

EMERG



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 437 Aumack Ave, East Brunswick, NJ 08816

2. Name of Owner in Fee: same

Tel. 732-539-5842 e-mail _____

Address: _____ street _____ municipality _____ zip code _____

3. Ownership in Fee: Public _____ Private ☒

4. Principal Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3700

Address 11 Cotters Lane, East Brunswick, NJ 08816 e-mail _____

License No. OR, if new home, Builder Reg. No. 9134 Exp. Date _____

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

Federal Emp. ID No. 830357354 Fax (732) 390-3791

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. () _____ FAX _____

6. Responsible Person in Charge once Work has Begun Adam Belitz

Tel. (732) 390-3700 FAX (732) 390-3791

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

		(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 ☐ 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)

☐ Building ☐ Electrical ☒ Plumbing ☒ Fire Protection ☐ Elevator

Est. Cost	FOR OFFICE USE ONLY (Optional)							
	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer	
<u>1700</u>				<u>9/24/09</u>	<u>MM</u>			
<u>200</u>				<u>9/22/09</u>	<u>Na</u>			
<u>900</u>								
TOTAL COSTS								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

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

FOLD

FOLD

153
01/23/09

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

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				
☐ Temporary Certificate of Compliance				
☐ Continued Certificate of Occupancy				
☐ Certificate of Compliance				
☐ Certificate of Occupancy				
☐ Certificate of Approval				
☐ Lead Abatement Clearance Certificate				

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(e)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 _____ 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 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 Gold Medal Plumbing Heating Cooling Electric, Inc.

Address 11 Cotters Lane
East Brunswick, NJ 08816

Telephone (732) 390-3700

Signature [Signature]

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

EMERG



**FIRE
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 1104 Lot 3 Qualification Code _____
Work Site Location 437 GURRICK AVE
CITRWOOD BRANCH
Owner in Fee: 1 01001
Tel. (732) 5361-5842 e-mail _____
Address same
street municipality zip code
Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3700
Address 11 Cotters Lane e-mail _____
East Brunswick, NJ 08816

Fire Protection Equipment, NJ Div of Fire Safety Permit No _____
Fire Protection Equipment, Div of Fire Safety Installer No _____
Fire Alarm Contractor No 9734 Exp. Date _____
Federal Emp. ID No. 830357354 FAX: (732) 390-3791

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed _____ Fire Alarm System: [] New or [] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System:
Type: [X] Gas [] Oil [] Electric [] Solar [] New or [] Existing
[] Other _____ Location of Main Control Valve: _____
Location: _____

Fuel Storage Tank:

Fuel Type: [] Flammable or [] Combustible Capacity _____
Est. Cost of Fire Protection Work \$ 200

JOB SUMMARY (Office Use Only)	INSPECTIONS		Dates (Month/Day)			
	Type:	Failure	Failure	Approval	Initial	
PLAN REVIEW						
[X] No Plans Required	Alarm System	_____	_____	_____	_____	
Joint Plan Review Required:	Suppression Sys.	_____	_____	_____	_____	
[] Building [] Plumbing	Standpipe	_____	_____	_____	_____	
[] Electric [] Elevator	Fire Pump	_____	_____	_____	_____	
[] Fire Plans Approved	Pre-Eng. System	_____	_____	_____	_____	
Date: <u>9/22/09</u>	Mechanical	_____	_____	_____	_____	
Approved by: <u>N. Cumack</u>	Smoke Control	_____	_____	_____	_____	
SUBCODE APPROVAL	TCO	_____	_____	_____	_____	
[] CO [] CCO [] CA	Flam/Combust Tanks	_____	_____	_____	_____	
Date: _____	Fireplace Venting	_____	_____	_____	_____	
Approved by: _____	Final	_____	_____	_____	_____	
	Other	_____	_____	_____	_____	



Date Received _____
Date Issued 10/6/09
Control # _____
Permit # 0916

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.

Applicant's Signature/Contractor's Signature _____

[X] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Replace water heater

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	_____
Alarm Systems		
[] System	_____	_____
[] 110v Interconnected	_____	_____
[] CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	_____	_____
Suppression Systems		
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems		
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other	_____	_____
Other Systems		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fired Appliances [] Gas or [] Oil	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other <u>HWN</u>	<u>1</u>	<u>75</u>

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 75.

EMERG



CONSTRUCTION PERMIT

Date Issued: 10/6/09

Permit # 09160

IDENTIFICATION Block

Work Site Location

Owner in Fee

Address

Tel

Lot

Qualification Code

Contractor

Address

Tel. (732) 390-3700

Lic. No. or Bldrs. Reg. No.

GOLD MEDAL PLUMBING HEATING COOLING ELECTRIC INC.

11 COTTERS LANE EAST BRUNSWICK, NJ 08816

Is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☒ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☒ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

Replace water heater

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 \$

Construction Official

Date

PAYMENTS (Office Use Only)

Building	_____
Electrical	75
Plumbing	75
Fire Protection	75
Elevator Devices	_____
Other	_____
DCA State Permit Fee	3
Cert. of Occupancy	_____
Other	_____
Total	153
Check No.	7045
Cash	_____
Collected by	_____

(see reverse side)

UCC/170 (REV. 01/04)

Professional Printing
(856) 469-7933

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT