

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.

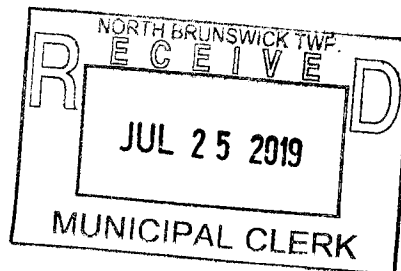
Records requested:

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](https://opramachine.com/change_request/new?body=north%20brunswick%20township)

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](https://opramachine.com/request/construction%20information%2037)

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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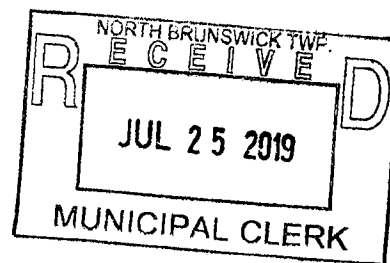
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20181470 water heater - still open

BLOCK 117 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 27 CLEMONT AVE



CONSTRUCTION PERMIT APPLICATION

050166

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

I. IDENTIFICATION

1. Proposed Work Site at: 27 CLEMONT AVE.
 2. Name of Owner in Fee: KARL MURRAY Tel. (732) 843-6845
 Address SAME NORTH BRUNSWICK 08902
street municipality 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 Phillip 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		<u>43.</u>	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$	<u>1.</u>	
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	<u>44.</u>	

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories _____
- Height of Structure _____ ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Construction Classification _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands ☒ yes ☐ no
- Max. Live Load _____
- Max. Occupancy Load _____

(office use only)

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	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									
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

- State Specific Use: _____
- Use Group: _____
- Change in Use Group, Indicate Former: _____
- No. of dwelling units: All Units Income restricte
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL

- State Specific Use: _____
- Use Group: _____
- Change in Use Group, Indicate Former: _____

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs

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.

☒ 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									
☐ 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		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)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	_____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Compliance	_____	_____	_____	_____	_____
☐ Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Approval	_____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	_____	_____	_____	_____	_____



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

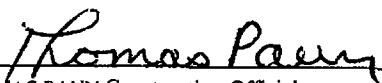
[] Partial or limited time period(____ years); see file

[] 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 Construction Official

U.C.C 360 (rev. 3/96)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees \$0.00

Paid [] Check No _____

Collected by _____



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 :

PAYMENTS (Office Use Only)

- | | | |
|---|--|-------------------------------------|
| ☐ BUILDING | ☒ 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

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

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

Note:

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

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



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

OWNER/PROPERTY DETAILS

050166

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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- ☐ BUILDING ☒ PLUMBING ☐ DEMOLITION
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ OTHER
☐ ELEVATOR DEVICES ☐ MECHANICAL
☐ ASBESTOS ABATEMENT ☐ LEAD HAZARD ABATEMENT

(Subchapter 8 only)

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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

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
THOMAS PAUN

2/11/05
Date

Construction Official

:: 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

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 CLERMONT AVE.
 Owner in Fee KARL MURRAY
 Address 27 CLERMONT AVE. City NORTH BRUNSWICK State NJ Zip Code 08902
 Phone (732) 843-6885

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 Zip Code _____
 Phone Phone (732) 417-0099
 License # Fax (732) 417-0695 Expires _____
 Federal Employment # 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 _____
☒ Water Heater	☐ Other _____
☐ Fuel Oil Piping	☐ Other _____

ESTIMATED COST:

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

SIGNATURE _____

☒ 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
License No. : _____

Fax : _____
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

Date(Month/Day)

Type:	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**

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

1

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptors/Separators

Backflow Preventer : Residential

Backflow Preventer : Commercial

Greasetrap

Air Conditioning

Sewer Connection

Water Service Connection

Stacks

Other _____

Other _____

Other _____

FEE (Office Use Only)

\$10.00

Administrative Surcharge

DCA Training Fee

Minimum Fee

TOTAL FEE

\$1.00

\$43.00

\$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.

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

Signature

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
License No. : -

Fax :
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 ☒ EA

Date: 2-23-05

Approved by: [Signature]

INSPECTIONS

Date(Month/Day)

Type:	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**

Water Closet
Urinal/Bidet
Bath Tub
Lavatory
Shower
Floor Drain
Sink
Dishwasher
Drinking Fountain
Washing Machine
Hose Bibb
1 Water Heater
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 _____

FEE (Office Use Only)

\$10.00

Administrative Surcharge

DCA Training Fee

Minimum Fee

TOTAL FEE

\$1.00

\$43.00

\$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.

U.C.C.F.(30(rev. 3/96)

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

Signature

P & L PLUMBING, LLC

Township of North Brunswick

PLEASE MAIL COMPLETED
PERMIT TO P & L PLUMBING

THANK YOU

Permit Account

Murway-27 Cleremont Avenue

1/26/2005

55489

44.00

070199

44.00



CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 117 LOT 10 PERMIT # _____
WORK SITE ADDRESS 27 CLEREMONT AVE.
Applicant KARL MURVAY
Certifying Individual Phillip Del Negro Company P & L Pumping
Address 105 Newfield Ave. Edison. New Jersey 08837
Street City State Zip Code
Tel. ((732)) 417-0099

Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

- ☐ B Label Vent
☐ L Label Vent
☒ 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 hereby 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.

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.

ONLY WATER HEATERS

P&I Plumbing NJMPL #12108

105 Newfield Ave. Unit F
Edison NJ 08837

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

Work Site Location 27 CLERMONT AVE.

Owner in Fee KARL MURRAY

Customer has existing:

Carbon Monoxide Detector _____

Smoke Detector _____ X

Customer to provide prior to inspection:

Carbon Monoxide Detector _____ X

Smoke Detector _____

Contractor/Agent 

Philip Del Negro