



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 8 New York Avenue, Alexandria, VA 22304

2. Name of Owner in Fee: Church of the Holy Spirit Church

Tel: [REDACTED] e-mail: [REDACTED]

Address: 44 Bland Street, Alexandria, VA 22304

3. Ownership in Fee: Public Private Municipality zip code

4. Principal Contractor: Paula Ventresca Tel: () e-mail: [REDACTED]

Address: [REDACTED]

License No. OR, if new home, Builder Reg. No. [REDACTED] Exp. Date [REDACTED]

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): [REDACTED]

Federal Emp. ID No. [REDACTED] FAX: ()

5. Architect or Engineer [REDACTED] Contact [REDACTED]

Address [REDACTED] e-mail [REDACTED]

Tel: () FAX: ()

6. Responsible Person in Charge once Work has Begun Michael Long

Tel: (732) 266-4439 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

IIb. SUBCODES

(Check all that apply)

Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<u>1500</u>	☒ Building						
<u>1750</u>	☒ Electrical						
<u>1500</u>	☒ Plumbing						
	☐ Fire Protection						
	☐ Elevator						

FOR OFFICE USE ONLY (Optional)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: [REDACTED]

2. Use Group, Proposed: [REDACTED]

3. Change in Use Group, Indicate Present: [REDACTED]

4. No. of dwelling units: Total Units Income-restrict

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: OFFICE 3342

2. Use Group, Proposed: [REDACTED]

3. Change in Use Group, Indicate Present: [REDACTED]

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

D. Construct. Classification: Present [REDACTED] Proposed [REDACTED]

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/ 4. ☐ Refrigeration Systems

2. ☐ Dumbwaiters/Moving Walks 5. ☐ Cross-Connections/Backflow Preventers

3. ☐ High Pressure Boilers 6. ☐ Hazardous Uses/Places of Assembly

7. ☐ Sprinklers/Standpipes

8. ☐ Smoke Control Systems in Open Wells 12. ☐ Fire Alarm

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LP Gas Tanks

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	\$	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 2 (office use only)

2. Height of Structure [REDACTED] ft.

3. Area - Largest Floor [REDACTED] sq. ft.

4. New Building Area [REDACTED] sq. ft.

5. Volume of New Structure [REDACTED] cu. ft.

6. Max. Live Load [REDACTED]

7. Max. Occupancy Load [REDACTED]

8. If Industrialized Building: State Approved HUD

9. Total Land Area Disturbed [REDACTED] sq. ft.

10. Flood Hazard Zone [REDACTED] ft.

11. Base Flood Elevation [REDACTED] ft.

12. Wetlands yes [REDACTED] no X

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 _____

Address _____

Telephone _____

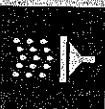
Signature _____

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



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 12 Lot 6 Qualification Code 08822

Work Site Location 44 Broad St

Owner in Fee: Cathay Episcopal Church

Tel. [REDACTED] e-mail [REDACTED]

Address 44 Broad St e-mail [REDACTED]

Contractor: Kevin The Plumber LLC NJ 08822

Address 53 John Ringo Rd Tel. (201) 806-1171

Contractor License No. 11817 Exp. Date 06/2023

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 454690846000

Federal Emp. ID No. 454690846000 FAX: ()

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Public Sewer Private Septic Public Water Private Well Public Water

Building Sewer Size 1/2" Public Sewer 1/2" Private Septic 1/2"

Water Service Size 1/2" Public Water 1/2" Private Well 1/2"

Est. Cost of Plumbing Work \$ 1,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial Under-slab Utilities Approved

Date: Approved by: [REDACTED]

☐ Plumbing Plans Approved

Date: Approved by: [REDACTED]

Joint Plan Review Required: ☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: Approved by: [REDACTED]

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: Approved by: [REDACTED]

INSPECTIONS

Type: Slab Failure: Failure Approval: Initial

Rough Failure: Failure Approval: Initial

Water Failure: Failure Approval: Initial

Sewer Failure: Failure Approval: Initial

Fixtures Failure: Failure Approval: Initial

Gas Equipment Failure: Failure Approval: Initial

Gas Piping Failure: Failure Approval: Initial

LP Gas Tank Failure: Failure Approval: Initial

Fuel Oil Piping Failure: Failure Approval: Initial

Solar Failure: Failure Approval: Initial

TCO Failure: Failure Approval: Initial

Final Failure: Failure Approval: Initial

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: Kevin M. [REDACTED]

D. TECHNICAL SITE DATA

Not Licensed Plumbing Contractor ☐ Exempt Applicant

QTY

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Date Received 2/11/22

Control # 22-036

Date Issued 22-036

Permit # 22-036

State Seal

DESCRIPTION OF WORK
Rough & Finish Plumbing, Elec, Gas, Floor, Bathroom

FEE (Office Use Only)

\$ 1,500.00

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	
LP Gas Tank	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Sewer Connection	
Water Service Connection	
Stacks	
Other	

Administrative Surcharge \$

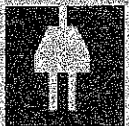
Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



ELECTRICAL 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 19 Lot 7 Qualification Code 08822

Work Site Location 8 New York Ave Flemington NJ 08822

Owner in Fee: Calvin Episcopal Church

Tel: [REDACTED] e-mail: [REDACTED]

Address: 44 Birch Street Flemington, NJ 08822

Contractor: ENTERGATED CONSTRUCTION LLC Tel: (908) 752-8255

Address: 11 MEADOW RD. EAST BRUNSWICK N.J. 08816 e-mail: HERG@C.DIGITAL.COM

Contractor License No. 1578714 Exp. Date 3-31-02

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

Federal Emp. ID No. 27-31797 FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 1750-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

INSPECTIONS
Type: Failure: Approval: Initial:

☐ Partial—Underslab Utilities Approved

Date: Approved by: Type: Failure: Approval: Initial:

☒ Electric Plans Approved

Date: 1-12 Approved by: [Signature] Type: Failure: Approval: Initial:

Joint Plan Review Required

☐ Bldg. ☐ Plumb ☐ Fire ☐ Elev

SUBCODE APPROVAL FOR PERMIT

Date: 1-12 Barrier-Free Service Final

Approved by: [Signature] Temp. Cut-in-Card Date Issued

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: Annual Pool Inspection Final Cut-in-Card Date Issued

Approved by: Date of Grounding and Bonding

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 Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

(E.C.C. F120)(State), (rev. 12/02)

1 White = Applicant Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Mantle = Inspector Copy

Control #

Date Issued

Permit #

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 200024 CIRCUITS

\$6000.00 15A OUTLET



QTY SIZE

ITEMS

FEE (Office Use Only)

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications, Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable, Pool Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



CONSTRUCTION PERMIT

Date issued
Control #
Permit #

2/11/22
C-22-052
22-036

IDENTIFICATION Block: 19 Lot: 7 Qualifier
Work Site Location: 8 NEW YORK AVE Flemington Borough, NJ Contractor EPISCOPAL CHURCH
Address 44 BROAD ST FLEMINGTON NJ 08822
Owner in Fee EPISCOPAL CHURCH
44 BROAD ST FLEMINGTON NJ 08822 Telephone:
Telephone: 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:

First Floor Bathroom Rehab

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 \$3,250

Construction Official

Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$75
Plumbing	\$60
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$6
CO Fee	
Other	\$0
Total	\$141
Check No.	
Cash	\$0
Credit	\$0
Collected By	

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.

CK # 4447
141 10 2/11/22
SO



3

SAMSON
ELECTRICAL SUPPLY

KITCHENETTE
AREA

NOT TO
SCALE

NEW CABINETS
& SINK

CORRIDOR

NEW GFI OUTLETS

DOOR TO
OFFICE

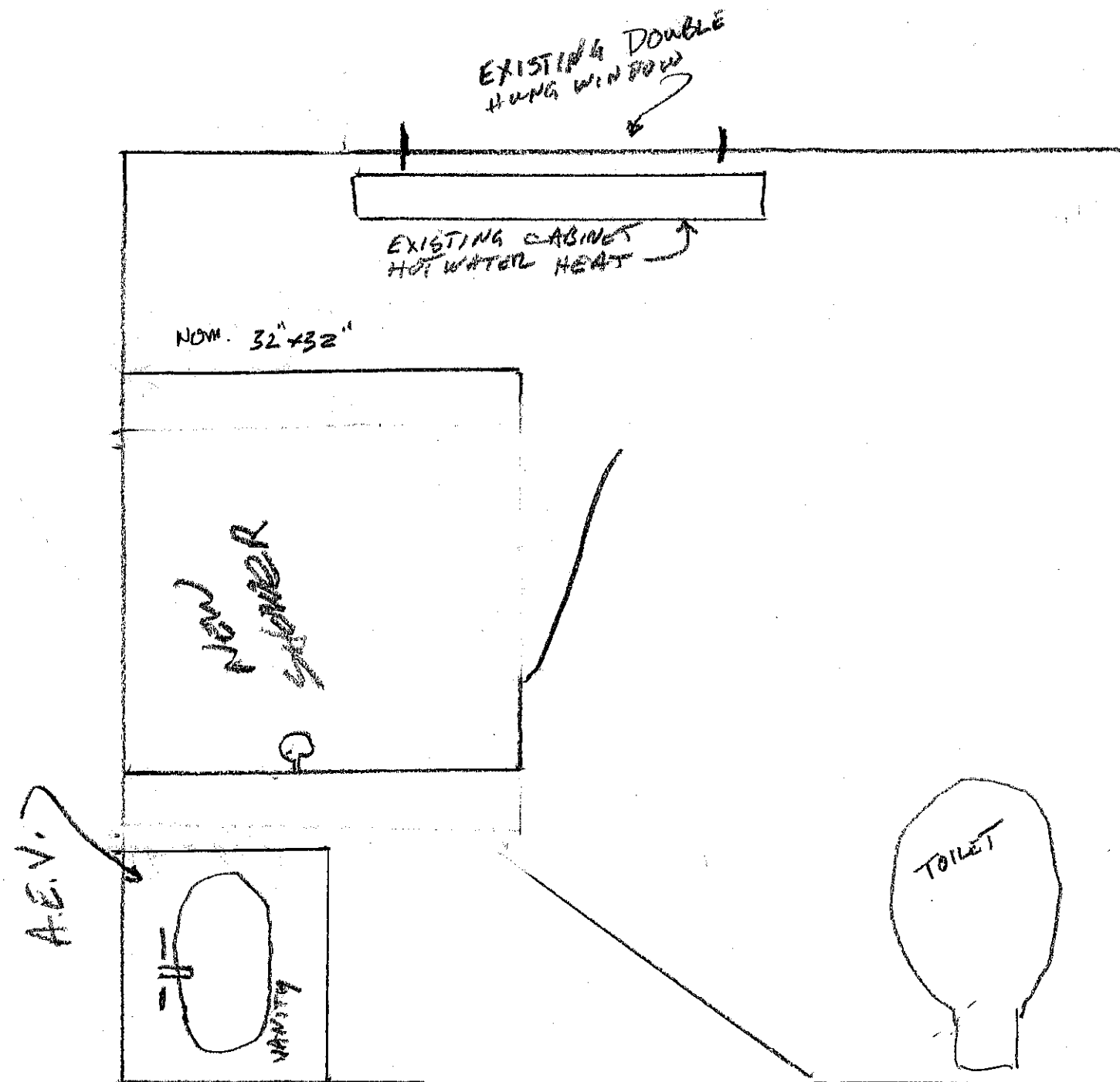
Lighting Department

SamsonBidRequest@samsonelectrical.com

Street Address:
1764 New Durham Road
South Plainfield, NJ 07080

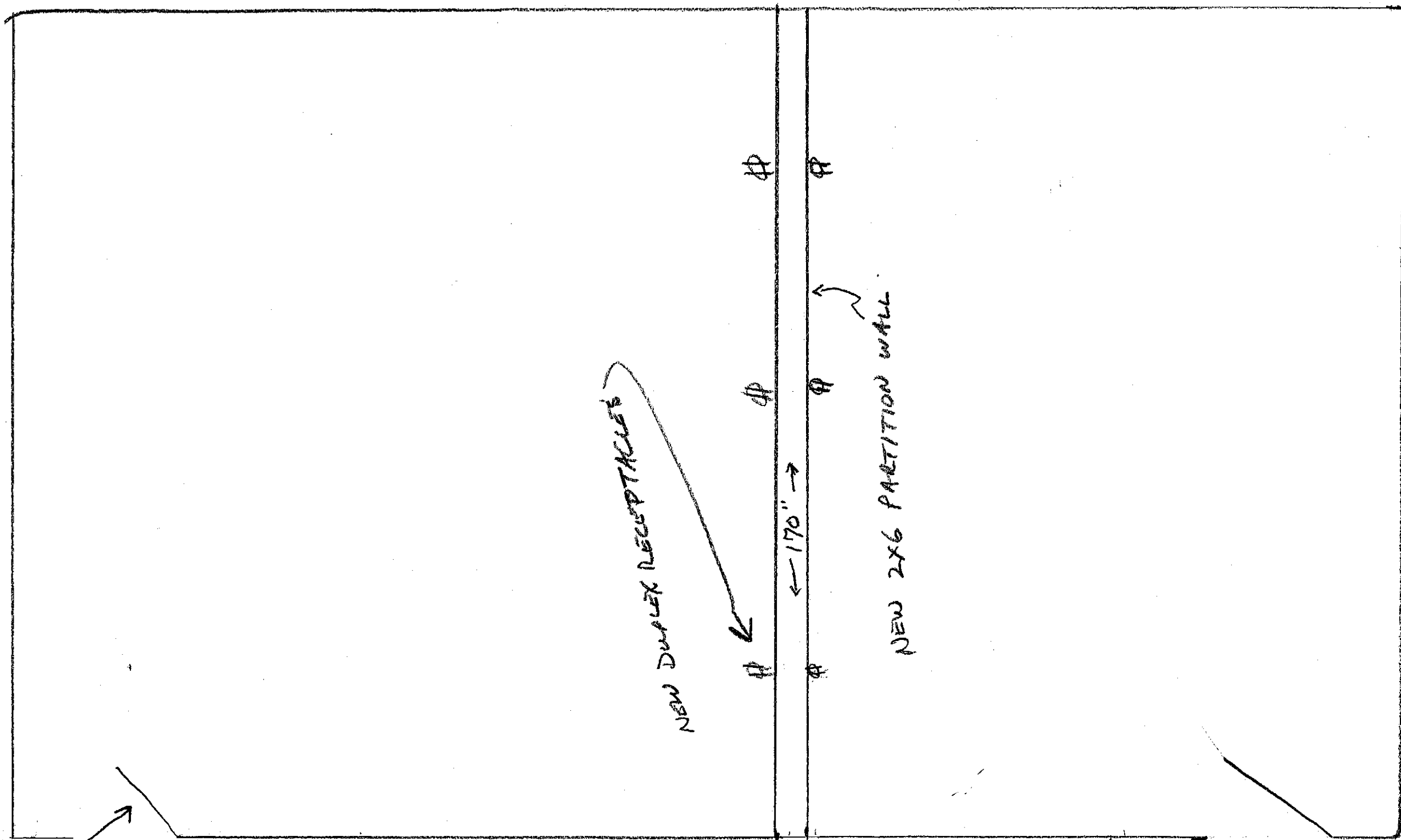
Mailing Address:
PO Box 680
Edison, NJ 08818

Tel: (732) 393-7070
Fax: (732) 393-7080
www.samsonelectrical.com



1ST FLOOR BATHROOM

1" = 1'



CONVERT FRENCH DOORS TO
32" SINGLE DOOR

1ST FLOOR OFFICE
NOT TO SCALE

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			X				X		
☐ Planning Board			X				X		
☐ Zoning Board			X				X		
☐ Sewer Authority			X				X		
☐ Water Authority			X				X		
☐ Police Department			X				X		
☐ Health Department			X				X		
☐ Soil Conservation			X				X		
☐ N.J. Department of Community Affairs			X				X		
☐ N.J. Department of Transportation			X				X		
☐ N.J. Department of Environmental Protection			X				X		
☐ Utility Dig No.			X				X		
☐									
☐									

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

Name of Code & Edition		Name of Code & Edition		Other	
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. _____			