



PLUMBING SUBCODE TECHNICAL SECTION

RECEIVED
JUL 26 2019

Date Received
Control #
Date Issued
Permit #
update
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 _____
 Work Site Location 4801 Atlantic Briamhine Blvd Apt 4 08203
 Owner In Fee: Mark Cereenzi 136 Pennville Bedricktown Rd
 Tel. 856 217-4347 equal Cventz12@yahoo.com
 Address 136 Pennville Bedricktown Rd 08203
 Contractor: MVP Plumbing LLC 13317 08230 609 457-1254
 Address 65 Somers Ave 08230 MVP Plumbing Dynamix.com
 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		INSPECTIONS			
		Type:	Failure	Dates (Month/Day)	Initial
☒ Partial - Under-slab Utilities Approved		Slab			
Date: <u>7/20/19</u> Approved by: <u>SS</u>		Rough			
☐ Plumbing Plans Approved		Water			
Date: _____ Approved by: _____		Sewer			
Joint Plan Review Required:		Fixtures			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Equipment			
SUBCODE APPROVAL for PERMIT		Gas Piping			
Date: <u>7/20/19</u>		LP Gas Tank			
Approved by: <u>SS</u>		Fuel Oil Piping			
SUBCODE APPROVAL for CERTIFICATE		Solar			
☐ CO ☐ CCO ☐ CA		TCO			
Date: _____		Final			
Approved by: _____					

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
☒ Licensed Contractor ☐ Exempt Applicant

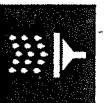
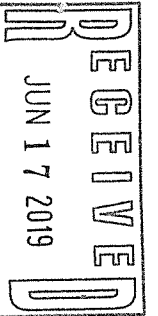
D. TECHNICAL SITE DATA

QTY.	DESCRIPTION OF WORK	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	
		LP Gas Tank	
		Steam Boiler	
		Hot Water Boiler	
		Sewer Pump	
		Interceptor/Separator	
		Backflow Preventer	
		Greasetrap	
		Sewer Connection	
		Water Service Connection	
		Stacks	
		Other	

Administrative Surcharge	\$	
Minimum Fee	\$	38.5
State Permit Surcharge Fee	\$	1.5
TOTAL FEE	\$	20.0



PLUMBING SUBCODE TECHNICAL SECTION



FILE COPY

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A. IDENTIFICATION--APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-4000.

Block 51001 Qualification Code 10,01

Work Site Location 4801 Atlantic Brigantine Blvd Apt. A.

Owner in Fee Mark Crescenzi

Address 136 Pennville Pedrickton Rd.

Tel (856) 217-4347

Contractor MUH Plumbing LLC.

Address 65 Samers Ave

Occupancy US 08230

Tel (609) 457-1254 FAX ()

Contractor License No. 13317

Federal Emp. No. 83-1230435

B. PLUMBING CHARACTERISTICS

Use Group Present 4" Proposed X

Building Sewer Size 1" Public Sewer X Private Septic

Water Service Size 1" Public Water Private Well

Est. Cost of Plumbing Work \$ 2500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type	Failure	Failure	Approval	Initial	
☒ No Plans Required					
Joint Plan Review Required:					
☐ Building ☐ Electric					
☐ Fire ☐ Elevator					
☐ Plumbing Plans Approved					
Date <u>6/6/19</u>					
Approved by: <u>BS</u>					
SUBCODE APPROVAL					
☐ CO ☐ CCO ☐ CA					
Date: <u> </u>					
Approved by: <u> </u>					
TCO <u> </u>					

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

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	\$ <u>15.-</u>
1	Urinal/Bidet	\$ <u>15.-</u>
1	Bath Tub	\$ <u>15.-</u>
1	Lavatory	\$ <u>15.-</u>
1	Shower	\$ <u>15.-</u>
1	Floor Drain	\$ <u>15.-</u>
1	Sink	\$ <u>15.-</u>
1	Dishwasher	\$ <u>15.-</u>
1	Drinking Fountain	\$ <u>15.-</u>
1	Washing Machine	\$ <u>15.-</u>
1	Hose Bibb	\$ <u>15.-</u>
1	Water Heater	\$ <u>15.-</u>
1	Fuel Oil Piping	\$ <u>15.-</u>
1	Gas Piping	\$ <u>15.-</u>
1	LP Gas Tank	\$ <u>15.-</u>
1	Steam Boiler	\$ <u>15.-</u>
1	Hot Water Boiler	\$ <u>15.-</u>
1	Sewer Pump	\$ <u>15.-</u>
1	Interceptor/Separator	\$ <u>15.-</u>
1	Backflow Preventer	\$ <u>15.-</u>
1	Greasetrap	\$ <u>15.-</u>
1	Sewer Connection	\$ <u>15.-</u>
1	Water Service Connection	\$ <u>15.-</u>
1	Stacks	\$ <u>15.-</u>
1	Other	\$ <u>15.-</u>
1	Other	\$ <u>15.-</u>

Administrative Surcharge	\$ <u>58.-</u>
Minimum Fee	\$ <u>58.-</u>
State Permit Surcharge Fee	\$ <u>100.-</u>
TOTAL FEE	\$ <u>216.-</u>

LETTER IN FIRE FONT



BUILDING SUBCODE TECHNICAL SECTION



GO FLY

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

Block 51001 Lot U.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 Brigantine NJ 08203

street

municipality

zip code

Contractor: _____ Tel. _____ e-mail _____

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

INSPECTIONS

Dates (Month/Day)

☐ No Plans Required _____ Type: _____ Failure _____ Approval _____ Initial _____

☐ All _____ Footing _____ Failure _____ Approval _____ Initial _____

☐ Footings/Foundations _____ Footing Bonding _____ Failure _____ Approval _____ Initial _____

☐ Structural/Framework _____ Foundation _____ Failure _____ Approval _____ Initial _____

☐ Exterior _____ Slab _____ Failure _____ Approval _____ Initial _____

☒ Interior framing 2/14/09 per _____ Frame _____ Failure _____ Approval _____ Initial _____

Joint Plan Review Required: _____ Truss Sys./Bracing _____ Failure _____ Approval _____ Initial _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____ Barrier-Free _____ Failure _____ Approval _____ Initial _____

SUBCODE APPROVAL for PERMIT _____ Insulation _____ Failure _____ Approval _____ Initial _____

Date: _____ Finishes -Base Layer _____ Failure _____ Approval _____ Initial _____

Approved by: _____ Energy _____ Failure _____ Approval _____ Initial _____

SUBCODE APPROVAL for CERTIFICATE _____ Mechanical _____ Failure _____ Approval _____ Initial _____

☐ CO ☐ CCO ☐ CA _____ TCO _____ Failure _____ Approval _____ Initial _____

Date: _____ Other _____ Failure _____ Approval _____ Initial _____

Approved by: _____ Final _____ Failure _____ Approval _____ Initial _____

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

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: Mark Crescenzi

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)

\$ 100.

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ 10.

TOTAL FEE \$ 110.