

B-2.15

L-18.01

20131970

335 Rantown Greenville

~~6/25/13~~
8/5/13

F ✓
P ✓

CL/S

✓





CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 335 Ramtown Greenville Rd

2. Name of Owner in Fee: _____
Tel. _____ e-mail _____
Address Same
street municipality zip code

3. Ownership in Fee: Public _____ Private ☒ _____

4. Principal Contractor: Point Bay Fuel Tel. 732-349-5059
Address 71 Irons St e-mail _____
Toms River

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

*Federal Emp. ID No. _____ FAX: 732-349-1788

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun John Maines
Tel. 732-349-5059 FAX: 732-349-1788

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area — Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands yes _____ no _____	

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

- ☐ Building
☐ Electrical
☒ Plumbing
☒ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1200—				7-22-13	AL			
1200—								

TOTAL COST 2400—

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
- | | |
|----------------|--|
| Gained, Sale | |
| Gained, Rental | |
| Lost, Sale | |
| Lost, Rental | |

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

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

- D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

- | | | | |
|---|---|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells | 12. ☐ Fire Alarm |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks | |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs | |
| | 7. ☐ Sprinklers/Standpipes | 11. ☐ LPGas Tanks | |

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name Point Bay Fuel

Address 71 Irons St

Toms River

Telephone 732-349-5059

Signature John Main

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

Howell Township

4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731
(732) 938-4500 EXT.2300

**Receipt**

Payment Date 6/25/2013

Transaction # PMT-13-10245

Receipt #

Issued To POINT BAY FUEL, INC.

Description C-24091
B 2.15 L 18.01
335 RAMTOWN GREENVILLE RD
C-24091
ELLIS

Date Printed 6/25/2013

Check Number 7255

Cash \$0.00

Check \$100.00

Charge \$0.00

Total Paid \$100.00



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

Date Issued 6/11/2014
Control Number C-24091
Permit Number 20131970
Permit Issue Date 8/2/2013
Certificate Number 20131970

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 335 RAMTOWN GREENVILLE RD Howell Township, NJ Block: 2.15 Lot: 18.01 Qual: _____
Owner in Fee: _____
Owner Address: 335 RAMTOWN GREENVILLE RD HOWELL NJ 07731
Telephone: _____
Contractor POINT BAY FUEL, INC.
Address 71 IRONS STREET TOMS RIVER NJ 08753
Telephone: (732) 349-5059 Fax: (732) 349-1788
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: FUEL LINES, TANK INSTALL - AST

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

8-2-13
C-24091
20131970

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

Block 2.15 Lot 18.01
Work Site Location 335 Ramtown - Greenville Rd
Howell NJ
Owner in Fee [REDACTED]
Address same
Tele. ([REDACTED])
Contractor Point Bay Fuel
Address 71 Irons St
Toms River NJ
Tele. (732) 2349-5059
Lic. No. [REDACTED]
Federal Emp. No. [REDACTED] or Social Security No. [REDACTED]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [] New [☒] Existing
Type: [] Gas [☒] Oil [] Electrical [] Solar
[] Other _____
Location: _____

Total Est. Cost of Fire Prot. Work \$ 1200.00 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)		
[] No Plans Required		Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required		Suppression Test	_____	_____	_____	_____
[] Bldg. [] Pump		Fire Alarm Test	_____	_____	_____	_____
[] Elec. [] Elevator		Smoke Test	_____	_____	_____	_____
[] Fire Plans Approved		Mechanical	_____	_____	_____	_____
Date: _____		TCO	_____	_____	_____	_____
Approved By: _____		Final <u>TANK Install</u>	_____	_____	8/27/13	✓
SUBCODE APPROVAL:		Other _____	_____	_____	_____	_____
[] CO [] QCO [] TCA		Other _____	_____	_____	_____	_____
Date: _____						
Approved By: _____						

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.

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks	() Capacity _____	Fuel _____
Combustible Liquid Storage Tanks	() Capacity _____	Fuel _____
L.P.G. Storage Tanks	() Capacity _____	Fuel _____
L.N.G. Storage Tanks	() Capacity _____	Fuel _____

	Number
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
TOTAL	_____

Smoke Detectors _____
Heat Detectors _____
TOTAL _____

~~Verifi disposal of any~~
~~Stand Pipes~~
~~Kitchen Hood Exhaust Systems~~
~~EXISTING TANKS~~

Pre-Engineered Systems
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance
OTHER Inst 275 oil tank 1

FEE (Office Use Only)

65.00

	Administrative Surcharge	\$ _____
Paid [] Check # _____	Minimum Fee	\$ _____
	DCA Training Fee	\$ _____
Collected By: _____	TOTAL FEE	\$ _____



PLUMBING SUBCODE TECHNICAL SECTION



235

Date Received
Control #

Date Issued
Permit #

8-2-13
C-24091
20131970

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

Block 2.15 Lot 18.01 Qualification Code

Work Site Location 335 Ramtown - Greenville Rd
Howell NJ

Owner in Fee:

Tel. e-mail

Address same

Contractor: Point Bay Fuel Tel. (732) 349-5059

Address 71 Irons St
Toms River NJ

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: (732) 349-1788

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 1200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required MINOR WORK

☐ Partial -Underslab Utilities Approved

Date: 7-19-13 Approved by: [Signature]

☐ Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 7-22-13

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☒ CA

Date: 5-23-14

Approved by: [Signature]

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LPGas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)
Failure Failure Approval Initial

3-31-14 5-22-14 [Signature]

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:

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 275 oil tank

QTY.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping (1)

Gas Piping

LPGas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

FEE (Office Use Only)

\$

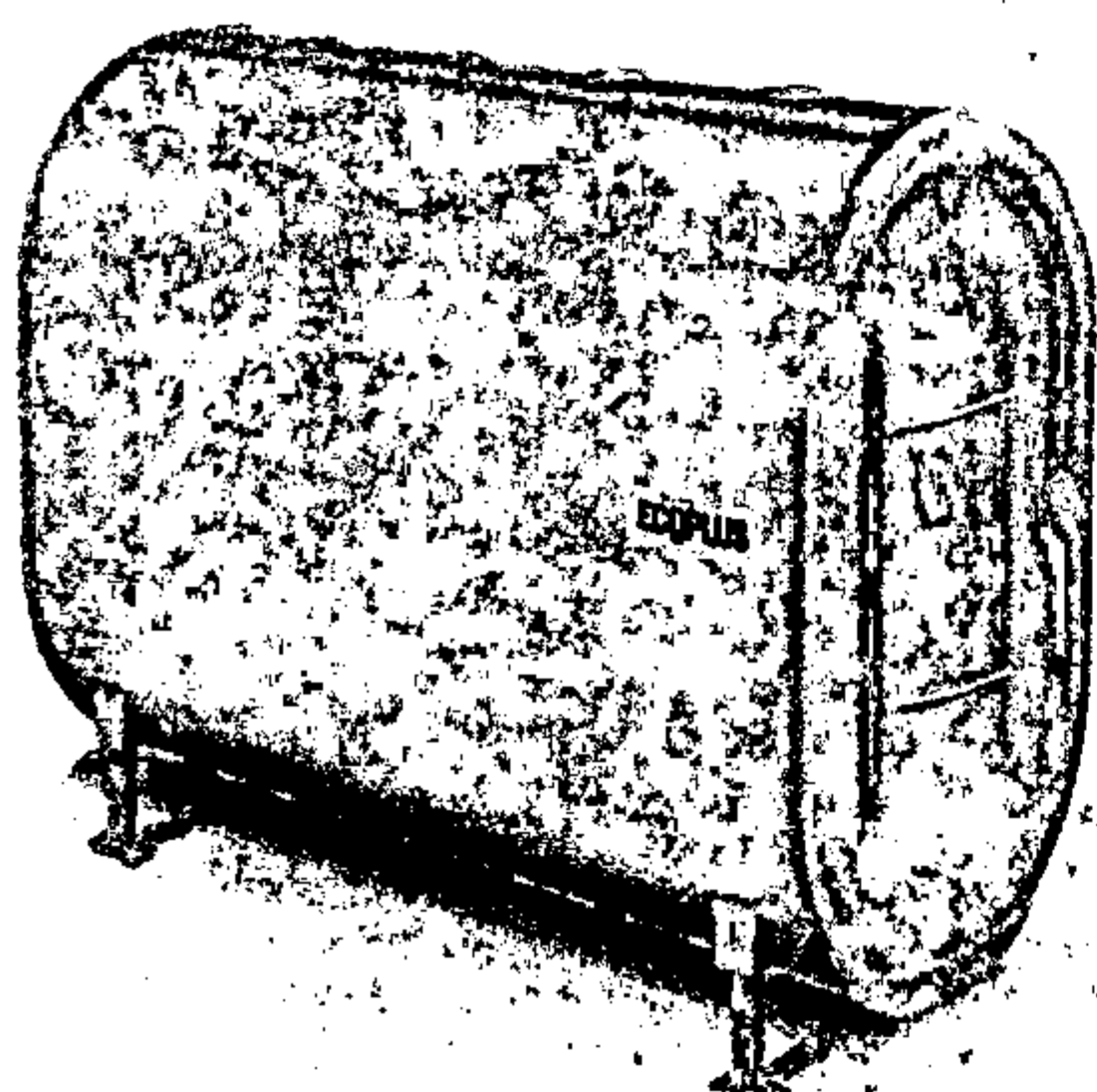
Administrative Surcharge \$

Minimum Fee \$ 65

State Permit Surcharge Fee \$ 2

TOTAL FEE \$ 67

3-31-14 → no access



ECOPLUS

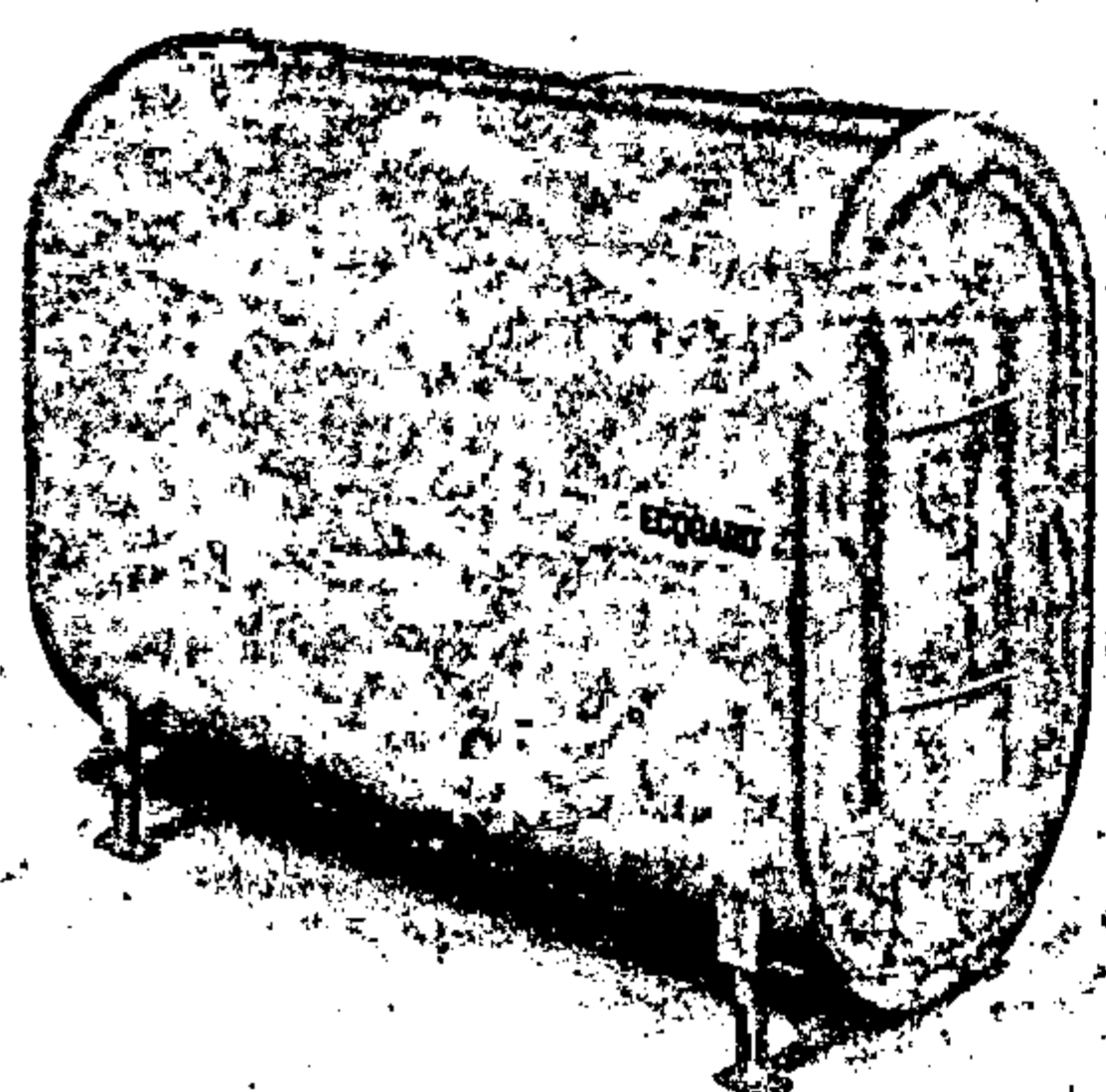
Residential oil tanks with ECOGARD + 20PLUS
with polyurethane coating

ECOPLUS

Product #	Capacity (US gal.)	Model	Gauge thickness	Dimensions			Weight (pounds)
				H	W	L	
244201P	275	vert.	12	44"	27"	60"	295
241201P	275	vert.	10	44"	27"	60"	375
245201P	330	vert.	12	44"	27"	72"	340

External finish: BEIGE polyurethane coating
Touch up paint: PE0056C "BEIGE"
KRO001 (repair kit)

Warranty: 30 years



ECOGARD

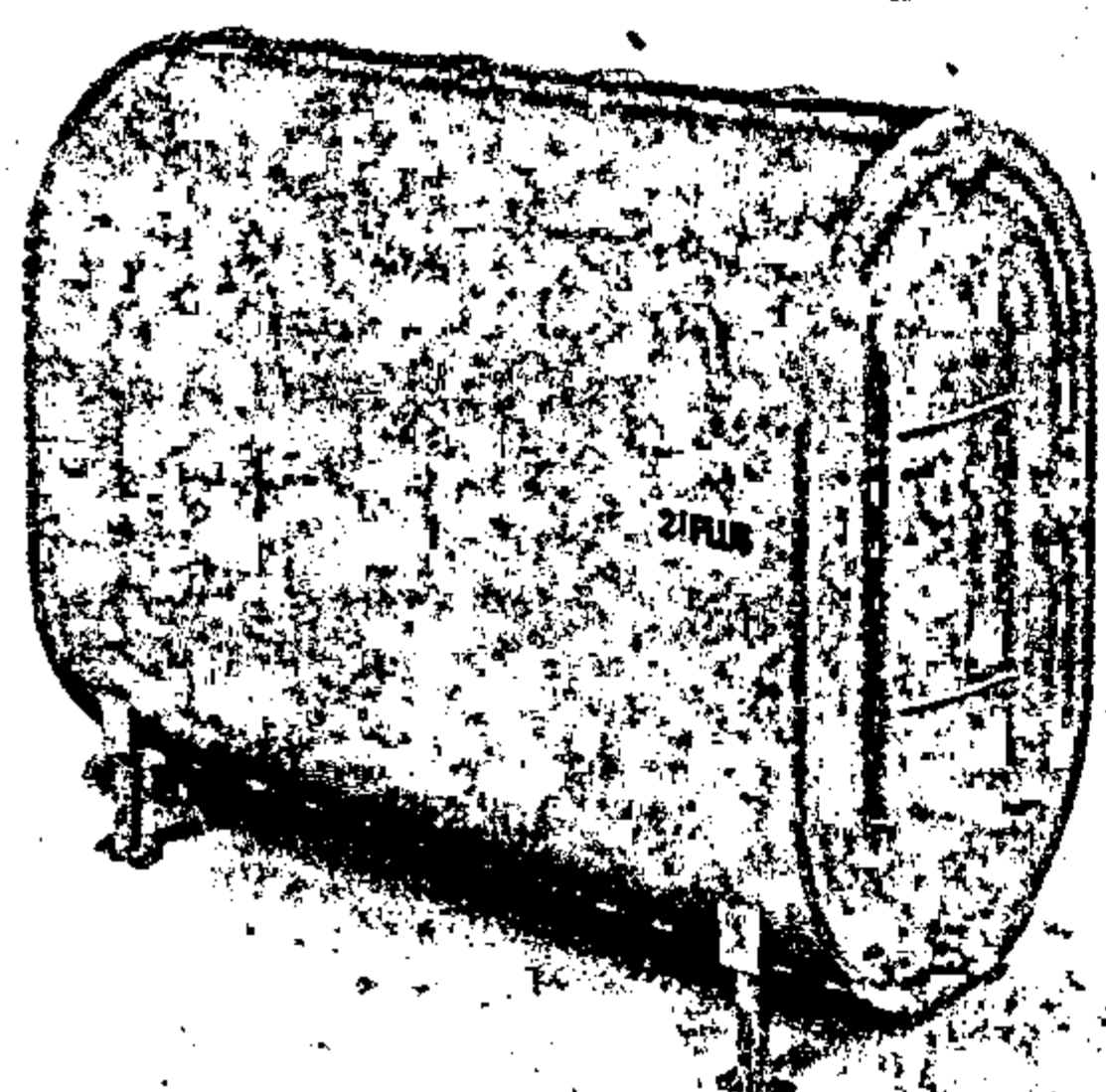
Residential oil tanks with double-bottom
protection system

ECOGARD

Product #	Capacity (US gal.)	Model	Gauge thickness	Dimensions			Weight (pounds)
				H	W	L	
244201	275	vert.	12	44"	27"	60"	290
241201	275	vert.	10	44"	27"	60"	370
245201	330	vert.	12	44"	27"	72"	334

External finish: BEIGE powder paint coating
Touch up paint: PE0055C "BEIGE"

Warranty: 25 years



20PLUS

Residential oil tanks with polyurethane coating

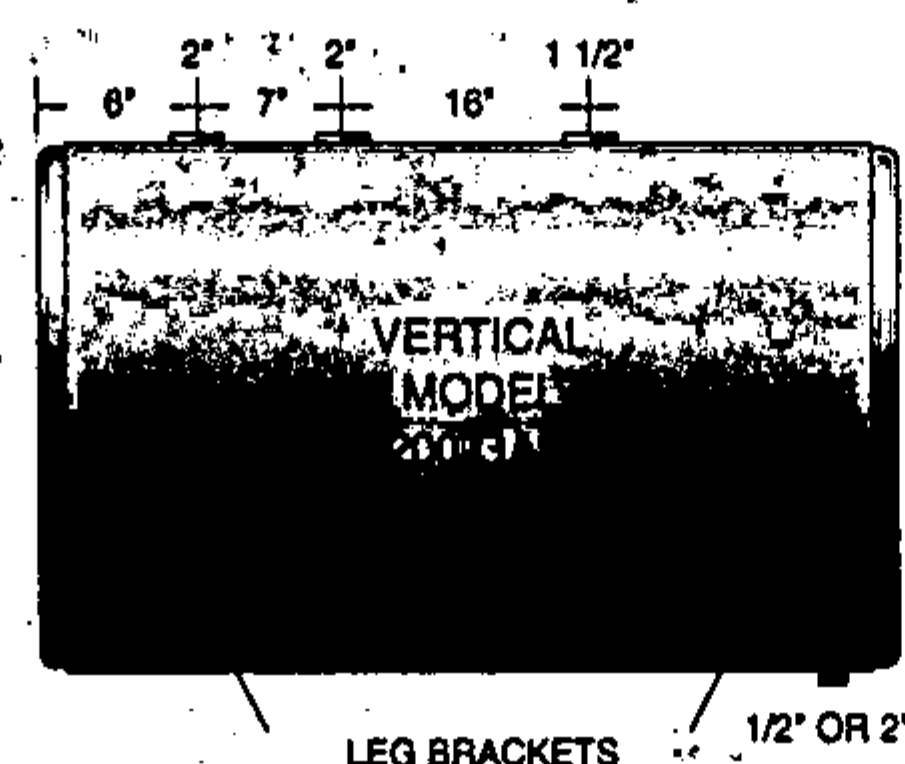
20PLUS

Product #	Capacity (US gal.)	Model	Gauge thickness	Dimensions			Weight (pounds)
				H	W	L	
204201P	275	vert.	12	44"	27"	60"	257
204701P	275	horiz.	12	27"	44"	60"	257
205201P	330	vert.	12	44"	27"	72"	290
205701P	330	horiz.	12	27"	44"	72"	290
211201P	275	vert.	10	44"	27"	60"	334

UL 142 also available (275 and 330 gal.)

External finish: BEIGE polyurethane coating
Touch up paint: PE0056C "BEIGE"
KRO001 (repair kit)

Warranty: 20 years



Technical specifications

- Steel ASTM A1011
- Female threaded openings
- Pressure tested at 5 to 7 PSIG
- UL 80 & UL 142 listed
- Operation at atmospheric pressure

HOWELL TOWNSHIP PLAN REVIEW CHECKLIST

Name: [REDACTED]

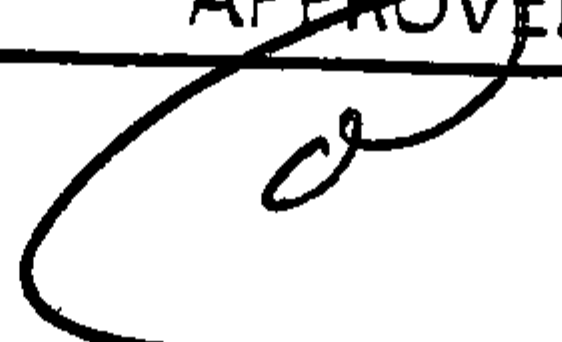
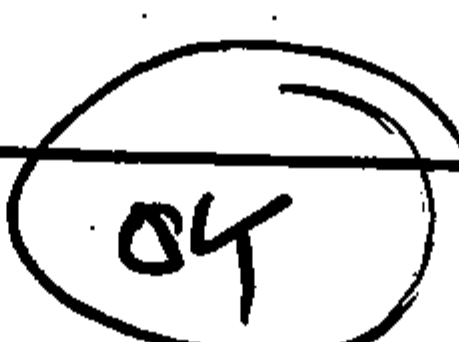
Block: 215

Lot: 18.01

Address: 335 Ramtown Greenville

Control # C-24091

Type of Work: Inst Oil Tank

	Reviewed By	APPROVED	COMMENTS
FIRE ✓	6/26/13		
BUILDING			
ELECTRICAL			
PLUMBING ✓	7-22-13 7-22-13 Au		

25% Worksheet Table

Fire	\$
Building	\$
Electrical	\$
Plumbing	\$
Total	\$ 100.00

Date Submitted

RECEIVED

JUN 25 2013

25% PLAN REVIEW WORKSHEET

(ALL COSTS SHOULD BE ROUNDED DOWN TO NEAREST DOLLAR)

Alterations

cost: _____ x .0075 = _____

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

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

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

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

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

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

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

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

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

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

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

In-Ground Pool

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

Above Ground Pool

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

Woodstoves, Fireplaces, Pellet stoves \$18.00

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

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

Decks _____ square feet x .10 = _____

Signs _____ square feet x 1 = _____

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



CONSTRUCTION PERMIT

Date Issued 8/2/2013
Control # C-24091
Permit # 20131970

IDENTIFICATION Block: 2.15 Lot: 18.01 Qualifier _____
Work Site Location: 335 RAMTOWN GREENVILLE RD Howell Contractor POINT BAY FUEL, INC.
Township, NJ Address 71 IRONS STREET TOMS RIVER NJ 08753
Owner in Fee _____
335 RAMTOWN GREENVILLE RD HOWELL NJ Telephone: (732) 349-5059
07731 Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. _____

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:

FUEL LINES, TANK INSTALLATION

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 \$2,400

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$65
Fire Protection	\$65
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$4
CO Fee	
Other	\$0
Total	\$134
Check No.	7255
Cash	\$34
Credit	\$0
Collected By	Susan Kalmar

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block

Lot

Qualification Code

Work Site Location

Owner in Fee

Address

Tel.

Contractor

Address

Tel.

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER _____ |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

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 \$

Construction Official

Date

PAYMENTS (Office Use Only)

Building	_____
Electrical	_____
Plumbing	65
Fire Protection	65
Elevator Devices	_____
Other	4
DCA State Permit Fee	_____
Cert. of Occupancy	_____
Other	_____
Total	34
Check No.	_____
Cash	_____
Collected by	_____

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED
BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Point Bay Fuel Company Inc.
71 Irons Street
Toms River NJ 08753

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

11/19/2012 TO 12/31/2013
VALID

LICENSE/REGISTRATION/CERTIFICATION #

E. Ky
ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 460-6
Newark, NJ 07101

PLEASE DETACH HERE

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	
Building _____	Energy _____	Other _____
Electrical _____	Barrier Free _____	_____
Plumbing _____	Flood Hazard _____	_____
Fire Protection _____	As Built Elevation Cert. _____	_____
Mechanical _____	Other _____	_____

X. CERTIFICATES ISSUED (office use only)

	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	_____	_____	_____	_____	_____