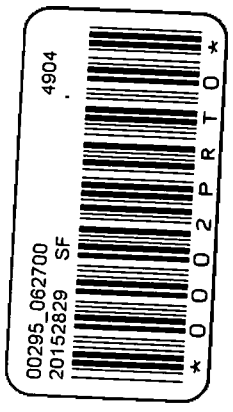
B - 28

L - ~~8~~ 42

20152829

114 Locust Ave

10/15



E - /

P - /

Furnace

CLS

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

Date Issued 12/3/2015
Control Number C-32489
Permit Number 20152829
Permit Issue Date 11/4/2015
Certificate Number 20152829

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 ROYAL AIR HEATING & COOLING

Address 1735 ROUTE 9 NORTH HOWELL NJ 07731

Telephone: (732) 409-3322 Fax: (732) 677-2776

License Number or Builders Registration Number: 13VH01273700 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 FURNACE

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

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/3/2015

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

28 - 42

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 11-4-15

Date Issued Permit # 32489

20152829

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

Block 48 26 Lot 42 Qualification Code

Work Site Location 114 Locust Ave.

Owner in Fee: [redacted]

Tel. [redacted] e-mail

Address 114 Locust Ave (street) Howell (municipality) (zip code)

Contractor: Royal Air Tel. 7324073322

Address 1735 Rt 9 N Howell e-mail Royalairhvac@gmail.com

Contractor License No. 13VH01273700 Exp. Date 3/16

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

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 $ 3850

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: Ed Darwish

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace furnace

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	
	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	
1	Other furnace	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required minor ok
[ ] 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: 10-21-15
Approved by: Allen Haastil

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 11-12-15
Approved by: Allen Haastil

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
~~Solar~~ CC			OK	AH
CO Detector				
Final			11-12-15	

Administrative Surcharge $

Minimum Fee $ 65

State Permit Surcharge Fee $ 7

TOTAL FEE $ 72

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11-4-15
Control # 32489
Date Issued
Permit # 20152829

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

Block 48 26 Lot 42 Qualification Code
Work Site Location 114 Locust Ave.
Owner in Fee: [redacted]
Tel [redacted] e-mail
Address 114 Locust Ave. Howell (street / municipality / zip code)
Contractor: Royal Air Tel 732 409-3322
Address 1735 Rt 9 N e-mail Royalairhvac @ gmail.com
Howell
Contractor License No. 19HC000062700 Exp. Date 6/16
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 3850

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: [redacted]
Print name here: Ed Darwish
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace furnace

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/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		furnace	

Administrative Surcharge $ 60
Minimum Fee $ 7
State Permit Surcharge Fee $
TOTAL FEE $ 72

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 10/14/15
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO
Date: 11/2/15 CA
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11-2-15	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 48 LOT 42 26 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 114 Locust Ave Howell

Owner in Fee [redacted]

Verifying Individual Ed Darwish Company Royal Air

Address 1735 Rt 9 N Howell
Street City State Zip Code

Tel: (732) 409-3322 Fax: (732) 677-2776

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney: **Size** _____

- [X] "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:	_____	Oil / Gas / Other: _____	_____
Appliance 2:	_____	Oil / Gas / Other: _____	_____
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] 9/30/15
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.

BLOCK 48 LOT 42 QUALIFICATION CODE _____ ADDRESS (SITE) 114 Locust Ave. 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 Ave.
2. Name of Owner in Fee: [redacted]
   Tel. [redacted] e-mail _____
   Address 114 Locust Ave. (street) Howell (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Royal Air Tel. 732-409-3322
   Address 1735 Rt 9 N e-mail Royalairhvac
   Howell @gmail.com
   License No. OR, if new home, Builder Reg. No. BVH0127300 Exp. Date 3/16
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Ed Darwish
   Tel. 732 409 3322 FAX: 732 677-2776

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
- ☐ Redon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☐ Electrical									
☑ Plumbing					10-21-15	AE			
☐ Fire Protection									
☐ Elevator									
TOTAL COST $0									

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-Restricte
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. ☐ LP Gas 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.

Agent Name: Ed Darwish

Address: 1735 Rt 9 N
Howell

Telephone: 732 409 3392

Signature: [redacted]

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

Howell Township

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

(732) 938-4500 EXT.2415

Receipt

Payment Date 10/7/2015

Transaction # PMT-15-13738

Receipt #

Issued To ROYAL AIR HEATING & COOLING

Description C-32489
BLK 28, LOT 42
114 LOCUST AVE
[redacted]
C-32489 PLAN REVIEW

Date Printed 10/7/2015

Check Number 796

Cash	$0.00
Check	$45.00
Charge	$0.00
Total Paid	$45.00

25% Plan Review Worksheet

(ALL COSTS SHOULD BE ROUNDED DOWN TO NEAREST DOLLAR)

Iterations 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)

HOWELL TOWNSHIP
PLAN REVIEW CHECKLIST

Name: [redacted] Block: 28 Lot: 42

Address: 114 Locust Ave Control # 32489

Type of Work: Replace Furnace

	Reviewed By	APPROVED	COMMENTS
LAND USE			
ENGINEERING			
FIRE			
BUILDING			
ELECTRICAL ✓	10-14-16	✓	
PLUMBING ✓	10-21-15	OK	

25% Worksheet Table

FIRE	$
BUILDING	$
ELECTRICAL	$
PLUMBING	$
TOTAL	$ 45

Date Submitted

RECEIVED
OCT - 7 2015
COMMUNITY DEVELOPMENT

CONSTRUCTION PERMIT

Date Issued 11/4/2015
Control # C-32489
Permit # 20152829

IDENTIFICATION Block: 28 Lot: 42 Qualifier
Work Site Location: 114 LOCUST AVENUE Howell Township, NJ 07731
Owner in Fee [redacted]
114 LOCUST AVENUE HOWELL NJ 07731
Telephone: [redacted]

Contractor ROYAL AIR HEATING & COOLING
Address 1735 ROUTE 9 NORTH HOWELL NJ 07731
Telephone: (732) 409-3322
Lic. No. or Bldrs. Reg. No. 13VH01273700
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 FURNACE

Note: If constuction 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 $7,700

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$65
Plumbing	$65
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$14
CO Fee	
Other	$0
Total	$144
Check No.	796 797
Cash	$0
Credit	$0
Collected By	Susan Kalmar

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.

11/4/15

CONSTRUCTION PERMIT

Date Issued 32489

Permit # 2015 2829

IDENTIFICATION Block 28 Lot 42 Qualification Code

Work Site Location 114 Locust Ave

Owner in Fee [redacted]

Address 114 Locust Ave Howell

Tel. [redacted]

Contractor Royal Air

Address 1735 Rt 9 N Howell

Tel. (732) 409-3322

Lic. No. or Bldrs. Reg. No. 13VH01273700

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: Replace furnace

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 $ 3850

Ed Dan

Construction Official

9/30/15

Date

$45 fee Pd

PAYMENTS (Office Use Only)

Building	
Electrical	65
Plumbing	65
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	14
Cert. of Occupancy	
Other	99
Total	99
Check No.	197
Cash	
Collected by	LR

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

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NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

ROYAL AIR HEATING & AC
Ehab Darwish
1735 Route 9 N
Howell NJ 07731-3783

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

02/09/2015 TO 03/31/2016
VALID

13VH01273700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE/ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark NJ 07101

PLEASE DETACH HERE

THIS IS TO CERTIFY THAT THE Division of Consumer Affairs HAS REGISTERED ROYAL AIR HEATING & AC FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor
NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
02/09/2015 TO 03/31/2016
VALID
13VH01273700
License/Registration/Certificate #
SIGNATURE
ACTING DIRECTOR

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

THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors

HAS LICENSED

Ehab A. Darwish
[redacted]
Howell NJ 07731

FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

07/25/2014 TO 06/30/2016
VALID

[redacted]
Signature of Licensee/Registrant/Certificate Holder

19HC00062700
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors
HAS LICENSED
Ehab A. Darwish
Master HVACR Contractor

07/25/2014 TO 06/30/2016
VALID

SIGNATURE

ACTING DIRECTOR

19HC00062700
License/Registration/Certificate #

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IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Exam. of HVACR Contractors
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HERE