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:

Date Printed: 10/2/2018

U.C.C. F260 (rev. 08/05)

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/15/13
Control # C-23227

Date Issued
Permit # 2013 1271

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: Laura SSA Dellas

Tel. [redacted] e-mail [redacted]

Address 126 Locust Ave. Howell N.J. 07731
(street / municipality / zip code)

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

Address 30 Rachel Ann Rosenway e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00844900

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

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

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 4-23-13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12-1-16
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-1-16	JK
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's Signature/Contractor's Seal and Signature

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

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	$
State Permit Surcharge Fee	$ 1
TOTAL FEE	$ 66

28 - 38

10-5-16

Date Received 5/15/13
Control # C-23227

Date Issued
Permit # 20131271

PLUMBING 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 38 Qualification Code

Work Site Location 126 Locust Ave. Howell N.J. 07731

Owner in Fee: Lavrisa Dellas

Tel. [redacted] e-mail [redacted]

Address 126 Locust Ave Howell N.J. 07731
street municipality zip code

Contractor: John Franseen Tel. [redacted]

Address [redacted] e-mail

Contractor License No. 9334 Exp. Date 8-13

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

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
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-1-13
Approved by: Allen Gaertel

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 9-18-18
Approved by: Allen Gaertel

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			6-25-13	AL
LPGas Tank				
Fuel Oil Piping				
~~Solar~~ CC			OK	AL
CO Detector			9-17-18	JH
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: John Franseen

Print name here: JOHN FRANSSEN

[✓] 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	
1	Gas Piping	15
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler / combi	65
	Sewer Pump	
15/30	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	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 39 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 126 Locust Ave Howell N.J. 07731

Owner in Fee Laurissa Dellas

Verifying Individual Robert Williams Company Air Management

Address 30 Rachel Jen (Street) Piscataway (City) NJ (State) 08854 (Zip Code)

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

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	BTU Rating (input/hour)
Appliance 1:	Navien Boiler/combi	Oil / (Gas) / Other:	200k 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: V

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.

_____ Signature 4-15-13 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 EMRGENCY 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.

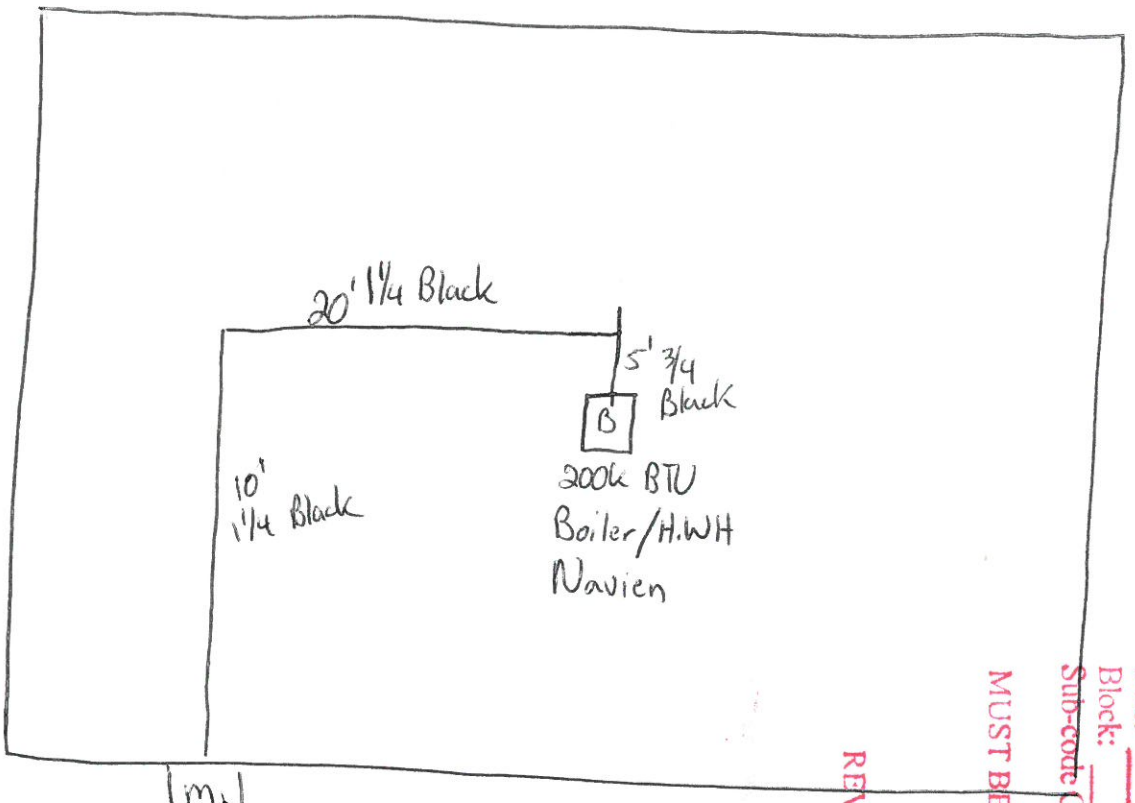
AIR MANAGEMENT

Heating & Air Conditioning Inc.

30 Rachel Terrace
Piscataway, NJ 08854

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

Robert Williams
Air Management



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(160')

FILE COPY

Township of Howell
Construction Code Department
Plans released for Permit

Date: 5-1-13
Permit # C-23202
Block: 28
Lot 38
Sub-code Official ACC Patel

A COPY OF THESE PLANS
MUST BE KEPT ON CONSTRUCTION SITE UNTIL
FINAL APPROVAL
(732) 938-4500

REVISED: _____

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # C-23229 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 29 Lot 38 Qualification Code

Work Site Location 126 Locust Ave
Howell N.J. 07731

Owner in Fee Laurissa Dallas

Address 126 Locust Ave
Howell N.J. 07731

Tel [redacted]

Contractor Air Management

Address 30 Rachel Ish
Freehold 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. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [Y] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____

Location: ____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: ____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve: ____

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity* ____

Total Cost of Fire Protection Work $ ____ TANK C-23534

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 [Y] 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 Detector (AM)		
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 [Y] Gas or [ ] Oil	1	
Fireplace Venting/Metal Chimney		
Other gas line		
Administrative Surcharge $		
Minimum Fee $		65.00
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 5/13/13
Approved by: ____

SUBCODE APPROVAL
[ ] CO [ ] ICCO [ ] CA
Date: 9/27/18
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			9/27/18	
Other Final				