BLOCK 2403 LOT 22 QUALIFICATION CODE ______ ADDRESS (SITE) 31 Henry Street PERMIT NO. 09-0192

CONSTRUCTION PERMIT APPLICATION

RECEIVED JUL 14 2009 BY:

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

Jm-# 7/22/09

Call

I. IDENTIFICATION

1. Proposed Work Site at: 31 Henry Street
2. Name of Owner in Fee: John Wayne Yuhaze (856-461-6089)
   Tel. ( ) e-mail
   Address 31 Henry Street (street) Riverside (municipality) 08075 (zip code)
3. Ownership in Fee: Public ______ Private ✓
4. Principal Contractor: Central Electrical Co., Inc. Tel. ( )
   Address 225 Dahlia Avenue, Williamstown, NJ 08094 e-mail
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date
   Federal Employee No. ______ FAX: ( )
   P: (856) 875-8872 F: (856) 875-0002
   Fed ID# 22-3836386 Lic# 11155A
5. Architect or Engineer
   Address ______ e-mail
   Tel. ( ) ______ FAX: ( )
6. Responsible Person in Charge once Work has Begun Kurt Lindsley
   Tel. (856) 875-8872 FAX: (856) 875-0002

Call Josh Question

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. 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

Call

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	600.00				7-15-09	(M)			
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ Electrical	925.00				7-15-09	JK			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1525								

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-restricted
   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

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

Township of Riverside
P.O. Box 188
Riverside, NJ 08075
(609) 461-8552

PERMIT UPDATE

Date Update Issued 8-25-09
Control #
Permit # 09-0192-A-
Date Permit Issued

IDENTIFICATION Block 1603 Lot 12
Work Site Location 31 Hewitt Dr
Owner in Fee Julia Yuhasz
Address Same
Tele. (____)

Contractor T. F. Ed Electrical Co., Inc.
Address 515 Delsea Drive
Glassboro, NJ 08094
Tele. (856) 875-8372
Lic. No. or Bldrs. Reg. No. 11105 A
Federal Emp. No. 22-3536286
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[✓] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: 150 Amp. Service

Estimated Cost of Work $ 1100.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	46.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	.00
DCA Training Fee	2.00
Cert. of Occ	
Other	
Total	48.00
Check No	6429
Cash	
Collected By:	JC

U.C.C. Form F-190B

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

Call 856-461-6084 for payment info - Yuhaze

RECEIVED
AUG 18 2009
BY:

8-26-09

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

update

Date Received 8-25-09
Date Issued
Control #
Permit # 09-0192-A-
7-27-09

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

Block 2603 Lot 22 Qualification Code

Work Site Location 31 Henry Street

Owner in Fee: John Yuhaze

Tel. (856) 686-1402 e-mail

Address 31 Henry Street (street) Riverside (municipality) 08075 (zip code)

Contractor: Central Electrical Co., Inc. Tel. ( )

Address 225 Dahlia Avenue e-mail
Williamstown, NJ 08094

Contractor License No. ~~P: (856) 875-8872 F: (856) 875-0002~~ Exp. Date

Federal Emp. ID No. ~~Fed ID# 22-3836386 Lic# 11105A~~ FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1100.00

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 and perform the work listed on this application.

Kurt Lindsley

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	
1	150	AMP Service	46.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
			00
		Administrative Surcharge $	
		Minimum Fee $	2.00
		State Permit Surcharge Fee $	
		TOTAL FEE $	48.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 8-19-09

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 8-26-09

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8-26-09	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

1. White-Inspector copy 2. Canary- Applicant copy

3. Pink- Office Copy 4. White Tag- Office copy

UCC/ F-120 (REV. 07/05)
Professional Printing
(609) 468-7933

8-26-07 update

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8-25-04
Date Issued 7-27-09
Control #
Permit # 09-0192-A- 7-27-09

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

Block 2603 Lot 22 Qualification Code

Work Site Location 31 Henry Street

Owner in Fee: John Yuhaze

Tel. (856) 686-1402 e-mail

Address 31 Henry Street (street) Riverside (municipality) 08075 (zip code)

Contractor: Central Electrical Co., Inc. Tel. ( )

Address 225 Dahlia Avenue e-mail

Contractor License No. Williamstown, NJ 08094 Exp. Date

Federal Emp. ID No. P: (856) 875-8872 F: (856) 875-0002 FAX: ( )

Fed ID# 22-3836386 Lic# 11105A

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1100.00

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	
1	150	AMP Service	46.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
			.00
		Administrative Surcharge $	
		Minimum Fee $	2.00
		State Permit Surcharge Fee $	
		TOTAL FEE $	48.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 8-19-09

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 8-26-09

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8-26-09	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

1. White-Inspector copy 2. Canary- Applicant copy

3. Pink- Office Copy 4. White Tag- Office copy

UCC/ F-120 (REV. 07/05)
Professional Printing
(609) 468-7933

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

2008 NEC

Date Received 7-27-09
Date Issued
Control #
Permit # 09-0192

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

Block 2603 Lot 22 Qualification Code

Work Site Location 31 Henry Street

Owner in Fee: John Wayne Yuhaze (856-461-6089)

Tel. ([redacted]) [redacted] e-mail

Address 31 Henry Street (street) Riverside (municipality) 08075 (zip code)

Contractor: Central Electrical Co., Inc. Tel. ( )

Address 225 Dahlia Avenue Williamstown, NJ 08094 e-mail

Contractor License No. P: (856) 875-8872 F: (856) 875-0002 Exp. Date

Federal Emp. ID No. Fed ID# 22-3836386 Lic# 11105A FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 925.00

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certi'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	50.00
1		Storable Pool/Spa/Hot Tub	50
		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	

Administrative Surcharge $

Minimum Fee $ 50

State Permit Surcharge Fee $ 7.50

TOTAL FEE $ 57.50

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 7-15-09

Approved by: JJC

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 8-26-09

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench			8/19-09	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8-26-09	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

1. White-Inspector copy 2. Canary- Applicant copy

3. Pink- Office Copy 4. White Tag- Office copy

UCC/ F-120 (REV. 07/05)
Professional Printing
(609) 468-7933

...o List, Inspections by Permit No. for 8/19/09

...r the Following Subcodes: ELEC
Riverside Township

Permit/Sched'd	Description & Owner	Site/Contact/Block Lot	Unit	Instructions	Inspector Notes
20090047 8/19/09 0:00 ELEC JJ	(1) 100 AMP SERVICE SERVICE AND FINAL HANEY ANN M (856)316-8466	**528 FILMORE ST** Antonio M. (856)316-8466 3003/8		P / F / X	Final service - 856-461-1568
20090176 8/19/09 0:00 ELEC JJ	rain sensor - backflow preventer FINAL FOR SUBCODE CAIRNS, MICHAEL & N.	**721 RANCOCAS AVE** OWNER 2301/17		P / F / X	Final for sprinkler system. - rain sensor is by front porch door.
20090181 8/19/09 0:00 ELEC JJ	100 amp service FINAL FOR SUBCODE Landmark Property Mgm (856)596-7594	**60 HANCOCK ST** RHODES ELE (856)596-7594 1306/11		P / F / X	Final -- apt. B, 2nd floor 856-596-7594
20090192 8/19/09 0:00 ELEC JJ	Jacuzzi Spa TRENCH YUHAZE, JOHN W & B/ (856)875-8872	**31 HENRY ST** CENTRAL EL (856)875-8872 2603/22		P / F / X	TRENCH INSPECTION
20090203 8/19/09 0:00 ELEC JJ	office/bathroom-for business (In Five Bay Car Garage) ROUGH WIRING Lacera, Maria	**437 ST MIHIEL DR** OWNER 404/8		P / F / X	Rough Wiring Inspection

Contractor
Mike.
Thanks
Gina

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

update

Date Received 8-25-09
Date Issued
Control #
Permit # 09-0192-A-
7-27-09

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

Block 2603 Lot 22 Qualification Code

Work Site Location 31 Henry Street

Owner in Fee: John Yuhaze

Tel. (856) 686-1402 e-mail

Address 31 Henry Street (street) Riverside (municipality) 08075 (zip code)

Contractor: Central Electrical Co., Inc. Tel. ( )

Address 225 Dahlia Avenue Williamstown, NJ 08094 e-mail

Contractor License No. P: (856) 875-8872 F: (856) 875-0002 Exp. Date

Federal Emp. ID No. Fed ID# 22-3836386 Lic# 11105A FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1100.00

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 and perform the work listed on this application.

Kurt Swoboda

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	
1	150	AMP Service	46.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
			.00

Administrative Surcharge $
Minimum Fee $ 2.00
State Permit Surcharge Fee $
TOTAL FEE $ 48.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 8-19-09

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

1. White-Inspector copy 2. Canary- Applicant copy

3. Pink- Office Copy 4. White Tag- Office copy

UCC/ F-120 (REV. 07/05)
Professional Printing
(609) 468-7933

CONSTRUCTION PERMIT

Date Issued 7-27-09

Permit # 09-0192

IDENTIFICATION Block 1603 Lot 32 Qualification Code

Work Site Location 31 [illegible] 108075

Owner in Fee [illegible]

Address [illegible]

Tel. ( ) (856-461-6089

Contractor [illegible]

Address [illegible] 08094

Tel. (57) [illegible]

Lic. No. or Bldrs. Reg. No. # 11054

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:

Jacuzzi Spa

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 $ 1525

[illegible]
Construction Official

7-16-09
Date

PAYMENTS (Office Use Only)

Building 65.00

Electrical 55.00

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 3

Cert. of Occupancy

Other

Total 123.00

Check No. 6421

Cash

Collected by [illegible]

(see reverse side)

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

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

BUILDING SUBCODE
TECHNICAL SECTION

RECEIVED
JUL 14 2009
BY:

Date Received 7-27-09
Control #
Date Issued
Permit # 09-0192

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

Block 1603 Lot 20 Qualification Code

Work Site Location 31 Henry St
Riverside, NJ 08075

Owner in Fee: Wayne & Barbara Yuhaze

Tel. ( ) 856 461 6089 e-mail

Address 31 Henry St
street municipality zip code

Contractor: Niagara Living LLC Tel. (856) 232 4900

Address 318 S Blackhorse Pk Blackwood NJ 08012
e-mail

Contractor License No. or Builder Registration No. 13VH01803900 Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	7-15-09	(M)
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			8/28	AK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 600

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Niagara Living to deliver a
J-355 Jacuzzi Spa
91x84
with latchable cover
8x8 Polymer pad assembled and leveled

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)

$	
	65.00
Administrative Surcharge $	
Minimum Fee $	00
State Permit Surcharge Fee $	00
TOTAL FEE $	65.00

U.C.C. F110 (rev. 7/06)

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

Reorder from OCS Printing (609) 390-1400

RECEIVED
JUL 14 2009

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

2008 NEC

Date Received 7-27-09
Date Issued
Control #
Permit # 09-0192

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

Block 2403 Lot 22 Qualification Code

Work Site Location 31 Henry Street

Owner in Fee: John Wayne Yuhaze (832-461-6089)

Tel. ([redacted]) [redacted] e-mail

Address 31 Henry Street (street) Riverside (municipality) 08075 (zip code)

Contractor: Central Electrical Co., Inc.
225 Dahlia Avenue
Williamstown, NJ 08094
P: (856) 875-8872 F: (856) 875-0002

Tel. ( )

Address e-mail

Contractor License No. Exp. Date

Federal Emp. ID No. Fed ID# 22-3836386 Lic# 11105A FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co

Est. Cost of Elec. Work $ 925.00

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 and perform the work listed on this application.

Kurt Lindsley
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	
1		Storable Pool/Spa/Hot Tub	55.00
		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	

Administrative Surcharge $
Minimum Fee $ 2.00
State Permit Surcharge Fee $
TOTAL FEE $ 57.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 7-15-09
Approved by: JJK

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-19-09
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench			8-19-09	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8-19-09	
Barrier-Free				

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

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy

UCC/ F-120 (REV. 07/05)
Professional Printing
(609) 468-7933

BLOCK 9603 LOT 22 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO 2020-0267

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 31 Henry St Riverside 08075
2. Name of Owner in Fee: John W & Barbara J Yuhaze
   Tel. 609-760-9600 e-mail Byuhaze@comcast.net
   Address Same (street) (municipality) (zip code)
3. Ownership in Fee: Public X Private
4. Principal Contractor: Professor Gatsby's Tel. (856) 885-2231
   Address PO BOX 1335 e-mail
   Williamstown NJ 08094
   License No. OR, if new home, Builder Reg. No. 19HC00915300 Exp. Date 06/30/2022
   Home Improvement Contractor Registration No. or Exemption Reason
   Federal Emp. ID No. 475213815 FAX:
5. Architect or Engineer Contact
   Address e-mail
   Tel. FAX:
6. Responsible Person in Charge once Work has Begun Matthew Gregorovic
   Tel. (856) 885-2231 FAX:

CLOSED

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	$	REC'D NOV - 2 2020	
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

- [X] Minor Work
- [ ] New Building
- [ ] Addition
- [ ] Demolition
- [ ] Repair
- [ ] Alteration
- [ ] Renovation
- [ ] Reconstruction
- [ ] Asbestos Abat. -Subch. 8
- [ ] Lead Hazard Abatement
- [ ] Radon Remediation
- [ ] Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
[ ] Building									
[X] Electrical	7950				11/5/20	EM			
[X] ~~Plumbing~~ mech	7950				11/5/20	SB			
[X] Fire Protection	$ 1,000								
[ ] Elevator									
TOTAL COST	16,900								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Select Group
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present
Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:
1. [ ] Partial Releases

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

1. [ ] Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. [ ] High Pressure Boilers
4. [ ] Refrigeration Systems
5. [ ] Cross-Connections/Backflow Preventers
6. [ ] Hazardous Uses/Places of Assembly
8. [ ] Smoke Control Systems in Open Wells
9. [ ] Underground Storage Tanks
10. [ ] Swimming Pools, Spas and Hot Tubs
12. [ ] Fire Alarm

Riverside Township
Municipal Building
Riverside, NJ 08075
(856)461-1460 FAX *(856)461-3260*

Permit No. **20200267**
Control No. **9331**
Block/Lot 2603/22
Date 1/06/21

Certificate of Approval

IDENTIFICATION

Block/Lot 2603/22
Work Site Location 31 HENRY ST

Owner in Fee/Occupant YUHAZE, JOHN W & BARBARA J
Address 31 HENRY ST
RIVERSIDE, NJ 08075

Telephone
Contractor PROFESSOR GATSBY'S
Address PO BOX 1335
WILLIAMSTOWN, NJ 08094

Telephone FAX
Lic. No. or Bldrs. Reg. No. None
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

REPLACE HVAC

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.

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 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

R. Hugh McCurley
R. Hugh McCurley, Construction Official

Permit Fee $ 270
Paid [ ] Check No. 2052
Collected by: AC

U.C.C. F260
(rev. 3/96)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11-2-20
Control #
Date Issued 11-23-2020
Permit # 2020-0267

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

Block 9603 Lot 22 Qualification Code

Work Site Location 31 Henry St
Riverside NJ 08075

Owner in Fee: John W + Barbara J Yuhaze

Tel. (609) 760-9602 e-mail byuhaze@comcast.net

Address Same
street municipality zip code

Contractor: Professor Gatsby's Tel. (856) 885-2231

Address PO Box 1335 e-mail service@profgatsby.com
Williamstown NJ 08094

Contractor License No. 19HC00915300 Exp. Date 06/30/2022

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 475213815 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 7950

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: 11/5/20 Approved by: EM

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] LCO [ ] CA
Date: 11/5/20
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/5/20	EM
Barrier-Free				

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

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:

Print name here: Kevin Brennan

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
replace furnace & AC like for like

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	
0		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	
1	25AMP	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	15AMP	furnace	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 120
TOTAL FEE $

U.C.C. F120 (rev. 11/09)
Internet version

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received 11-2-20
Control #

Date Issued 11-23-2020
Permit # 2020.0267

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

Block 2003 Lot 22 Qualification Code

Work Site Location 31 Henry St Riverside 08075

Owner in Fee: John W + Barbara J Lyhane

Tel. (609) 760-9602 e-mail bylhane@comcast.net

Address same
street municipality zip code

Contractor: Professor Gatsby Tel. (856) 885-2231

Address PO Box 1335 e-mail service@profgatsby.com

Williamstown NJ 08094

Contractor License No. 19HC00915300 Exp. Date 06/30/2022

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 475213815 FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [X] Replacement

Type: [ ] Hydronic [X] Hot Air

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 7950

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 11/23/20
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 1-5-21
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final			1-5-21	

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.
Applicant sign/Contractor sign and seal here:

Print name here: Kevin Brennan

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

replace furnace + A/C like for like

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	~~Other~~ Central Air	

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

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

AHRI CERTIFIED®
www.ahridirectory.org

Certificate of Product Ratings

AHRI Certified Reference Number : 5753083 Date : 07-27-2020 Model Status : Active

AHRI Type : RCU-A-C (Split System: Air-Cooled Condensing Unit, Coil Alone)

Series : ASX16

Outdoor Unit Brand Name : AMANA

Outdoor Unit Model Number (Condenser or Single Package) : ASX160181F*

A/C Specs.

Indoor Unit Model Number (Evaporator and/or Air Handler) : CA*F3636*6D*+EEP+TXV

Region : All (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IA, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV, WI, WY, U.S. Territories)

Region Note : Central air conditioners manufactured prior to January 1, 2015 are eligible to be installed in all regions until June 30, 2016. Beginning July 1, 2016 central air conditioners can only be installed in region(s) for which they meet the regional efficiency requirement.

The manufacturer of this AMANA product is responsible for the rating of this system combination.

Rated as follows in accordance with the latest edition of ANSI/AHRI 210/240 with Addenda 1 and 2, Performance Rating of Unitary Air-Conditioning & Air-Source Heat Pump Equipment and subject to rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (A2) - Single or High Stage (95F), btuh : 18000

SEER : 14.50

EER (A2) - Single or High Stage (95F) : 12.20

†"Active" Model Status are those that an AHRI Certification Program Participant is currently producing AND selling or offering for sale; OR new models that are being marketed but are not yet being produced."Production Stopped" Model Status are those that an AHRI Certification Program Participant is no longer producing BUT is still selling or offering for sale.
Ratings that are accompanied by WAS indicate an involuntary re-rate. The new published rating is shown along with the previous (i.e. WAS) rating.

CERTIFICATE NO.: 132403358807789926

This furnace qualifies for AFUE & AMACF Federal Energy Efficiency Tax Credit when placed in service between Feb 17 2009 and Dec 31 2020.

Certificate of Product Ratings

AHRI Certified Reference Number : 7368870 Date : 10-29-2020 Model Status : Active

Brand Name : AMANA

Model Number : AMVC960403BN

Rated as follows in accordance with Department of Energy (DOE) furnace test procedures as published in latest edition of the Code of Federal Regulations, 10 CFR Part 430 Subpart B Appendix AA for FER and CSA P. 2 for AFUE.

AFUE, (%) : 96.1

Output Heating Capacity (MBTUH) : 38

Furnace Specs

The following data is for reference only and is not certified by AHRI

Input Rating (MBTUH) : 40

Ef (MMBTU/yr) : 32.2

Eae including Eso(kWh/yr) : 237

PE (watts) : 55

Configuration : Horizontal, Upflow

Lowboy : No

Mobile Home? : No

Single Package Unit : No

Electronic Ignition : Yes

Electro-Mechanical Vent Damper(s) : No

Power Combustion or Power Vent : Yes

Condensing Type : Yes

Direct Vent : Yes

Electronically Commutated Motor (ECM) : Yes

Fuel Type : Natural Gas, Propane Gas

†"Active" Model Status are those that an AHRI Certification Program Participant is currently producing AND selling or offering for sale; OR new models that are being marketed but are not yet being produced."Production Stopped" Model Status are those that an AHRI Certification Program Participant is no longer producing BUT is still selling or offering for sale.
Ratings that are accompanied by WAS indicate an involuntary re-rate. The new published rating is shown along with the previous (i.e. WAS) rating.

AIR-CONDITIONING, HEATING, & REFRIGERATION INSTITUTE

we make life better™

CERTIFICATE NO.: 132484536044311052

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 2003 LOT 22 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 31 Henry St Riverside NJ 08075

Owner in Fee John W & Barbara J Yuhaze

Verifying Individual Matthew Gregorovic Company Professor Gatsby's

Address PO Box 1335, Williamstown, NJ 08094
Street City State Zip Code

Tel: (856) 885-2231 Fax: (___) _____

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** 2

	"B" Label Vent
	"L" Label Vent
	Flexible Liner
X	Power Vent/Exhauster

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

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	furnace	Oil / (Gas) / Other:	401KBTU
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.

_____
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.

X _____ 10/29/20
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.

Riverside Township
Municipal Building
Riverside, NJ 08075
(856)461-1460 FAX (856)461-3260

Permit No. **20200267**
Control No. **9331**
Block/Lot **2603/22**
Applic/Issued **11/05/20** / ____
Applic'n / Issued

CONSTRUCTION PERMIT

31 HENRY ST

Owner in Fee YUHAZE, JOHN W & BARBARA J
Address 31 HENRY ST
RIVERSIDE, NJ 08075
Phone (609)760-9602 FAX

Contractor PROFESSOR GATSBY'S
Address PO BOX 1335
WILLIAMSTOWN, NJ 08094
Phone
Lic. No./Fed ID: /

Applicant is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ DEMOLITION
- ☐ OTHER
- ☒ ELECTRIC
- ☐ FIRE
- ☐ ASBESTOS ABATEMENT
- ☐ ONGOING -
- ☐ ELEVATOR
- ☒ MECHANICAL
- ☐ LEAD HAZARD ABATEMENT

Description of Work
REPLACE HVAC

NOTE: If construction does not commence within one(1) year of issuance or if construction ceases for a period of six (6) months, this permit is void

Estimated cost of work $15,900

Construction Official R. Hugh McCurley NOV 10 2020
R. Hugh McCurley

PAYMENTS (Office use only) *

Building	$0
Electrical	120
Plumbing	0
Fire Protection	0
Elevator Devices	0
Mechanical/Other	120
DCA Training Fee	30
Certificate of Occupancy	0
Other	0
Total	$270
Check No.	2058
Amount	270
Collected by	AL

Total Administrative Fee: $0

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-2-20

Date Issued / Permit #

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

Block 2003 Lot 29 Qualification Code

Work Site Location 31 Henry St Riverside NJ 08075

Owner in Fee: John W + Barbara J Yuhasz

Tel. 609 760 9602 e-mail byuhasze@comcast.net

Address same

Contractor: Professor Gatsby (street / municipality) Tel. (856) 885-2231 (zip code)

Address PO BOX 1335 e-mail service@profgatsby.com

Williamstown NJ 08094

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 475213815 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [X] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location: basement

Total Cost of Fire Protection Work $ 10000

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
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.

Applicant/Contractor sign here:

Print name here: Kevin Brennan

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Reattach 2" PVC

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F140 (rev. 02/11) Internet version

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