

B.28 126 Locust
L-38

20131271

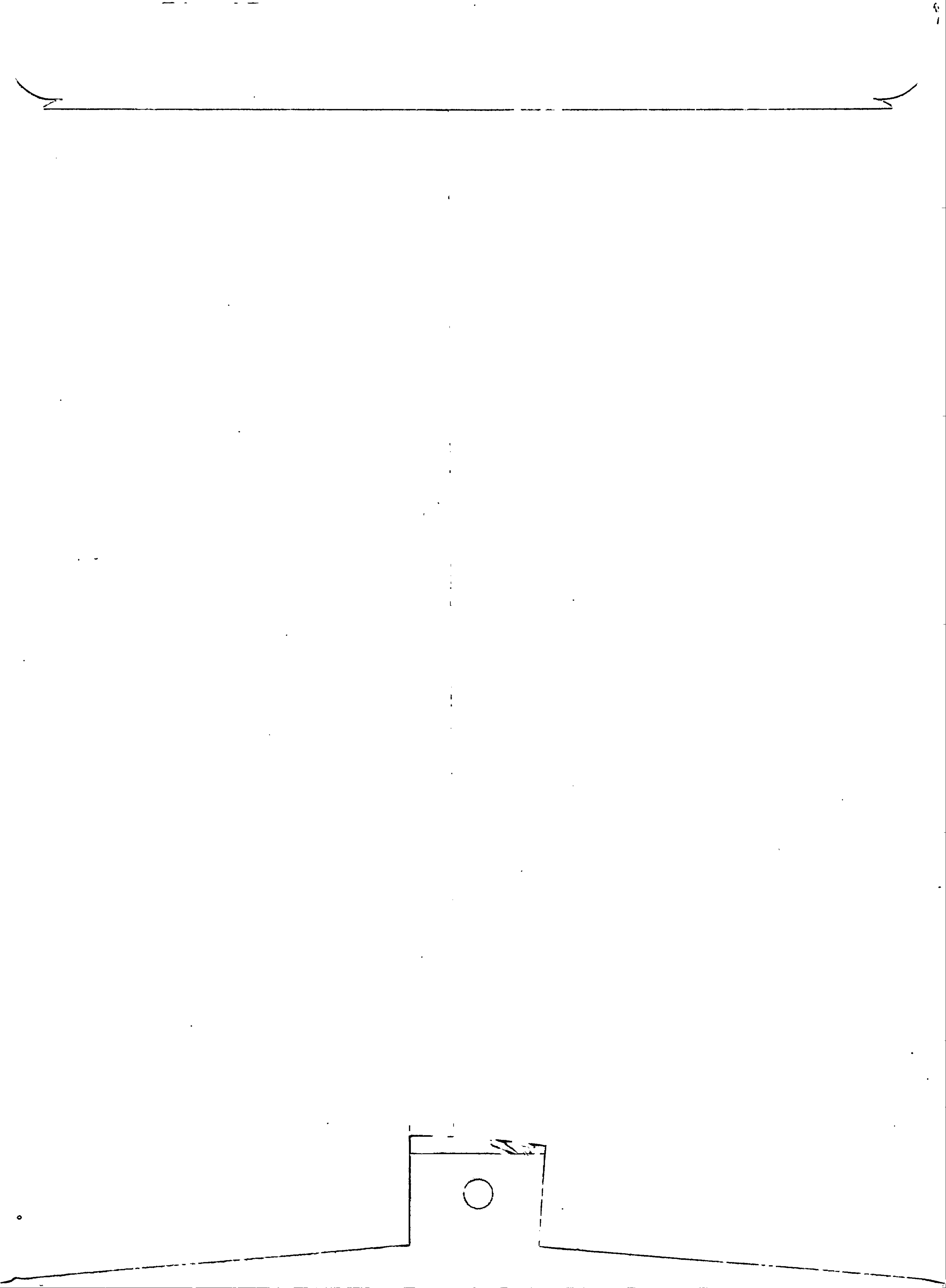
Boiler
gas piping
HWH

✓
✓
✓

Scanned

ES







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

Date Issued 10/2/2018
Control Number C-23227
Permit Number 20131271
Permit Issue Date 5/15/2013
Certificate Number 20131271

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 126 LOCUST AVENUE Howell Township, NJ Block: 28 Lot: 38 Qual: _____
Owner in Fee: DELLAS, LAURISSA
Owner Address: 126 LOCUST AVENUE HOWELL TWP NJ 07731
Telephone: [REDACTED]
Contractor AIR MANAGEMENT
Address 30 RACHEL TERRACE PISCATAWAY NJ 08854
Telephone: (732) 819-0008 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: [REDACTED]

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: GAS LINE, REPLACEMENT BOILER, REPLACEMENT GAS WATER HEATER

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

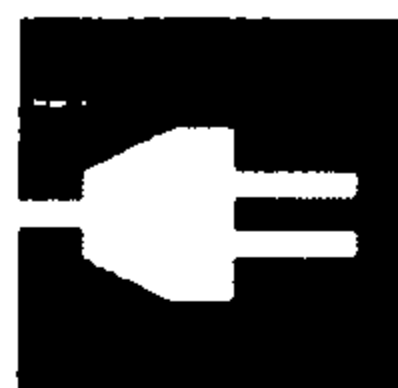
Fee: \$0.00

Check Number: _____

Collected By: _____



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 28 Lot 28 Qualification Code _____

Work Site Location 126 Locust Ave

Howell NJ 07731

Owner in Fee: Laurissa Dallas

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

Address 126 Locust Ave Howell NJ 07731

Contractor: Air Management Tel. (232) 819-0008

Address 30 Rachel Ann Pkwy e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00244900

Federal Emp. ID No. [REDACTED] FAX: ([REDACTED]) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type	Failure	Failure	Approval Initial
☒ No Plans Required		Rough			
☐ Partial - Underslab Utilities Approved		Barrier-Free			
Date: _____ Approved by: _____		Trench			
☐ Electric Plans Approved		Temp. Serv.			
Date: _____ Approved by: _____		Constr. Serv.			
Joint Plan Review Required:		TCO			
☐ Bldg. ☐ Plumb. ☐ Fire ☐ Elev		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>4-22-13</u>		Final			
Approved by: _____		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card			
☐ CO ☐ CCO ☐ CA		Final Cut-in-Card			
Date: <u>12-1-16</u>		Annual Pool Inspection			
Approved by: _____		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's Signature/Contractor's Seal and Signature

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

Date Received
Control #

Date Issued
Permit #

5/15/13
C-23227

2013 1271

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

gas line combi boiler

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	\$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	2	boiler	

Administrative Surcharge \$	65
Minimum Fee \$	5
State Permit Surcharge Fee \$	5
TOTAL FEE \$	65



PLUMBING SUBCODE TECHNICAL SECTION



10-5-16

Date Received
Control #

5/15/13

Date Issued
Permit #

20131271

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

Block 28 Lot 38 Qualification Code 126
Work Site Location 126 Locust Ave.
Howell N.J. 07731
Owner in Fee: Laurissa Dallas
Tel. ([REDACTED]) e-mail lwe@lgo.com
Address 126 Locust Ave Howell N.J. 07731
Contractor: John Franzen Tel. [REDACTED]
Address [REDACTED] e-mail [REDACTED]

Contractor License No. 9334 Exp. Date 8-13
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): [REDACTED]
Federal Emp. ID No. [REDACTED] FAX: ([REDACTED])

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 \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
[] No Plans Required	[] Partial -Underslab Utilities Approved	Type	Failure	Failure	Approval Initial
Date: _____	Approved by: _____	Slab	_____	_____	_____
[x] Plumbing Plans Approved	Date: _____	Rough	_____	_____	_____
Joint Plan Review Required:	Approved by: _____	Water	_____	_____	_____
[] Bldg. [] Elec. [] Fire. [] Elev.		Sewer	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Fixtures	_____	_____	_____
Date: <u>5-1-13</u>	Approved by: <u>[Signature]</u>	Gas Equipment	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Gas Piping	_____	_____	_____
[] CO [] CCO [x] CA	Date: <u>9-18-13</u>	LPGas Tank	_____	_____	_____
Approved by: <u>[Signature]</u>		Fuel Oil Piping	_____	_____	_____
		CO Detector	_____	_____	_____
		Final	_____	_____	_____

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: [Signature]

Print name here: JOHN FRANZEN
☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Gas line, Boiler / Combi H.W.H.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	15
_____	Fuel Oil Piping	_____
_____	Gas Piping	15
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler / combi	65
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrapp	_____
_____	Sewer Connection	_____
_____	Water Service Connection	15
_____	Stacks	_____
_____	Other	_____

Administrative Surcharge \$ 110
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 28 LOT 30 QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 126 Locust Ave. Howell N.J. 07731
Owner in Fee Laurissa Dallas
Verifying Individual Robert Williams Company Air Management
Address 30 Rachel Turn Proctoring NJ 08854
Tel: (732) 814-0008 City Proctoring State NJ Zip Code 08854
Fax: (732) 814-0856

Check the Appropriate Box(es): Type of Replacement:

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

Existing Vent/Chimney: Size _____

- ☐ "B" Label Vent
☐ "L" Label Vent
☐ Flexible Liner
☐ Power Vent/Exhauster
☐ Chimney-Interior
☐ Chimney-Exterior
☐ Masonry Chimney-Tile Lined
☐ Masonry Chimney-Unlined
☐ Other _____

Type _____ Fuel Type _____
Appliance 1: Navien Boiler/comb Oil / Gas / Other: _____ BTU Rating (input/hour) 800k BTU
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: Y

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.

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 4-15-13

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.*

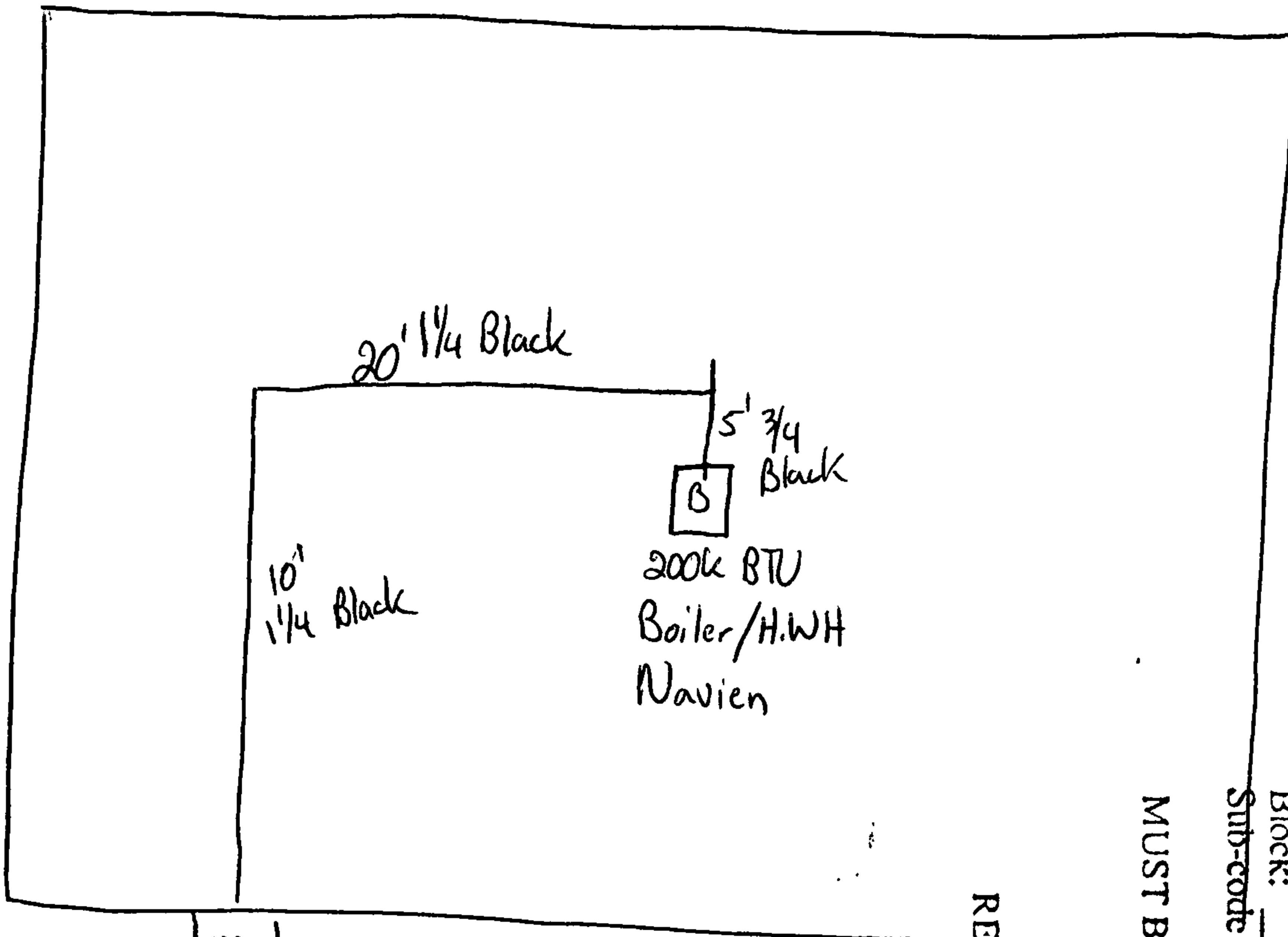
AIR MANAGEMENT

Heating & Air Conditioning Inc.

30 Rachel Terrace
Piscataway, NJ 08854

Tel: (732) 819-0008
Fax: (732) 819-0856

Robert Williams
Air Management



REVISED: _____

Township of Howell
Construction Code Department
Plans released for Permit

Date: 5-1-13 Permit # C-23222

Block: 28 Lot 38

Sub-code Official ADD J. J. J.

A COPY OF THESE PLANS

MUST BE KEPT ON CONSTRUCTION SITE UNTIL

FINAL APPROVAL

(732) 938-4500

FILE COPY

m.
new
meter

430

160'

FILE COPY

RECEIVED: _____

(NES) 838-4500

ENVIRONMENTAL

MUST BE REPT. ON CONSTRUCTION SITE UNIT

V COPI. OF THESE PLANS

Sup-Code Official _____

Block: _____

Date: _____

Please refer to Permit

Construction Code Department

Township of Howell



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 23 Lot 38 Qualification Code _____
Work Site Location 126 Locust Ave.
Howell NJ 07731
Owner in Fee Lain's SA Dallas
Address 126 Locust Ave.
Howell NJ 07731
Tel _____
Contractor Air Management
Address 30 Rachel Tech
Princeton NJ
Tel (732) 819-0008 FAX (732) 819-0856
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New OR [] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [] New OR [] Existing [] HVAC Fire Suppression/Standpipe System:
Type: [☒] Gas [] Oil [] Electric [] Solar [] New OR [] Existing
[] Other _____ Location of Main Control Valve: _____
Location: _____

Fuel Storage Tank:

Fuel Type: [] Flammable OR [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS				
		Dates (Month/Day)				
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
[] No Plans Required		Alarm System	_____	_____	_____	_____
Joint Plan Review Required:		Suppression Sys.	_____	_____	_____	_____
[] Building [] Plumbing		Standpipe	_____	_____	_____	_____
[] Electric [] Elevator		Fire Pump	_____	_____	_____	_____
[] Fire Plans Approved		Pre-Eng. System	_____	_____	_____	_____
Date: _____		Mechanical	_____	_____	_____	_____
Approved by: _____		Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL		TCO	_____	_____	_____	_____
[] CO [] MCO		Flam/Combust Tanks	_____	_____	_____	_____
Date: <u>9/27/18</u>		Fireplace Venting	_____	_____	_____	_____
Approved by: _____		Final	_____	_____	_____	_____
		Other Final	_____	_____	_____	_____



Date Received
Control #

Date Issued
Permit #

20131271

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's Signature/Contractor's Signature

[] Certified Contractor

[☒] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

gas line, Combi boiler

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	_____	_____
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	_____	_____
Fired Appliances [☒] Gas or [] Oil	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other gas line	_____	_____

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



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 126 Locust Ave Howell

2. Name of Owner in Fee: Laurissa Dallas

Tel. [redacted] e-mail [redacted]

Address 126 Locust Ave. Howell N.J. 07731

3. Ownership in Fee: Public ☐ Private ☐

4. Principal Contractor: Air Management Tel. (732) 819-0008

Address 30 Rachel Terr Piscataway NJ e-mail _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VHA0844900

Federal Emp. ID No. [redacted] FAX: (____) _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun _____

Tel. (____) _____ FAX: (____) _____

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

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 _____

(office use only)

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
				4-22-11				
				5-1-13	AB			
TOTAL COST								

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

2. ☐ High Pressure Boilers

3. ☐ Pressure Vessels

4. ☐ Refrigeration Systems

5. ☐ Cross-Connections/Backflow Preventers

6. ☐ Hazardous Uses/Places of Assembly

7. ☐ Sprinklers/Standpipes

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LPGas Tanks

12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☒ Check if contractor.

Agent Name Air Management

Address 30 Rachel Ter

Piscataway NJ

Telephone (732) 819-0008

Signature [Signature]

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

Please call homeowner for permit

Howell Township

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

**Receipt**

Payment Date 4/18/2013

Transaction # PMT-13-7356

Receipt #

Issued To AIR MANAGEMENT

Description C-23227
B 28 L 38
126 LOCUST AVE
DELLAS
C-23227

Date Printed 4/18/2013

Check Number

Cash	\$45.00
Check	\$0.00
Charge	\$0.00
Total Paid	<u>\$45.00</u>

HOWELL TOWNSHIP PLAN REVIEW CHECKLIST

Name: Dallas

Block: 28

Lot: 38

Address: 126 Locust Ave

Control # C-23227

Type of Work: Gas line & Comb Boiler

	Reviewed By	APPROVED	COMMENTS
FIRE ✓	~~4/15/13~~ 5/13/13	~~not~~ OK	
BUILDING			
ELECTRICAL ✓	4-22-13	OK	
PLUMBING ✓	5-1-13 HOME OWNER NOTIFIEDED CONTRACTOR DATE TIME	OK	

25% Worksheet Table

Fire	\$ 15.00
Building	\$
Electrical	\$ 15.00
Plumbing	\$ 15.00
Total	\$ 45.00

Date Submitted

RECEIVED

APR 18 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

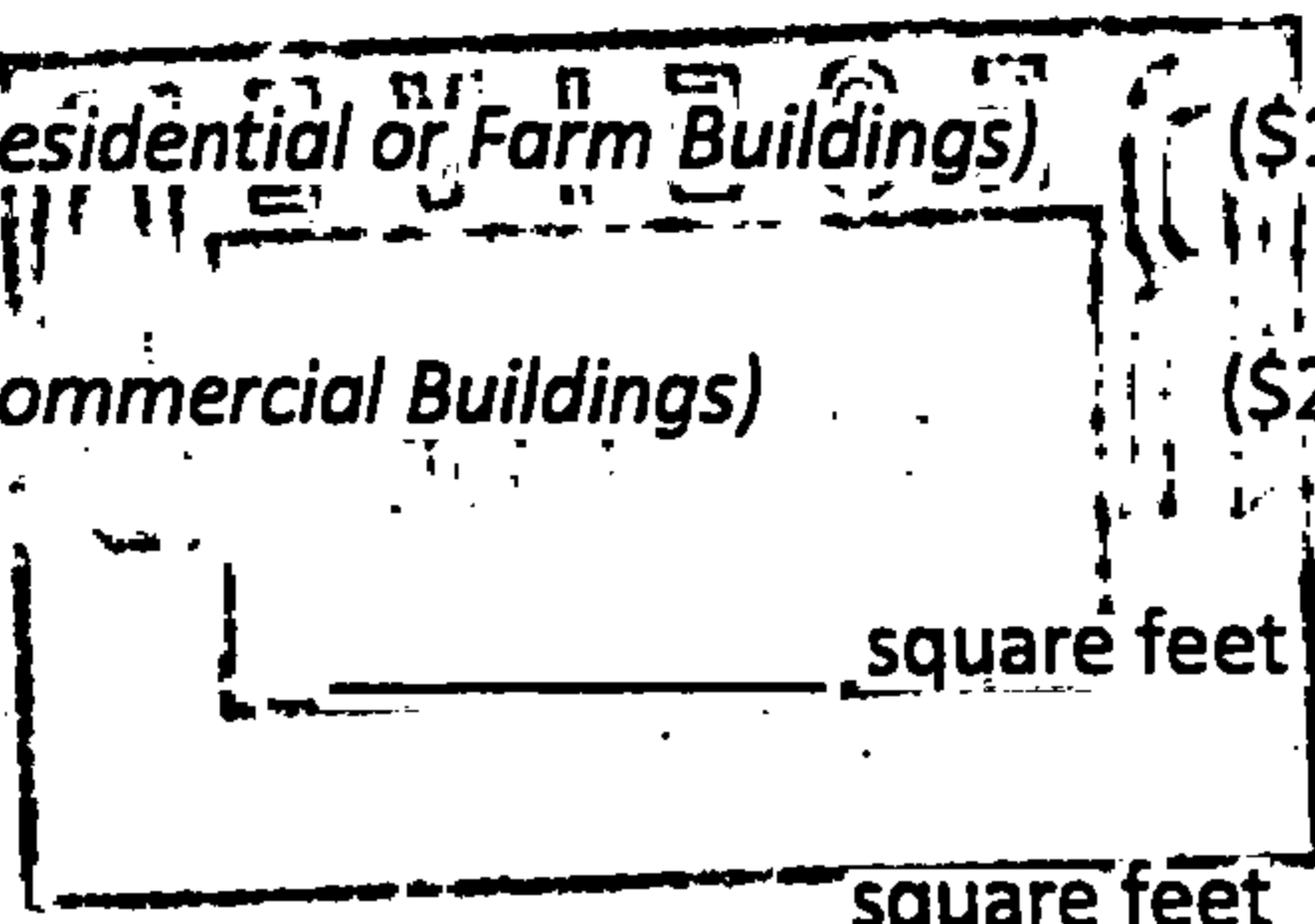
Demolition *(Residential or Farm Buildings)*

(\$100.00 flat fee) 25% = \$25.00

Demolition *(Commercial Buildings)*

(\$200.00 flat fee) 25% = \$50.00

Decks



Signs

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



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

Final Inspection Notice Letter

Block: 28 Lot: 38 Qualifier: _____

Owner: DELLAS, LAURISSA

Address: 126 LOCUST AVENUE Howell Township

RE: Final Inspections

Construction Permit Number: 20131271 Date Issued: 5/15/2013

Dear Sir / Madam:

You are hereby advised that FINAL INSPECTION(S) are required on all permits. According to our records no final inspections have been requested on the above referenced permit.

☐ Building

☒ Plumbing

☒ Fire

☒ Electrical

☐ Elevator

☐ Mechanical

If your project is completed, please call for inspections at (732) 938-4500 EXT.2415 between the hours of 830 - 430.

In any event kindly advise us of the status of your project, whether complete or not, no later than 10-21-16

Thank you for your cooperation in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "R. J. Aland", written over a horizontal line.

Construction Official



CONSTRUCTION PERMIT

Date Issued 5/15/2013
Control # C-23227
Permit # 20131271

IDENTIFICATION Block: 28 Lot: 38 Qualifier _____
Work Site Location: 126 LOCUST AVENUE Howell Township, NJ Contractor AIR MANAGEMENT
Address 30 RACHEL TERRACE PISCATAWAY NJ 08854
Owner in Fee DELLAS LAURISSA
126 LOCUST AVENUE HOWELL TWP NJ 07731 Telephone: (732) 819-0008
Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH00844900
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:

GAS LINE, GAS PIPING, REPLACEMENT BOILER, REPLACEMENT GAS WATER HEATER

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

Estimated Cost of Work \$502,100

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	\$65
Plumbing	\$110
Fire Protection	\$65
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$241
Check No.	
Cash	\$241
Credit	\$0
Collected By	Angela Martino

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 #

2013 671

IDENTIFICATION Block 28 Lot 38 Qualification Code _____Work Site Location 126 Locust Ave.Contractor Air ManagementHowell N.J. 07731Address 30 Rock L. Dr.Owner in Fee Laurissa Dallas -Prescatuna NJAddress 126 Locust Ave.Tel. (732) 819-0008Howell N.J. 07731Lic. No. or Bldrs. Reg. No. 1311400844900Tel. [REDACTED]

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: gas line, & Combi boilerN.G. piping to combo boiler and water heater

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 \$ 3000

Construction Official

Date

5/15/13

PAYMENTS (Office Use Only)

Building	_____
Electrical	<u>65.00</u>
Plumbing	<u>110.00</u>
Fire Protection	<u>65.00</u>
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>1.00</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>\$196.00</u>
Check No.	_____
Cash	_____
Collected by	_____

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.



THE STATE OF NEW JERSEY

DEPARTMENT OF LAW & PUBLIC SAFETY

DIVISION OF CONSUMER AFFAIRS

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DIVISION OF CONSUMER AFFAIRS

[OAG Home](#)Eric T. Kanelesky
Acting Director

License Information

[Return to Search Results](#)**Name:** JOHN FRANSSEN**Address:** BRANCBURG,NJ**Profession/License Type:** Master Plumbers,Master Plumber**License No:** 36BI00933400**License Status:** Active**Issue Date:** 8/6/1991**Expiration Date:** 6/30/2013

NO Board Actions. For more information contact New Jersey State Board of Examiners of Master Plumbers - (973) 504-6420



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

Subcode Official Review

Date: Thursday, April 18, 2013

To: DELLAS, LAURISSA
126 LOCUST AVENUE
HOWELL TWP, NJ 07731

RE: Fire Subcode
Block: 28 Lot: 38 Qual:
126 LOCUST AVENUE
Permit Number: Control Number: C-23227
Last Submit Date: Thursday, April 18, 2013

Dear DELLAS, LAURISSA,

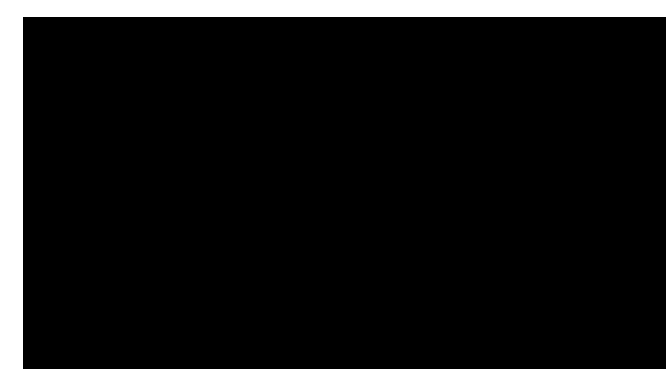
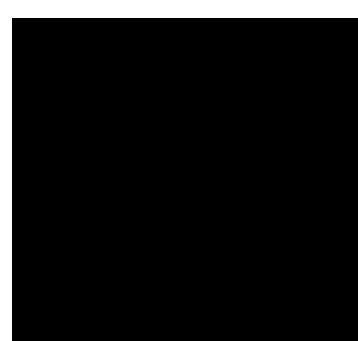
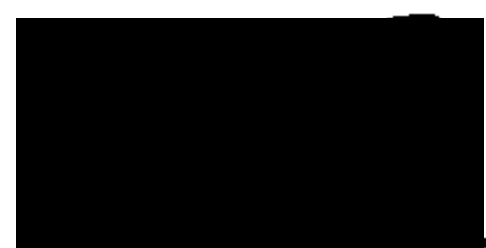
Your request is hereby denied based upon the following infractions.

1. This appears to be any oil to gas conversion. Please advise. If oil to gas, a permit to abandon/remove the oil tank must run concurrent with the conversion permit.
2. CO Detector required in hallway leading to bedrooms.

Sincerely,

Robert H. Hotmar, Subcode Official

CC:



FAX

ENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED
OUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

Air Management Heating & Air Conditioning, Inc.
Robert L. Williams
30 Rachel Ter
Piscataway NJ 08854

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

NEW JERSEY OFFICE OF THE ATTORNEY GENERAL
DIVISION OF CONSUMER AFFAIRS
THIS IS TO CERTIFY THAT THE
DIVISION OF CONSUMER AFFAIRS
HAS REGISTERED
Air Management Heating & Air Conditioning, Inc.
Home Improvement Contractor

NOTARY ELECTRICIAN OR PLUMBER'S LICENSE
11/29/2012 TO 12/31/2013
VALU

SIGNATURE

13VH00844900

LICENSE/REGISTRATION CERTIFICATE #

11/20/2012 TO 12/31/2013

VALID

13VH00844900

LICENSE/REGISTRATION CERTIFICATION #

Signature of Licensee/Registration Certificate Holder

ACTING DIRECTOR

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

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Air Management Heating & Air Conditioning, Inc.

YOUR LICENSE/REGISTRATION CERTIFICATE NUMBER IS 13VH 00844900 . EXPIRATION DATE 2013
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS USE THIS SECTION TO REPORT ADDRESS
CHANGES YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC

HOME ☐

BUSINESS ☐

PRINT YOUR NEW MAILING ADDRESS BELOW

YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE
DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

TELEPHONE
INCLUDE AREA CODE

law governing your profession requires the current license/registration/certificate to be displayed, it should be
reasonable proximity of your original license/registration/certificate at your principal office or place of
business.

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

