

ADDRESS (SITE)

497 Community

PERMIT NO. 89-1133



CONSTRUCTION PERMIT APPLICATION

09-01474
2009

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

I. IDENTIFICATION	11/23/2011
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1. IDENTIFICATION
1. Proposed Work Site at: 497 Community

2. Name of Owner in Fee: Robert Mass

Tel _____ e-mail _____
Address _____
Buck

3. Ownership in Fee: ☐ Public ☐ Private ☐ Municipality ☐ zip code

4. Principal Contractor: _____ Tel. (_____) _____
Address _____ e-mail _____

License No. _____ Exd. Date _____

_____ Northbrook, Ill.

Home Im NJR Home Services
1415 Wyckoff Rd. Wall NJ 07719

5. Architect	12334	Exp. Date 6/2009
Federal Employee No.	22-3609806	

ADDRESS _____
Tel. () _____
6. Responses _____
WALTER TULECKI
Tel. 732-919-8112
Fax. 732-938-3010

Tel. () _____

FAX _____

IIa. PROPOSED WORK

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

11b. SUBCODES

(Check all that apply)

[illegible]

TOTAL COST

III. PLAN REVIEW (optional)

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

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventer
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. ☐ LPGas Tanks

VI. BUILDING/SITE CHARACTERISTICS

- | 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 | \$ | | |

STATISTICS	(office)
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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 _____

VII. DESCRIPTION OF BUILDING USE

- A. RESIDENTIAL (primary 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)**

2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

- D. Construct. Classification: Present

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

Joan Maass

Date 4-25-09

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 **NJR Home Services**
Address **1415 Wyckoff Rd, Wall NJ 07719**
License No. **12334** Exp. Date **6/2009**
Federal Employee No. **22-3609806**

Telephone (**WALTER TULECKI**
Signature **Tel. 732-919-8172** Fax. **732-938-3010**

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

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 _____
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. _____	_____	_____	_____



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 581 Lot 12 Qualification Code _____

Work Site Location 497 Community

Owner in Fee: Brick

Tel: Robert Maass e-mail _____

Address _____

Contractor: NJR PLUMBING SERVICES Municipality 732 Zip code 938-1155

Address 1415 WYCKOFF RD e-mail _____

Contractor License No. WALL NJ 07719 Exp. Date 6/09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 12334

Federal Emp. ID No. 22-3609806 FAX: 938-3010

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 \$ 427.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	Joint Plan Review Required:	Type:	Failure	Approval	Initial
☐ Building	☐ Electric	Slab			
☐ Fire	☐ Elevator	Rough			
☒ Plumbing Plans Approved		Water			
Date: <u>5-12-09</u>		Sewer			
Approved by: <u>[Signature]</u>		Fixtures			
		Gas Equipment			
		Gas Piping			
		LPGas Tank			
		Fuel Oil Piping			
		Solar			
		ICO			
		<u>FINAL 060309</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

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF GAS HOT WATER HEATER

QTY. FIXTURE/EQUIPMENT

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

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Date Received
Control #

Date Issued
Permit #

09-1133
5/21/09



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

5/21/09
C-09-001424
09-1133

IDENTIFICATION Block: 581 Lot: 12 Qualifier
Work Site Location: 497 COMMUNITY DR. Brick Township, NJ Contractor: NJR HOME SERVICES
Address: 1415 WYCKOFF RD WALL TOWNSHIP NJ 07719-
Owner in Fee: MAASS, ROBERT H & JOAN Y Telephone: 732/938-1260
497 COMMUNITY DRIVE BRICK NJ Lic. No. or Bldrs. Reg. No. 13VH00361500
Telephone: [REDACTED] Federal Employee No. 22-3609806

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 DIRECT REPLACEMENT OF GAS WH

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.

Estimated Cost of Work \$427

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.
Cash \$0
Credit \$0
Collected By

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

1-WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

05/21/09 10:50AM 001558#1012
4 GOLD - APPLICANT
RAU1 SERV.001

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".

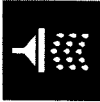
☐ A complete copy of released plans must be kept on the job site.

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

#1133
PLUMBING \$40.00
DCA \$1.00
TOTAL \$41.00



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 581 Lot 12 Qualification Code _____

Work Site Location 497 Community

Owner in Fee: Robert Manna

Tel. [REDACTED] e-mail _____

Address _____

Contractor: NJR PLUMBING SERVICES Tel. (732) 938-1155 zip code

Address 1415 WYCKOFF RD e-mail _____

Contractor License No. 12334 Exp. Date 6/09

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

Federal Emp. ID No. 22-3609806 FAX: 732 938-3010

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 \$ 427.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☒ Plumbing Plans Approved

Date: 5-12-09

Approved by: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Dates (Month/Day)

Failure _____

Approval _____

Initial _____

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☐ Exempt Applicant

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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 _____

Greasetrapp _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other _____

Other _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

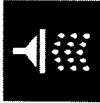
TOTAL FEE \$ _____

Reorder From OCS Printing (609) 390-1400

U.C.C. F130 (rev. 10/05)



PLUMBING SUBCODE TECHNICAL SECTION



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Block 581 Lot 12 Qualification Code _____

Work Site Location 407 Community

Owner in Escrow Reich

Address Dabow Manor

Township Paterson e-mail _____

Address _____

Contractor: NJR PLUMBING SERVICES Tel. (732) 938-1155 zip code _____

Address 1415 WYCKOFF RD

Contractor License No. HALL NJ 07719 Exp. Date 6/03

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

Federal Emp. ID No. 22-3609806 FAX: 732 938-3010

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Joint Plan Review Required

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☐ Fire ☐ Elevator

☒ Plumbing Plans Approved

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Approved by: _____

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Dates (Month/Day)

Failure _____

Approval _____

Initial _____

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Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor

☐ Exempt Applicant

Date Received _____

Control # _____

Date Issued _____

Permit # _____

D. TECHNICAL SITE DATA

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Sink _____

Dishwasher _____

Drinking Fountain _____

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Water Heater _____

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Gas Piping _____

LP Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other _____

Other _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____