

CONSTRUCTION PERMIT
APPLICATION

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

14-003824

I. IDENTIFICATION

1. Proposed Work Site at: 13 Jeffery Ln Bricktown NJ 08723

2. Name of Owner in Fee: Vicki Moen

Tel. [REDACTED] e-mail _____

Address: 13 Jeffery Ln Bricktown NJ 08723

street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: MI ROOF PLUMBING Tel. (732) 303 8500

Address 1720 Gress Dr Freehold NJ 08728 e-mail _____

License No. OR, if new home, Builder Reg. No. 8446 Exp. Date 6/30/15

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

Federal Emp. ID No. 20-3318812 Fax (732) 303 1856

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (____) _____ FAX (____) _____

6. Responsible Person in Charge once Work has Begun _____

Tel. (____) _____ FAX (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing		75✓	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$	2-	
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	77-	

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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1057				8-28-14	2/6			

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
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
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. ☐ LP Gas Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units: Total Units Income-restricted
- Gained, Sale _____
- Gained, Rental _____
- Lost, Sale _____
- Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
- C. MIXED USE -List secondary use(s): _____
- D. Construct. Classification: Present _____ Proposed _____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/4/2014
Control Number C-14-003824
Permit Number 14-3038
Permit Issue Date 9/16/2014
Certificate Number 14-3038

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 13 JEFFERY LN Brick Township, NJ Block: 1430.04 Lot: 7 Qual: _____
Owner in Fee: MOEN, ROBERT E. & VICKI E. HONG MOEN
Owner Address: 13 JEFFERY LANE BRICK NJ 08724
Telephone: [REDACTED]
Contractor MR. ROOTER PLUMBING
Address 1720 GINESI DRIVE FREEHOLD NJ 07728
Telephone: (732) 303-8500 Fax: _____
License Number or Builders Registration Number: 8446 Federal Emp. Number: 20-3318812

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: WATER HEATER

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Date Printed: 12/4/2014

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

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

Block 1430, 04 Lot 7 Qualification Code

Work Site Location 13 Jeffrey Ln Bricktown NJ 08723

Owner In Fee: Vicki Weber

Tel. [REDACTED] e-mail [REDACTED]

Address 13 Jeffrey Ln Bricktown NJ 08723 street municipality zip code

Contractor: HJ Rooter Plumbing Tel. (212) 303 8500 zip code

Address Freemid NJ 07729 e-mail [REDACTED]

Contractor License No. 8446 Exp. Date 6/30/15

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

Federal Emp. ID No. 20-3318818 FAX: (212) 303 1856

B. PLUMBING CHARACTERISTICS

Use Group: Present [REDACTED] Proposed [REDACTED]

Building Sewer Size [REDACTED] Public Sewer [REDACTED] Private Septic [REDACTED]

Water Service Size [REDACTED] Public Water [REDACTED] Private Well [REDACTED]

Est. Cost of Plumbing Work \$ 1057-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Partial - Under/Slab Utilities Approved

☐ Plumbing Plans Approved

☐ Joint Plan Review Required

☐ Bldg. ☐ Elec. ☐ Fire ☐ Elev.

SUBCODE APPROVAL for PERMIT

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

Approved by: [Signature]

Date: 11-12-14

INSPECTIONS

Type: Failure Failure Approval Initial

Slab [REDACTED]

Rough [REDACTED]

Water [REDACTED]

Sewer [REDACTED]

Fixtures [REDACTED]

Gas Equipment [REDACTED]

Gas Piping [REDACTED]

LP Gas Tank [REDACTED]

Fuel Oil Piping [REDACTED]

Solar [REDACTED]

TCO [REDACTED]

FINAL [REDACTED]

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Sign / Contractor Sign AND Seal here: [Signature]

Print name here: Andrew August

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

DESCRIPTION OF WORK
195011 40 gal gas hot water

NO FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater 40 gal

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

Garbage Disposal

Other

FREE (Office Use Only)
\$ [REDACTED]

UCC/F-130
(rev. 11/09)
Professional Printing
(856) 468-7933

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

9/16/14
C-14-003824
14-3038

IDENTIFICATION Block: 1430.04 Lot: 7 Qualifier
Work Site Location: 13 JEFFERY LN Brick Township, NJ Contractor: MR. ROOTER PLUMBING
Owner in Fee: MOEN, ROBERT E. & VICKI E. HONG MOEN Address: 1720 GINESI DRIVE FREEHOLD NJ 07728
13 JEFFERY LANE BRICK NJ 08724 Telephone: (732) 303-8500
Telephone: [REDACTED] Lic. No. or Bldrs. Reg. No. 8446
Federal Employee No. 20-3318812

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:

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 \$1,057

Construction Official

Date

8/29/14

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	\$0
Plumbing	\$75
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$77
Check No.	
Cash	\$0
Credit	\$77-
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.



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1430.04 LOT 7 QUALIFICATION CODE _____ PERMIT # _____
 WORK SITE ADDRESS 13 Jeffery Ln Bricktown NJ 08723
 Owner in Fee Vicki Moen
 Verifying Individual Andrew August Company Mr Rook Plumbing
 Address 1720 Ginesi Dr Freehold NJ 07728
Street City State Zip Code
 Tel: (732) 303-8500 Fax: (732) 303-1856

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas to Oil Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☒ "B" Label Vent
☐ "L" Label Vent
☐ Flexible Liner
☐ Power Vent/Exhauster

Size _____

- ☐ Chimney-Interior
☐ Chimney-Exterior
☐ Masonry Chimney-Tile Lined
☐ Masonry Chimney-Unlined
☐ Other _____

Type HW Fuel Type _____
 Appliance 1: _____ Oil / Gas / Other: 40 GAL
 Appliance 2: _____ Oil / Gas / Other: _____
 Appliance 3: _____ Oil / Gas / Other: _____

BTU Rating (input/hour) _____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? ☐ Natural Draft ☐ Fan-assisted ☐ Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature _____

Date _____

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

X [Signature]

8/24/17

Signature

Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature _____

Date _____

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____

Date _____

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.

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 _____

8/22/14

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 _____

Mr. Rooter Plumbing

Address _____

1720 GUNBY DR

Freehold NJ 07728

Telephone (_____)

732-303-8120

Signature _____

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

UCC/F-100

Professional Printing
(856) 468-7933

10-20-14
2" Indirect Relief pipe HW#

⑨ Tech