BLOCK 1082.94 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 451 16th Brick PERMIT NO. 16-2707

CONSTRUCTION PERMIT APPLICATION

C-16-003636

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

I. IDENTIFICATION

1. Proposed Work Site at: 451 16th AVE BRICK NJ 08724
2. Name of Owner in Fee: JUDITH C. RAIA
   Tel. [redacted] e-mail [redacted]
   Address 451 16th AVE (street) BRICK (municipality) NJ. 08724 (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Same Tel. ( ) ____
   Address Same e-mail ____
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. ____ FAX: ( ) ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun ____
   Tel. ( ) ____ FAX: ( ) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	175 ✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2 -		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 177 -		

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical		CA	7/28/16						
☒ Plumbing					7-30-16	NDV			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

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

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

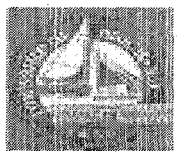
D. Construct. Classification: Present ____ Proposed ____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/22/2016
Control Number C-16-003636
Permit Number 16-2707
Permit Issue Date 8/2/2016
Certificate Number 16-2707

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 451 16TH AVE. Brick Township, NJ Block: 1082.94 Lot: 1.01 Qual:

Owner in Fee: RAIA, CATHERINE & JUDITH

Owner Address: 451 16TH AVE BRICK NJ 08724

Telephone: [redacted]

Contractor RAIA, CATHERINE & JUDITH

Address 451 16TH AVE BRICK NJ 08724

Telephone: [redacted] Fax:

License Number or Builders Registration Number: Federal Emp. Number:

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: AUXILIARY METER, BACKFLOW PREVENTER

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: 11/22/2016

U.C.C. F260 (rev. 08/05)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals 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 Judith C Raia Date 7/21/16

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 Judith Raia

Address 451 16th Ave Brick, NJ 08724

Telephone (732) 840-1468

Signature Judith C Raia

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 6/2/16
Permit # 16-2707

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

Block 1082.04 Lot 1.01 Qualification Code

Work Site Location 451 16th AVE BRICK NJ-08724

Owner in Fee: JUDITH C. RAIA

Tel [redacted] e-mail [redacted]

Address 701 16TH AVE, BRICK NJ-08724

Contractor: Gregory C. Hazard (street / municipality) Tel. 732, 899-0655 (zip code)

Address 2411 OAK St., Pt PLEASANT e-mail

NJ- 08742

Contractor License No. 10363 Exp. Date June 30, 2017

Home Improvement [redacted] on Reason (if applicable):

Federal Emp. ID No [redacted] FAX: (732-899-0655

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed

Building Sewer Size 3/4" Public Sewer Private Septic

Water Service Size 3/4" Public Water Private Well

Est. Cost of Plumbing Work $ 800.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Greg C Hazard

Print name here: Greg C Hazard

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
1	Water Service Connection (Auxiliary) 2nd meter Sprinkler	
	Stacks	
	Other	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 7-30-16 Approved by: DN
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-30-16
Approved by: DN

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11-17-16
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~~	PVB 10-27-16		11-17-16	
~~TCO~~	Aux yoke		10-27-16	
Final			11-17-16	

Backflow preventer must be tested following installation FAX MHA

Office Inspection

CONSTRUCTION PERMIT

Date Issued: 8/2/16
Control #: C-16-003636
Permit #: 16-2707

IDENTIFICATION Block: 1082.94 Lot: 1.01 Qualifier:

Work Site Location: 451 16TH AVE, Brick Township, NJ

Contractor: RAIA, CATHERINE & JUDITH
Address: 451 16TH AVE BRICK NJ 08724

Owner in Fee: RAIA, CATHERINE & JUDITH
451 16TH AVE BRICK NJ 08724

Telephone: [redacted]

Telephone [redacted]
Lic. No. or
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:

AUXILIARY METER, BACKFLOW PREVENTER

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 $800

D. Newman Jr. / SW
Construction Official

Date 8/1/16

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$0
Plumbing	$175
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$177
Check No.	135
Cash	$0
Credit	$0
Collected By	Matt Fagan

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

XX08 SERV.008
PLUMBING $175.00
DCA $2.00
CHECK $177.00

☐ 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:

The Backflow preventer must be tested following installation.

☑ 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".

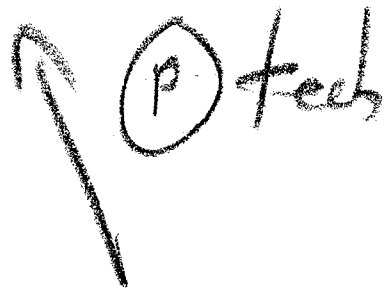
☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

10-27-16

Submit Test Report

office Inspection



American Society of Sanitary Engineering

Pressure Vacuum Breaker Assembly (PVB)

ASSE Standard #1020 Field Test Report

Owner of Property KATHY RAIA

Address 451 16th Ave

City Brick Town, State N.J Zip Code 08723

Occupant of Property (if different from owner) SAME

Occupant Address SAME

City BRICK TOWN State NJ Zip Code 08723

Manufacturer of Device: WILKINS Model #: 720-A

Size of Device: 1" Serial #: T 274021

Location of Assembly and Equipment or System Application: SIDE OF HOUSE BACK

Test Equipment:

Manufacturer: MIDWEST Model #: 845 Serial # 06120796

Calibration Date: 6/15

Date test was performed: 11/16/16 **Time test was performed:** 10:45 AM **Static Line Pressure:** 60

	Air Inlet Valve	Check Valve	Shut Off #2
Initial Test	**Failed to Open** ____ **Opened at** 6 **psid**	**Leaking** ( ) **Closed Tight** (✓) **Pressure Drop Across Check Valve #1** 4 **psid**	**Leaking** ( ) **Closed Tight** (✓)
Describe parts and repairs when needed			
Final Test	**Opened at** 6 **psid**	**Leaking** ( ) **Closed Tight** (✓) **Pressure Drop Across Check Valve #1** 4 **psid**	**Leaking** ( ) **Closed Tight** (✓)

Certified Tester (print) KEITH WALSH

Address 15 ELIZABETH AVE

City MANASQUAN State NJ Zip 08736

Phone #: 732-223-5490

License #: 6916 Certification # 22002

Assembly Final Test Performance

Pass [✓]

Fail [ ]

Signature Keith P Walsh Date: 11/16/16

Comments or Recommendations (continue to other side, if needed): BRAND NEW JUST INSTALLED

* * * Communication Result Report (Nov. 17. 2016 8:31AM) * * *

1)
2)

Date/Time: Nov. 17. 2016 8:30AM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
7102 Memory TX	97324585378	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 3) No answer
E. 5) Exceeded max. E-mail size
E. 2) Busy
E. 4) No facsimile connection
E. 6) Destination does not support IP-Fax

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/2/16
Control #
Date Issued
Permit # 16-2707

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
Block 1063.49 Lot 1.01 Qualification Code
Work Site Location 451 16th Ave Brick NJ 08724
Owner in Fee: JUDITH C RAIA
Tel [redacted] e-mail jraiabrick@aol.com
Address 451 16th Ave Brick NJ 08724
Contractor: Gregory C. Hassler Tel. 732-892-0653
Address 2411 Oak St, Pt Pleasant e-mail
Contractor License No. 10363 Exp. Date June 30, 2017
Home Improvement
Federal Emp. ID [redacted] on Reason (if applicable)
FAX (732) 899-0653

B. PLUMBING CHARACTERISTICS
Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size 3/4 Public Water Private Well
Est. Cost of Plumbing Work $ 800.00

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here:
Print name here: Greg C Hassler
D. TECHNICAL SITE DATA [X] Licensed Plumbing Contractor [ ] Exempt Applicant
DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bib	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Grease trap	
	Sewer Connection	
Auxiliary	Water Service Connection and meter for sprinkler	
	Stacks	
	Other	

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

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 8-3-16 Approved by
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required: [ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT:
Date: 8-3-16
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO
Date: 11/17/16 OK
Approved by:

INSPECTIONS — Dates (Month/Day): Failure, Failure, Approval, Initial
Type: Slab, Rough, Water, Sewer, Finished, Gas Equipment, Gas Piping, LPGas Tank, Fuel Oil Piping, Sewer, Aux. yoke, Final

Backflow preventer must be tested following installation Fax with office inspection

U.C.C. F130 (rev. 11/09) 1 White • Inspector Copy 2 Canary • Office Copy 3 Pink • Office Copy 4 Gold • Applicant Copy

[redacted]

THE BRICK TOWNSHIP MUNICIPAL UTILTIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000 • FAX (732) 458-5378

APPLICATION FOR AUXILIARY WATER METER

Date: 6/20/2016

Applicant's Name: JUDITH C. RAIA Telephone No.: [redacted]

Mailing Address: 451 16th AVE BRICK, NJ 08724

Service Location: 451 16th AVE BRICK, NJ 08724

Account Number: 16936807-0 Block: 1082.94 Lot: 1.01

Size of Existing Service: 3/4" Size of Existing Meter: 3/4"

Judith C Raia
Applicant's Signature

Authority Representative

THIS APPLICATION IS VALID FOR 6 MONTHS FROM DATE OF APPLICATION

Please note the following:

At the customer's option, a separate account may be established, subject to all conditions of the rate schedule and applicable to water usage.

After completing this application the following steps must be taken:

1. Obtain a special device permit from the Township of Brick Plumbing Department.

2. A licensed plumber or homeowner must cut into the pipe BEFORE the existing yoke and install a second meter yoke. A valve before and after the meter is required as well as a backflow preventer. Yoke must be within 4 feet of crawl space entrance.

3. Call the Township of Brick Plumbing Department (732-262-4627) for inspection.

4. After inspection by Brick Township Plumbing Department, call Brick Utilities for installation of the meter. A copy of the completed permit, showing inspection approval, will be required before the meter is installed.

5. It is the customer's responsibility to insure that the permit is issued, the inspection is approved, the meter is installed and that the water is not used prior to the meter being installed. Failure to comply may result in a tampering fee of $250.00 and service will be terminated.

6. A charge for cost of the meter will be applied to the first billing. Quarterly bills for usage only will be issued at the rate of $6.04 per 1,000 gallons for the first 18,000, thereafter; $7.59 per 1,000 gallons.