BLOCK 341 LOT 474 QUALIF /CODE ________ ADDRESS (SITE) 34 Kettle Creek Drive PERMIT NO. 08-3013

CONSTRUCTION PERMIT APPLICATION

C01-004649

NEW JERSEY UNIFORM CONSTRUCTION CODE

RECD SEP 2 9 2008

Called 10/1/08

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

I. IDENTIFICATION

1. Proposed Work Site at: 34 Kettle Creek Drive
2. Name of Owner in Fee: Haner
   Te. [redacted] e-mail
   Address Sutto - Brick NJ 08123 (street / municipality / zip code)
3. Ownership in Fee: Public ______ Private ✓
4. Principal Contractor: Gold Medal Plumbing Heating Cooling Electric Inc. Tel. (732) 390-3700
   Address 11 Cotters Lane, East Brunswick, NJ 08816 e-mail
   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) 390-3791
5. Architect or Engineer ________ Contact ________
   Address ________ e-mail ________
   Tel. (___) ________ FAX: (___)
6. Responsible Person in Charge once Work has Begun Adam B.
   Tel. (732) 390-3700 FAX: (732) 390-3791

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	40		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 1		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 41		

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

IIa. PROPOSED WORK:

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

IIb. SUBCODES:

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

Subcode	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									
☒ Plumbing	950				10-1-08	[illegible]			
☒ Fire Protection	950								
☐ Elevator									
TOTAL COSTS	1900								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* *Income-restricted*
   Before Construction
   After Construction
   Net Gain or Loss

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

C. MIXED USE -List secondary use(s):

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 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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

(✓) Check if contractor.

Agent Name **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.

UCC/F-100
Professional Printing
(856) 468-7933

FOLD

OFFICE DATE RECEIVED: _____

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

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

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		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. _____	_____	_____	_____	_____

CONSTRUCTION PERMIT

Date Issued 10/03/2008
Control # C-08-004649
Permit # 08-3013

IDENTIFICATION Block: 341 Lot: 474 Qualifier

Work Site Location: 34 KETTLE CREEK DR. Brick Township, NJ

Owner in Fee MAHER, DONNA
34 KETTLE CREEK DRIVE BRICK NJ 08723

Telephone: [redacted]

Contractor
Address
Telephone:
Lic. No. or Bldrs. Reg. No.
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:

REPLACEMENT WATER HEATER

Note: If constuction 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 $950

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
Check No.	5040
Cash	$0
Credit	$0
Collected By	Kim Bogan

U.C.C. F170
equiv (rev 8/03)

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.

☐ 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 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/03/2009
Control Number C-08-004649
Permit Number 08-3013
Permit Issue Date 10/03/2008
Certificate Number 08-3013

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 34 KETTLE CREEK DR. Brick Township, NJ Block: 341 Lot: 474 Qual:

Owner in Fee: MAHER, DONNA

Owner Address: 34 KETTLE CREEK DRIVE BRICK NJ 08723

Telephone: [redacted]

Contractor GOLD MEDAL PLUMBING HEATING & COOLING ELECTRIC INC

Address 11 COTTERS LN EAST BRUNSWICK NJ 08816

Telephone: (732) 390-3700 Fax: (732) 390-3791

License Number or Builders Registration Number: 13VH02738600 9734 11918 Federal Emp. Number: 830-357354

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT WATER HEATER

Certificate Comments:

☐ **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.

☑ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 09/03/2009 U.C.C. F260 (rev. 08/05)

341 474

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 10/3/08
Control # 08-3013
Permit #

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

Block 341 Lot 474 Qualification Code

Work Site Location 34 Kettle Creek Drive

BRICK 08725

Owner is Fee:

Tel. ([redacted] e-mail

Address Same
street municipality zip code

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

Address 11 Cotters Lane e-mail

East Brunswick, NJ 08816

Contractor License No. 9734 Exp. Date

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$ 950

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 10-1-08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 8-27-09
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			08-26-09 PD	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[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	
	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	

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

UCC/F-130 (REV. 07/05)
Professional Printing
(856) 468-7933

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

08-3013
10/3/08

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

Block 3411 Lot 4714 Qualification Code _____

Work Site Location 34 Lothic Creek Drive

DRICK, NJ 08723

Owner in Fee: [redacted]

Tel. (732) [redacted] e-mail _____

Address [redacted]
street municipality zip code

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

Address 11 Cotters Lane e-mail _____

East Brunswick, NJ 08816

Contractor License No. 9734 Exp. Date _____

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$ 950

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 10-1-08

Approved by: _____

SUBCODE APPROVAL

[ ] 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 _____				

C. CERTIFICATION IN LIEU OF OATH

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

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

[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	
___	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 _____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

UCC/F-130 (REV. 07/05)
Professional Printing
(856) 468-7933

1. White-Inspector copy 2. Canary- Applicant copy

3. Pink- Office Copy 4. White Tag- Office copy

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit # 08-3013 10/3/08

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

Block 3411 Lot 4714 Qualification Code _____

Work Site Location 24 Holly Crest Drive
Dracut, MA 01826

([redacted])

T _____ e-mail _____

Address 3411 - 24 Holly Crest Drive, Dracut, MA 01826
street municipality zip code

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

Address 11 Cotters Lane e-mail _____
East Brunswick, NJ 08816

Contractor License No. 9734 Exp. Date _____

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$ 450

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 10/3/08
Approved by: _____

SUBCODE APPROVAL
[ ] 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				

C. CERTIFICATION IN LIEU OF OATH

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

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

[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	
	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 _____	

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

UCC/F-130 (REV. 07/05)
Professional Printing
(856) 468-7933

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

DATE	JOB CONDITION / COMMENTS

GOLD MEDAL PHCE PERMIT ACCOUNT 5040

CO118 BANK GL# CHK.DATE CHK.NO
BRICK TOWNSHIP 1026 10/01/08 5040
TOTAL > $41.00

VENDOR.INV#...	---PAYMENT	VENDOR.INV#...	---PAYMENT	VENDOR.INV#...	---PAYMENT
8092344	41.00				

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
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 311 Lot 474 Qualification Code

Work Site Location 34 Kettle Creek Drive. BRICK TWP NJ 08723

[redacted] e-mail

Address street municipality zip code

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

Address 11 Cotters Lane e-mail

East Brunswick, NJ 08816

Fire Protection Equipment, NJ Div of Fire Safety Permit No

Fire Protection Equipment, Div of Fire Safety Installer No

Fire Alarm Contractor No 9734 Exp. Date

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Firte Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [ ] New OR [X] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable or [X] Combustible Capacity

Est. Cost of Fire Protection Work $ 4150

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's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Water Heater.

Water Supply Source

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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] 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				

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

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FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
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 311 Lot 4.14 Qualification Code _____

Work Site Location 34 Kettle Creek Drive. BRICK, NJ 08723

[redacted] e-mail _____

Address Same- (street) (municipality) (zip code)

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

Address 11 Cotters Lane e-mail _____

East Brunswick, NJ 08816

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

Fire Protection Equipment, Div of Fire Safety Installer No _____

Fire Alarm Contractor No 9734 Exp. Date _____

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present X Proposed _____

Heating System: [ ] New OR [X] Existing [ ] HVAC

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

[ ] Other _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable or [ ] Combustible Capacity _____

Est. Cost of Fire Protection Work $ 950

Firte 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's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Water Heater.

Water Supply Source _____

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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] 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 _____				

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FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
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 311 Lot 4114 Qualification Code ____

Work Site Location 31 Kettle Creek Drive. Brick NJ 08723

Owner in Fee: [redacted] e-mail ____

Address ____ (street) (municipality) (zip code)

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

Address 11 Cotters Lane e-mail ____

East Brunswick, NJ 08816

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

Fire Protection Equipment, Div of Fire Safety Installer No ____

Fire Alarm Contractor No 9734 Exp. Date ____

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present X Proposed ____

Heating System: [ ] New OR [X] Existing [ ] HVAC

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

[ ] Other ____

Location: ____

Fuel Storage Tank:

Fuel Type: [ ] Flammable or [ ] Combustible Capacity ____

Est. Cost of Fire Protection Work $ 950

Firte 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's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Water Heater.

Water Supply Source ____

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)	1	
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other ____		

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: ____

Approved by: ____

SUBCODE APPROVAL

[ ] CO [ ] 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 ____				

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FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
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 311 Lot 4 Qualification Code

Work Site Location 31 Hill Creek Drive.
Dover, NJ. 08125

[redacted] e-mail

Address [redacted]
street municipality zip code

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

Address 11 Cotters Lane e-mail
East Brunswick, NJ 08816

Fire Protection Equipment, NJ Div of Fire Safety Permit No

Fire Protection Equipment, Div of Fire Safety Installer No

Fire Alarm Contractor No 9734 Exp. Date

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [X] Existing [ ] HVAC

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

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable or [X] Combustible Capacity 250

Est. Cost of Fire Protection Work $

Firte 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. X [illegible]
Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Reload Water Heater.

Water Supply Source

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)	7	
Supervisory Devices (i.e., tampers, low/high air)	1	
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] 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				

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DATE	JOB CONDITION / COMMENTS

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 311 LOT 4704 QUALIFICATION CODE _____ PERMIT #_____

WORK SITE ADDRESS 34 Pettit Creek Drive

Applicant Maher

Certifying Individual Aaron Neiltz Company Gold Medal Plumbing Heating Cooling Electric Inc.

Address _____ (Street) _____ (City) _____ (State) 11 Cotters Ln. East Brunswick, NJ 08816 (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 herby 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] Signature 9/24/10 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

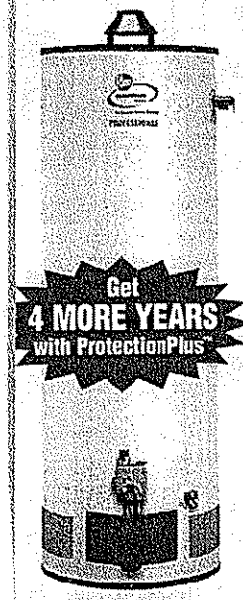
Direct Vent Appliance:

No certification required:

_____ Signature _____ Date

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

U.C.C. F370 (Rev. 3/04)



Available in 40 and 50 Gallon Tall – 40 Gallon Short Gas Models

- **8-Year* Limited Tank and Parts Warranty with a Professional Installation.**
- **With ProtectionPlus™ the 8-Year Limited Tank Warranty Becomes 12 Years!** *SEE PAGE 52.*

Guardian System™
- One-of-a-kind air/fuel shut-off device offers double protection
- Maintenance free – no filter to clean
- Standard replacement parts

Environmentally Friendly Burner
- Low NOx design for low nitrous oxide emissions

Self-Cleaning
- EverKleen™ patented system fights sediment build-up
- Reduces fuel costs
- Provides more hot water

Easy to Light
- No matches required

Energy Efficient
- More hot water at low operating cost

High Altitude Compliant
- All models are certified for applications up to 6,000 feet above sea level. Some models are certified up to 10,200 feet above sea level. Check factory for listing

Longer Life
- Patented magnesium anode rod design incorporates a special resistor that protects the tank from rust

Plus...
- Brass drain valve and temperature and pressure relief valve are included
- Meets or exceeds National Appliance Energy Conservation Act (NAECA) requirements

* See Residential Warranty Information Brochure for complete warranty information.

Energy Factor and Average Annual Operating Costs based on D.O.E. (Department of Energy) test procedures. D.O.E. national average fuel rate natural gas 91¢/therm; LP $1.23/gallon.

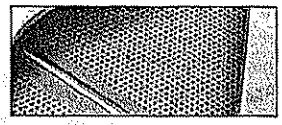
gama

DESCRIPTION			FEATURES					ROUGHING IN DIMENSIONS (SHOWN IN INCHES)									ENERGY INFO.	
TYPE	GAL. CAP.	MODEL NUMBER	GAS INPUT (BTU/HR.) NAT.	GAS INPUT (BTU/HR.) LP	RECOVERY (GPH 90° RISE) NAT.	RECOVERY (GPH 90° RISE) LP	FIRST HOUR DEL. G.P.H. NAT.	HT. TO VENT	TANK HT.	DIAM.	HT. TO GAS CONN.	VENT SIZE	WATER CONN. CNTR.	HT. TO SIDE T&P	WATER CONN.	SHIP. WT. (LBS)	ENERGY FACTOR NAT.	AVG. ANN. OPER. COST NAT.
TALL	40	22V40 PROF	38	–	38.4	–	73	61-3/4	58-3/8	18-1/8	14-1/2	3	8	52-1/4	3/4	120	0.59	$231
	38	42V40 PROF	40	34	40.4	34.3	68	61-1/2	57-3/4	19-3/4	14-1/2	3	8	52-1/4	3/4	125	0.60	$227
	40	RHG PRO40-40F	40	34	40.4	34.3	68	63-1/4	59-3/4	21	14-1/2	3	8	53-1/2	3/4	135	0.62	$220
	50	22V50 PROF	38	–	38.4	–	90	61-1/2	58-1/4	20-1/8	14-1/2	3	8	51-3/8	3/4	130	0.58	$235
	50	42V50-40 PROF	40	36	40.4	36.4	83	61-1/2	58	21-3/4	14-1/2	3	8	52-1/2	3/4	150	0.58	$235
	50	RHG PRO50-40F	40	36	40.4	36.4	83	62-1/4	58-3/4	23	14-1/2	3	8	52-1/2	3/4	165	0.62	$220
	50	RHG PRO50-50F	50	–	50.5	–	83	62	58	21-3/4	14-1/2	4	8	52-1/2	3/4	150	0.58	$235
SHORT	40	42V40SPROF	40	36	40.4	36.4	72	53-7/8	50-1/2	20-1/8	14-1/2	3	8	44	3/4	130	0.59	$231
	50	42V50SPROF	40	36	40.4	36.4	84	54-1/4	49-3/4	22-1/4	14-1/2	3	8	44	3/4	158	0.59	$231

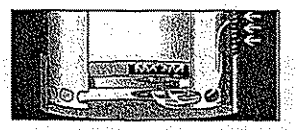
SPECIFY LP GAS WHEN ORDERING. Add "P" suffix to the model number. Example: RHG PRO40-40PF.
• For SCAQMD rule 1121 compliance models (California only), add "SQ" suffix to the model number. Example: 22V40 PROFSQ.

Rheem Guardian System Features...

Exclusive Combustion Shut-off System
Should a spill incident occur, the Guardian System shuts off the gas supply and the air supply preventing a sustained vapor burn in the combustion chamber.



Flame Arrestor Plate
A specially-designed flame arrestor prevents ignition of vapors outside the combustion chamber.



Maintenance Free
Superior air filtration prevents the flame arrestor from becoming clogged by lint, dust and oil.

Rheem GUARDIAN SYSTEM™

Best Reputation. Superior Technology.