Lisa Russo OPRA due 8-5-19

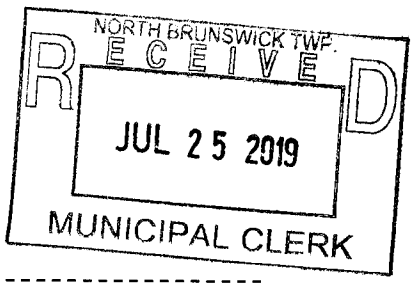
From: ADRIANA ONDARZA [opra+request-6547-4775230b@requests.opramachine.com]
Sent: Wednesday, July 24, 2019 3:43 PM
To: Lisa Russo
Subject: OPRA request - Construction Information

Dear North Brunswick Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

I am requesting open/closed permits and/or violations from January 2000 to present, as well as the Property Card. Also, I would like to know information regarding the presence of an underground oil tank and/or septic tank, if applicable, including permits, remediation reports, environmental reports, and surveys showing underground oil tank and/or septic tank location.

27 Cleremont Ave.,
Block: 117 Lot: 10



Yours faithfully,

ADRIANA ONDARZA

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-6547-4775230b@requests.opramachine.com

Is lrusso@northbrunswicknj.gov the wrong address for OPRA requests to North Brunswick Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=north_brunswick_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/construction_information_37

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

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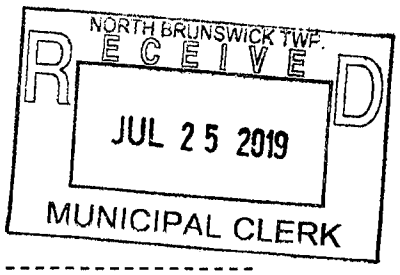

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2018470 water heater - still open

BLOCK 117 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 27 CLEREMONT AVE PERMIT NO. 050166

44-18639

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 27 CLEREMONT AVE.
2. Name of Owner in Fee: KARL MURVAY Tel. (732) 843-6845
   Address SAME (street) NORTH BRUNSWICK (municipality) 08902 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: P&L Plumbing Tel. (732) 417-0099
   Address 105 Newfield Ave. • Edison, New Jersey 08837
   License No. OR, if new home, Builder Reg. No. 12108 Exp. Date _____
   Federal Employee No. 22-3591088 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Philip Del Negro
   Tel. (732) 417-0099 Ext 105 or 107 FAX: (732) 417-0695

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing		43.	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal DCA	$	1.	
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	44.	

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.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☑ Plumbing					2-3005	HC			
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income restricte
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

U.C.C. F100-1 (rev. 12/03)

LDS NB 10403140

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.vii:

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.

(X) Check if contractor.

Agent Name P&L Plumbing

Address 105 Newfield Ave.
Edison, New Jersey 08837

Telephone (732) 417-0099

Signature _____

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

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

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN RD - PO BOX 6019
NORTH BRUNSWICK, NJ 08902
732-247-0922

CERTIFICATE

IDENTIFICATION

Date Issued: 02/23/2005
Control #: 18639
Permit # 20050166

Block: 117 Lot : 10 Qual: _____
Work Site : 27 CLEREMONT AVENUE
North Brunswick
Owner in Fee: MURVAY KARL N
Address: 27 CLEREMONT AVENUE
NORTH BRUNSWICK NJ 08902
Telephone: 732 843-6845
Agent/Contractor: P&I PLUMBING
Address: 105 NEWFIELD AVENUE
EDISON NJ 08837
Telephone: 732 417-0099
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 22-3591088
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use: WATER HEATER

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _or the owner will be subject to fine or order to vacate.

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17 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 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.

[ ] **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

Thomas Paun

THOMAS PAUN Construction Official
U.C.C 360 (rev. 3/96)

Fees $0.00
Paid[ ]Check No _____
Collected by _____

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN RD - PO BOX 6019
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Permit Number: 20050166
Permit Date: 02/11/2005
Update Number:
Control Number: 18639
Application Date: 02/10/2005

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 117 Lot : 10 Qual :

Work site Location:	27 CLEREMONT AVENUE North Brunswick	Contractor:	P&I PLUMBING
Owner In Fee:	MURVAY KARL N	Address:	105 NEWFIELD AVENUE
Address:	27 CLEREMONT AVENUE		EDISON NJ 08837
	NORTH BRUNSWICK NJ 08902	Telephone:	(732) - 417-0099
Telephone:	(732) - 843-6845	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-5	Federal Emp. No.:	22-3591088

is hereby granted permission to perform the following work :

[ ]BUILDING [X]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:

WATER HEATER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	538.00
Cost of Demolition:	0.00
Total Cost:	$538.00

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	$43.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$44.00**
All Fees Waived :	No

Amount to be Paid:	**$44.00**
Check Number:	55489
Check amount:	$44.00

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void.

THOMAS PAUN
Construction Official

2/11/05
Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Collected by:	DB
Receipt No:	54394
Total Cash Amount	
Total Check Amount	$44.00
Total CC Amount	
Grand Total	$44.00

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN RD - PO BOX 6019
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 18639
Application Date: 02/10/2005

CONSTRUCTION PERMIT

IDENTIFICATION

050166

OWNER/PROPERTY DETAILS

Block : 117 Lot : 10 Qual :

Work site Location: 27 CLEREMONT AVENUE North Brunswick

Owner In Fee: MURVAY KARL N

Address: 27 CLEREMONT AVENUE
NORTH BRUNSWICK NJ 08902

Telephone: (732) - 843-6845

Use Group(s): R-5

Contractor: P&I PLUMBING

Address: 105 NEWFIELD AVENUE
EDISON NJ 08837

Telephone: (732) - 417-0099

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 22-3591088

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(Subchapter 8 only)

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Fire Protection	
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AltFee (DCA)	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$44.00
All Fees Waived :	No

Amount to be Paid: $44.00

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or if construction ceases for a period of six months, this permit is void.

Thomas Paun 2/11/05

THOMAS PAUN Date

Construction Official

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Note:

CONSTRUCTION PERMIT APPLICATION - COUNTER FORM

Township of North Brunswick, Construction Office, 710 Hermann Road, North Brunswick, NJ 08902 / (732) 247-0922, ext. 450

FILL OUT COMPLETELY and TYPE OR PRINT IN INK

CHECK IF: ___ UPDATE, ___ PROTOTYPE, or ___ CHANGE OF CONTRACTOR and enter ORIGINAL PERMIT # _____

SITE / OWNER DATA:

BLOCK 117 LOT 10 WORKSITE ADDRESS 27 CLEREMONT AVE.

Owner in Fee KARL MURRAY

Address 27 CLEREMONT AVE. City NORTH BRUNSWICK State NJ Zip Code 08902

Phone (732) 843-6845

N.B.: Signature(s) below and/or on reverse certify the accuracy of all data and the authority to submit this application.

OFFICE USE ONLY:

Received _____
Control # _____
Issued _____
Permit # _____

BUILDING SUBCODE

Contractor _____
Address _____
City _____ State ____ Zip Code ____
Phone _____
License # _____ Expires _____
Federal Employment # _____

BUILDING CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
CONST. CLASS: Present ____ Proposed ____
New Bldg.: # of Stories _____ Height _____ Ft.
Area: Largest Floor _____ Sq. Ft. / All Floors _____ Sq. Ft.
Volume _____ Cu. Ft. / Total Land Disturbed _____ Sq. Ft.

TECHNICAL SITE DATA:

Description:

REPLACE WATER HEATER

TYPE OF WORK:

[ ] New Building [ ] Addition
[ ] Alteration:
[ ] Roofing [ ] Pool
[ ] Siding [ ] Asbestos Abatement
[ ] Fence, Height ____ [ ] Lead Hazard Abatement
[ ] Sign, Sq. Ft. ____ [ ] Other _____
[ ] Demolition

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____ [ ] Agent [ ] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW : [ ] No Plans Required

[ ] All [ ] Footing [ ] Foundation [ ] Frame [ ] Other _____

SIGNATURE _____ DATE _____

PLUMBING SUBCODE

Contractor P & L PLUMBING, L.L.C.
Address 105 Newfield Ave - Unit F
City Edison NJ 08837 State ____ Zip Code ____
Phone Phone (732) 417-0099
License # Fax (732) 417-0695 Expires
Federal Empl License #12108 • Fed. ID #22-3591088

PLUMBING CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Service Size [ ] Public Water [ ] Private Well

TECHNICAL SITE DATA:

QTY.	FIXTURE/EQUIPMENT	QTY.	FIXTURE/EQUIPMENT
____	Water Closet	____	Gas Piping
____	Urinal/Bidet	____	Steam Boiler
____	Bath Tub	____	Hot Water Boiler
____	Lavatory	____	Sewer Pump
____	Shower	____	Interceptor/Separator
____	Floor Drain	____	Backflow Preventer
____	Sink	____	Greasetrap
____	Dishwasher	____	Sewer Connection
____	Drinking Fountain	____	Water Service Connection
____	Washing Machine	____	Stacks
____	Hose Bibb	____	Other _____
1	Water Heater	____	Other _____
____	Fuel Oil Piping	____	Other _____

4 3

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ 538-

SIGNATURE _____

[X] Licensed Plumber (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :

[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE 2-3-05

TOWNSHIP OF NORTH BRUNSWICK

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 02/10/2005 Date Issued 02/11/2005

Control # 18639 Permit # 20050166

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

Block : 117 Lot : 10 Qualifier :

Work Site Location : 27 CLEREMONT AVENUE

Owner in Fee : MURVAY KARL N

Address : 27 CLEREMONT AVENUE
NORTH BRUNSWICK NJ 08902

Telephone : (732) - 843-6845

Contractor P&L PLUMBING

Address 105 NEWFIELD AVENUE
EDISON NJ 08837

Telephone : (732)-4170099 Fax :

License No. : _ Federal Emp. No. : 223591088

B.PLUMBING CHARACTERISTICS

Use Group Present : R-5 Proposed :

Building Sewer Size : Public Sewer : 0 Private Septic : 0

Water Service Size : Public Water : 0 Private Well : 0

1. New Building $0.00 2. Alteration $538.00

3. Demolition $0.00 Estimated Cost of Plumbing Work (1+2+3) : $538.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
Final				
Chimney Cert.				
Other				

D.TECHNICAL SITE DATA

No.	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	$10.00
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other_____	
	Other_____	
	Other_____	

Administrative Surcharge	
DCA Training Fee	$1.00
Minimum Fee	$43.00
TOTAL FEE	$44.00

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.

_____
Signature

U.C.C.F130(rev. 3/96)

Applicant When submitting this form to your local Construction Code Enforcement Office, please provide one original plus three photocopies

TOWNSHIP OF NORTH BRUNSWICK

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 02/10/2005 Date Issued 02/11/2005

Control # 18639 Permit # 20050166

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

Block : 117 Lot : 10 Qualifier :

Work Site Location : 27 CLEREMONT AVENUE

Owner in Fee : MURVAY KARL N

Address : 27 CLEREMONT AVENUE
NORTH BRUNSWICK NJ 08902

Telephone : (732) - 843-6845

Contractor P&L PLUMBING

Address 105 NEWFIELD AVENUE
EDISON NJ 08837

Telephone : (732)-4170099 Fax :

License No. : _ Federal Emp. No. : 223591088

B.PLUMBING CHARACTERISTICS

Use Group Present : R-5 Proposed :

Building Sewer Size : Public Sewer : 0 Private Septic : 0

Water Service Size : Public Water : 0 Private Well : 0

1. New Building $0.00 2. Alteration $538.00

3. Demolition $0.00 Estimated Cost of Plumbing Work (1+2+3) : $538.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 2-23-05

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
Final			2-23-05	
Chimney Cert.				
Other				

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.

_____
Signature

U.C.C.F130(rev. 3/96)

D.TECHNICAL SITE DATA

No.	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	$10.00
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other_____	
	Other_____	
	Other_____	

Administrative Surcharge	
DCA Training Fee	$1.00
Minimum Fee	$43.00
TOTAL FEE	$44.00

Applicant When submitting this form to your local Construction Code Enforcement Office, please provide one original plus three photocopies

55489

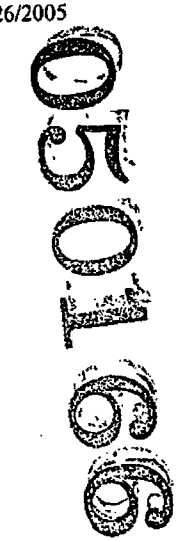
P & L PLUMBING, LLC
Township of North Brunswick

1/26/2005

44.00

PLEASE MAIL COMPLETED
PERMIT TO P & L PLUMBING

THANK YOU



Permit Account

Murvay-27 Cleremont Avenue

44.00

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 117 LOT 10 PERMIT # _____

WORK SITE ADDRESS 27 CLERMONT AVE.

Applicant KARL MURVAY

Certifying Individual Phillip Del Negro Company P & L Pumbing

Address 105 Newfield Ave. (Street) Edison. (City) New Jersey (State) 08837 (Zip Code)

Tel. ((732)) 417-0099

Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

[ ] B Label Vent
[ ] L Label Vent
[X] Masonry Chimney — Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Phillip Del Negro
Signature Date

Certification Not Submitted:

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

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 3/96)

ONLY WATER HEATERS
P&L Plumbing NJMPL #12108

105 Newfield Ave. Unit F
Edison NJ 08837

Phone (732) 417 0099
Fax (732) 417 0695

Work Site Location 27 CLEREMONT AVE.

Owner in Fee KARL MURRAY

Customer has existing:

050

Carbon Monoxide Detector _____

Smoke Detector X

Customer to provide prior to inspection:

Carbon Monoxide Detector X

Smoke Detector _____

Contractor/Agent _____
Philip Del Negro