PLUMBING SUBCODE
TECHNICAL SECTION

FILE COPY

RECEIVED
JUL 26 2019
By

Date Received
Control #
Date Issued update
Permit # 2019-055

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 4801 Atlantic Brigantine Blvd Apt A
Brigantine NJ 08203

Owner in Fee: Mark Crescenzi

Tel. 856 217-4347 e-mail Crenz1Z@Yahoo.com

Address 136 Pennsville Pedricktown Rd.
street municipality

Contractor: MVH Plumbing LLC. Tel. 609 457-1254
zip code

Address 65 Somers Ave e-mail MVHPlumbing@gmail.com
Ocean View NJ 08230

Contractor License No. 13317 Exp. Date 6/30/2021

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 83-1230435 FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size 4 Public Sewer X Private Septic _____

Water Service Size 1 Public Water X Private Well _____

Est. Cost of Plumbing Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[L] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 7.30.19 Approved by: EE
[ ] Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7.30.19
Approved by: EE

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Matthew V. Harris

Print name here: Matthew V. Harris

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Perform Air test on existing gas piping

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	
X	Gas Piping TEST	15.-
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	

Administrative Surcharge	$
Minimum Fee	$ 55.-
State Permit Surcharge Fee	$ 1.-
TOTAL FEE	$ 56.-

U.C.C. F130 (rev. 10/17)
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

RECEIVED
JUN 17 2019
By

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Date Received
Control #
update
Date Issued
Permit # 2019-055

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

Block 5001 Lot 10.01 Qualification Code
Work Site Location 4801 Atlantic Brigantine Blvd Apt. A.
Brigantine NJ 08203
Owner in Fee Mark Cresenzi
Address 136 Pennsville Pedricktton Rd.
Pedricktown NJ 08067
Tel (856) 217-4347
Contractor MU H Plumbing LLC.
Address 65 Somers Ave
Ocean view NJ 08230
Tel (609) 457-1254 FAX ( )
Contractor License No. 13317
Federal Emp. No. 83-1230435

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4" Public Sewer X Private Septic
Water Service Size 1" Public Water X Private Well
Est. Cost of Plumbing Work $ 2500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[4] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date 6/6/19
Approved by: [illegible]

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	
1	Bath Tub 3 Rtn	15.-
	Lavatory	
1	Shower	15.-
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	15.-
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 55.-
State Permit Surcharge Fee	$ 5.-
TOTAL FEE	$ 100.-

LETTER IN FILE FOR SEAL

U.C.C. F130 (rev. 1/04)
Internet version

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

BUILDING SUBCODE
TECHNICAL SECTION

FILE COPY

Date Received
Control #

Date Issued
Permit # 2019-055

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

Block 5601 Lot 6.01 Qualification Code

Work Site Location 4801 Atlantic Brigantine Blvd
Apt A Brigantine NJ 08203

Owner in Fee: Mark Crescenzi

Tel. 856-217-4347 e-mail

Address 4801 Atlantic Brig Blvd (street) Brigantine NJ (municipality) 08203 (zip code)

Contractor: Tel.

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior Final 2/12/20 RS		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 800
2. Rehabilitation $
3. Total (1+ 2) $ 0

5000
5000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Mark Crescenzi

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Interior framing and structural repairs to minor framing damages from water.

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

FEE (Office Use Only)
$ 160.

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 10.
TOTAL FEE $ 170.

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