B-28

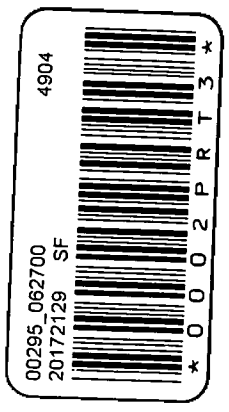
L-42

2017-2129

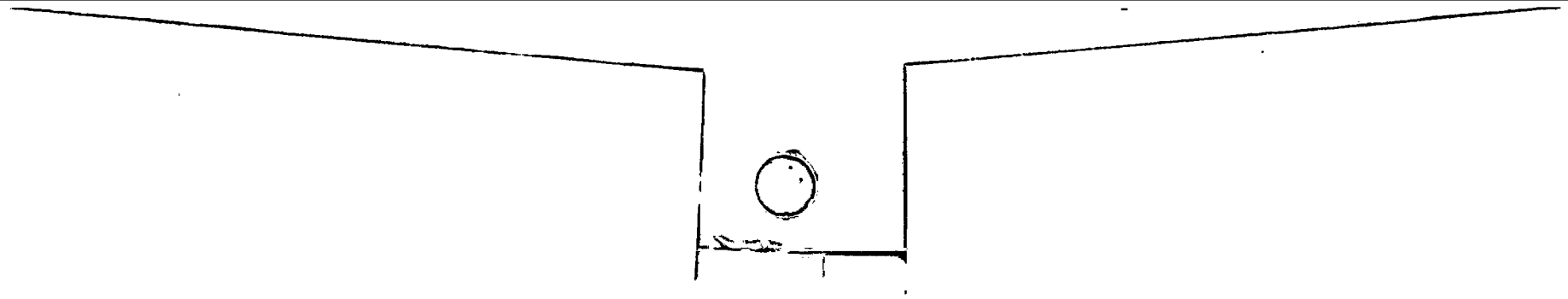
P-

114 Locust

HWH



CCL



BLOCK 28 LOT 42 QUALIFICATION CODE _____ ADDRESS (SITE) 114 Locust Av PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 114 Locust Av
2. Name of Owner in Fee: [redacted]
   Tel. ([redacted] e-mail _____
   Address _____ Howell _____ _____
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____

NJR Plumbing Services
1415 Wyckoff Rd, Wall NJ 07719
License No. 9692 Exp. Date 6/2019
Federal Employee No. [redacted]
Tel. ( ) FAX ( )
Edward B. Glashan
Tel. 732-919-8172 Fax. 732-938-3010

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	$		

Mail

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 ____

☐ 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 Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☑ Plumbing					3-10-17	JK			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

FOR OFFICE USE ONLY (Optional)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific 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)*
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 _____

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/ 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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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_____ 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.

NJR Plumbing Services
1415 Wyckoff Rd, Wall NJ 07719
License No. 9692 Exp. Date 6/2019
Federal Employee No. [redacted]

Edward B. Glashan
Tel. 732-919-8172 Fax. 732-938-3010

[redacted]

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

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

NJR
Home
Services

Please contact NJR Home Services when permits are ready. We will be responsible for payment.

Thank you, Sandy
732-919-8172
NJRHSPERMITS@NJRESOURCES.COM

HOWELL TOWNSHIP
PLAN REVIEW CHECKLIST

Name: [redacted] Block: 28 Lot: 42

Address: 114 Locust Ave Control # 39911

Type of Work: HWH

	Date / Reviewed by	APPROVED / DENIED	COMMENTS
Prior Approval LAND USE			
Prior Approval ENGINEERING			
FIRE			
BUILDING			
ELECTRICAL			
PLUMBING ✓ MECHANICAL	8-9-17 AL	OK	

Initial Date Submitted ___/___/ SR

RECEIVED
AUG - 8 2017
COMMUNITY DEVELOPMENT

Notified
Homeowner: ___
Contractor: ✓
Date 8/16/17
Time: 11- SR

25% Plan Review Worksheet

(ALL COSTS SHOULD BE ROUNDED DOWN TO NEAREST DOLLAR)

Alterations cost: _____ x .0075 = _____

(Roofing, Siding, Solar, basements, Radon, renovations, HVAC)

New Homes *(Residential)* **Bldg:** *(Volume)* **cubic feet:** _____ x .0095 = _____

Fire: $60.00 Electric: $60.00 Plumbing: $60.00

Additions *(Residential)* **Bldg:** *(Volume)* **cubic feet:** _____ x .0095 = _____

Fire: $15.00 Electric: $15.00 Plumbing: $15.00

New Buildings *(All other Use Groups)* **Bldg:** *(Volume)* **cubic feet:** _____ x .010 = _____

Fire: $60.00 Electric: $60.00 Plumbing: $60.00

Additions *(All other Use Groups)* **Bldg:** *(Volume)* **cubic feet:** _____ x .010 = _____

Fire: $15.00 Electric: $15.00 Plumbing: $15.00

Pole Barns **Bldg:** *(Volume)* **cubic feet:** _____ x .006 = _____

(If commercial farm property)----------*(Volume)* **cubic feet:** _____ x .002 = _____

In-Ground Pool

1. Without new pool barrier: **$62.00**
2. With new pool barrier: **$75.00**

Above Ground Pool

1. With ladder enclosure: **$18.00**
2. With new pool barrier: **$31.00**
3. With existing fence/barrier: **$18.00**

Woodstoves, Fireplaces, Pellet stoves **$18.00**

Demolition *(Residential or Farm Buildings)* ($100.00 flat fee) 25% = **$25.00**

Demolition *(Commercial Buildings)* ($200.00 flat fee) 25% = **$50.00**

Decks _____ square feet x .10 = _____

Signs _____ square feet x 1 = _____

(The above figures are only 25% of the total fee that will be charged)

CONSTRUCTION PERMIT

Date Issued 8/2/17

Permit # 39911

2017-2129

IDENTIFICATION Block 28 Lot 42 Qualification Code

Work Site Location 114 Locust Av
Howell

Owner in Fee [redacted]

Address

Tel. ([redacted]

Contractor NJR HOME SERVICES

Address 1415 WYCKOFF RD.
WALL, NJ 07719

Tel. (732) 919-8090

Lic. No. or Bldrs. Reg. No. 13VH00361500 [redacted]

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:

DIRECT REPLACEMENT OF GAS 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 $ 450.00

Construction Official

8/2/17
Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	60
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	1
Cert. of Occupancy	
Other	
Total	66
Check No.	43415
Cash	
Collected by	

(see reverse side)

U.C.C. F170 (rev. 01/04) For reorder: Call Allegra - Marketing - Print - Mail (609) 390-1400

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

CONSTRUCTION PERMIT

Date Issued 8/21/2017
Control # C-39911
Permit # 20172129

IDENTIFICATION Block: 28 Lot: 42 Qualifier
Work Site Location: 114 LOCUST AVENUE Howell Township, NJ
Contractor NJR HOME SERVICES
Address 1415 WYCKOFF ROAD WALL NJ 07719
Owner in Fee [redacted]
114 LOCUST AVENUE HOWELL NJ 07731
Telephone: (732) 919-8090
Lic. No. or Bldrs. Reg. No. 34EI01231200 34EB01231200
Telephone: [redacted]
Federal Employee. No. [redacted]

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 GAS 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 $450

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$65
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$66
Check No.	43415
Cash	$0
Credit	$0
Collected By	Melissa Hadgkiss

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

NJR Home Services

PERMIT

Block 28 **Lot** 42 **Appli. code** WH

Mailed To: HOWELL TOWNSHIP

Total Due: $ 66.00

Customer: SA 237048 [redacted] 114 LOCUST AV HOWL

ELECTRICIANS
OR PLUMBERS
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

DCA

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

NJR HOME SERVICES COMPANY
Frank Casey, Manager-NJRHS Operations
1415 Wyckoff Road
Wall NJ 07719

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

02/03/2017 TO 03/31/2018
VALID

[redacted]

13VH00361500
LICENSE/REGISTRATION/CERTIFICATION #

DIRECTOR

REPLACEMENT WATER HEATER
CHECK LIST

ADDRESS..... **BLK**..... **LOT**.....

- ☑ Manufacture By ..... BRADFORD .....
- ☐ Serial Number .....
- ☑ Gallons .....

TYPE OF ENERGY

- ☑ Natural Gas
- ☐ L.P. Gas
- ☐ Electric
- ☐ Power Vent

- ☑ Shut off valve
- ☑ Jumper Wire
- ☑ Adapters not leaking
- ☑ Gas Cock
- ☑ Flexible Gas Connector
- ☐ Drip Leg on Gas
- ☑ Relief Valve Discharge to a Safe Location (6" A.F.F.)
- ☐ Emergency Pan (if supplied)
- ☐ Vacuum Breaker (if applicable)
- ☐ Flue Pipe Secured
- ☐ Flue Clearance – 6" on single wall and 1" on double wall
- ☑ 4" Flue Connector
- ☑ CO Detector
- ☐ Combustion Air
- ☑ Gas Detector Used

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 28 LOT 42 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 114 Locust Av

Owner in Fee [redacted]

Verifying Individual Edward Grashan Company NJR Plumbing Services

Address 1415 Wyckoff Rd (Street) Wall (City) NJ (State) 07719 (Zip Code)

Tel: (732) 938-1155 Fax: (732) 938-3010

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: **Size** 6"

- [✓] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	WH	Oil / Gas / Other: gas	40K
Appliance 2:	HH	Oil / Gas / Other: gas	100K
Appliance 3:		Oil / Gas / Other:	

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.

[redacted] 8/7/17

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.

28 - 42

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8/21-17
Control # 38991
Date Issued
Permit # 2017-2129

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

Block 28 Lot 42 Qualification Code 114

Work Site Location 114 Locust Av
Howell

Owner in Fee: [redacted]

Tel. ([redacted] e-mail

Address [redacted]
street municipality zip code

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

Address 1415 Wyckoff Rd
Wall NJ 07719 e-mail

Contractor License No. 9692 Exp. Date 6/19

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500

Federal Emp. ID No. [redacted] FAX: (732) 938-3010

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 450.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required minor WK
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg [ ] Elec [ ] Fire [ ] Elev

SUBCODE APPROVAL for PERMIT
Date: 8-10-17
Approved by: Allen Daust

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10-11-17
Approved by: Allen Daust

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
~~LPGas Tank~~ CC			OK	JC
Fuel Oil Piping				
~~Solar~~ CC				
~~TCO~~ Detector				
Final			10.6.17	JM

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/Contract sign and seal here: [redacted]

Print name here: Edward B Glashan

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF GAS WATER HEATER

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	65
	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	

Administrative Surcharge	$
Minimum Fee	$ 1
State Permit Surcharge Fee	$
TOTAL FEE	$ 66

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 11/30/2017
Control Number C-39911
Permit Number 20172129
Permit Issue Date 8/21/2017
Certificate Number 20172129

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 114 LOCUST AVENUE Howell Township, NJ 07731 Block: 28 Lot: 42 Qual:

Owner in Fee: [redacted]

Owner Address: 114 LOCUST AVENUE HOWELL NJ 07731

Telephone: [redacted]

Contractor NJR HOME SERVICES

Address 1415 WYCKOFF ROAD WALL NJ 07719

Telephone: (732) 919-8090 Fax: (732) 938-3010

License Number or Builders Registration Number: 36BI00969200
19HC00366400
13VH00361500
34EB01231200
34EI01231200

Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT GAS 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 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.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/30/2017

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

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		Other
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.				