belvedere Drive South (street) Jackson (municipality) 08527 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: NEIL BROOKS PLUMBING HEATING COOLING INC. Tel. _____
   Address: 74 South Hope Chapel Road Jackson, NJ 08527 FAX: (_____) _____
   License No. OR, if new home, Builder Reg. No. State of N.J. Master Plumber Lic. No. 8561 Exp. Date _____
   Federal Employee No. _____
5. Architect or Engineer _____ Tel. 732-363-4272 fax 732-901-7928
   Address _____ Website: www.neilbrooksphc.com
6. Responsible Person in Charge once Work has Begun Neil Brooks
   Tel. (732) 363-4272 FAX: (732) 901-7928

MAR 26 [illegible]

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. 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	

II. PROPOSED WORK — OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair ☐ b. Alteration ☐ c. Renovation ☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☒ Plumbing ☐ Mechanical	4200.00				4/1/13 4/2/13	BWB WS			
7. ☒ Electrical	3600.00								
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	7800.00								

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/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventors
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers

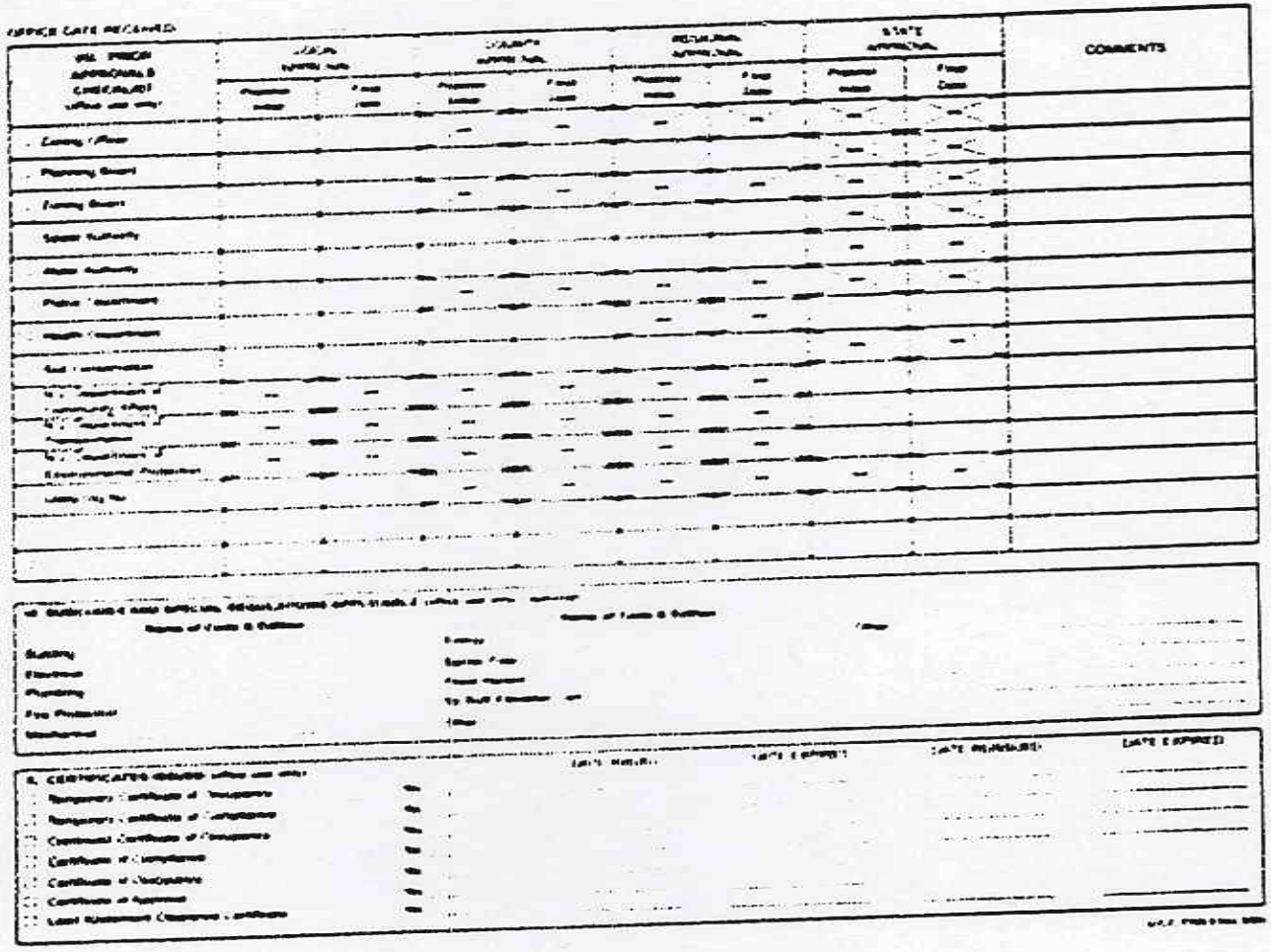
VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1) IBC 2009 NJ
2. ☐ Multi-Family (R-2) IBC 2009 NJ
3. ☐ Two-Family (R-3) IBC 2009 NJ
4. ☐ Two-Family (R-5) IRC 2009 NJ
5. ☐ One-Family (R-3) IBC 2009 NJ
6. ☐ One-Family (R-5) IRC 2009 NJ

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. F100-1 (rev. 12/03)



CERTIFICATION IN LIEU OF OATH

I [illegible]

Hereby certify that on the date(s) of [illegible]

Mark the following applicable items:

A [illegible]

B [illegible]

C [illegible]

D [illegible]

[illegible]

Signature [illegible]

E [illegible]

[illegible]

[illegible]

F [illegible]

[illegible]

Signature [illegible]

Name [illegible]

Address [illegible]

Telephone [illegible]

Signature [illegible]

[illegible]

Certificate of Completion

Certificate of Completion

Certificate of Completion

Certificate of Approval

Local Authorities Certificate Certificate