

CONSTRUCTION PERMIT
APPLICATION

RECEIVED Page 1

FEB 24 1989

DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work at: 23 FARRAGUT DR
2. Owner Name: JOSEPH EIGNER Tel. ()
- Address: 23 FARRAGUT DR
3. Principal Contractor: H. F. WRIGHT & SONS Tel. ()
- Address: _____
- Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. ()
- Address: _____
5. Responsible Person in Charge of Work _____ Tel. ()

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☒ Other: Plumbing

B. CATEGORIES OF WORK

- | Permit/Category | Estimated |
|---|-----------|
| 1. ☐ Building/Structural | \$ _____ |
| 2. ☐ Plumbing | _____ |
| 3. ☐ Electrical | _____ |
| 4. ☐ Fire Protection | _____ |
| 5. ☐ Other _____ | _____ |
| 6. ☐ Other _____ | _____ |

TOTAL COST \$ 2400

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
HMD Reg. No.: _____
3. ☐ Two Family (R-3b)
4. ☐ One-Family (R-3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units: _____

Before Construction: _____

After Construction: _____

Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A)
6. ☐ Movie Theatres (A-1-B)
7. ☐ Night Clubs (A-2)
8. ☐ Restaurants, Libraries, Museums (A-3)
9. ☐ Religious Assembly (A-4)
10. ☐ Outdoor Assembly (A-5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F-1)
14. ☐ Low-Hazard Factory (F-2)
15. ☐ High-Hazard (H)

16. ☐ Institutional Detention Center (I-1)
17. ☐ Hospitals, Infirmeries (I-2)
18. ☐ Group Homes (I-3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S-1)
21. ☐ Low-Hazard Warehouse (S-2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

- | Principal | Secondary | Type |
|-----------------------------|--------------------------|--------------------------|
| 3. ☐ | ☐ | Gas |
| 4. ☐ | ☐ | Oil |
| 5. ☐ | ☐ | Electric |
| 6. ☐ | ☐ | Solid (Wood, Coal, Etc.) |
| 7. ☐ | ☐ | Propane |
| 8. ☐ | ☐ | Solar |
| 9. ☐ | ☐ | Other _____ |

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10507561

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
- B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL. () _____

ADDRESS _____

SIGNATURE _____

PERMIT CONTROL

I. PLAN REVIEW STATUS	
1. Plan Review Status	
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99. Plan Review Status	
100. Plan Review Status	

Updated at time of receipt of drawings and when plans are approved.

- ☐ PARTIAL RELEASES

- ☐
- PROTOTYPE PLAN - FILE LOCATION AND NO.**
- _____

Plan Review Required	Type of Work	Plans Received By		Approval Date	Reviewer	Comments
		Date	Receiver			
☐	BUILDING	2/24/89	JL			
	Footings/Foundations					
	Framing					
	Architectural					
	Other					
☒	PLUMBING			2/27/89	JL	
☐	ELECTRICAL					
☐	FIRE PROTECTION			2-27-89	JL	needs Mtn. Spec.
☐	OTHER					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING			
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other			
✓	PLUMBING		3-10-89	AM
_____	ELECTRICAL			
✓	FIRE PROTECTION		3-10-89	JE
_____	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date issued

CERTIFICATES TO BE ISSUED: **Date Issued**

☐ Temporary Certificate of Occupancy

- | | Date Issued |
|---|-------------|
| ☐ Temporary Certificate of Occupancy | _____ |
| Date Expired _____ | |
| ☐ Temporary Certificate of Occupancy | _____ |
| Date Expired _____ | |
| ☐ Certificate of Occupancy | _____ |
| No. _____ | |
| ☐ Certificate of Continued Occupancy | _____ |
| No. _____ | |
| ☐ Certificate of Approval | _____ |
| No. _____ | |
| ☐ None | |

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, I.I.D.)	Date Posted to Log and Tickler
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On-going Inspections Required (See Page 1, I.I.D.)	Date Posted to Log and Tickler
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[illegible]

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

**A. COLLECTED AT TIME OF CONSTRUCTION PERMIT
ISSUANCE**

	AMOUNT
BUILDING	\$.
PLUMBING	00 .
ELECTRICAL	.
FIRE PROTECTION	15 .
OTHER	.
SUBTOTAL	\$ 35 .
— LESS: 20% of subtotal (when plan review performed by state agency).	
	(5 .)
D.C.A. TRAINING FEE .0006 x	.
CERTIFICATE OF OCCUPANCY	20 .
OTHER	.
OTHER	.
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 60 .
DATE 3/6/89 Collected By LR	10 12

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	_____	_____	_____
OTHER	_____	_____	_____
OTHER	_____	_____	_____
- LESS: Refunds	_____	_____	(_____)
TOTAL COLLECTED AFTER PERMIT ISSUED			\$ _____

C. TOTAL CONSTRUCTION FEES COLLECTED	
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	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ _____
COLLECTED AFTER PERMIT (VB)	_____
TOTAL	\$ _____

N.J. Plumbing Inc. #649
N.J. Firemans Lic. # 8-5536
N.J. Well & Pump #0345
Water Quality CWD III



FIRE SUBCODE



PERMIT NO. 3714
DATE ISSUED 3-6-19
REVISION DATE
Block 261.11 Lot 9
Subdivision

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

Owner JOSEPH EIGNER
Address 23 FAIRWAY DR.
BRICKTOWN, N.J.
Tel. 201, 477-1895
Work Site Address SAME

Contractor N.I. WRIGHT & SONS
Address 96 LABONEY AVE.
BAYVILLE, N.J.
Tel. 201, 349-1954
Lic. No. 4649
Federal Emp. No. 21-0657257

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

James N. Winkler
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised — Method: _____ Size: _____
Water Supply — Source: _____
FD Connection Location: _____
Estimated Cost of Work: \$ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂
☐ Halon ☐ Foam
☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: \$ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central
☐ Proprietary ☐ Remote Location
Estimated Cost of Work: \$ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: \$ _____

B5. OTHER

No other
replacements

Subtotal

Estimated Cost of Work: \$ _____

Minimum Fire Protection Fee (If Applicable)

Total Fire Protection Fee (Greater of Minimum or Subtotal)

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed _____
Heating Systems — Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank — Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: \$ 2400.00

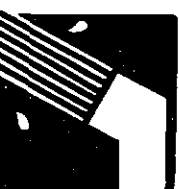
D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

N.J. Plumbing Lic. #549
N.J. Firemans Lic. # 8-553
N.J. Well & Pump #0345
Water Quality CWD III



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 3714
DATE ISSUED 3-6-89
REVISION DATE _____
Block 26111 Lot 9
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Joseph Eigner DR. Contractor A.I. Wright of Jals
Address 23 Fairway N.J. Address 96 Adams St.
Tel. 201, 477-1895 Tel. 201, 349-1957
Work Site Address SAME Lic. No./Bus. Permit #6679
Federal Emp. No. 21-0657257

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

John A. Wickings
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee	Fee
	Water Closet/Bidet/Urinal	\$		Garbage Disposal	\$	COLUMN 1 \$ <u>20</u>
	Bathub			Air Conditioner Unit		COLUMN 2 \$
	Lavatory/Sink			Indirect Connection		SUBTOTAL \$
	Shower/Floor Drain			Sewer Ejector		Minimum Plumbing Fee (if applicable) \$
	Washing Machine			Grease Trap		Total Plumbing Fee (Greater of Minimum or Subtotal) <u>40.00</u>
	Dishwasher			Interceptor		
	Commercial Dishwasher			Backflow Device		
	Water Heater			Reduced Pressure		
	Domestic Boiler/Furnace	<u>15</u>		Backflow Device		
	Steam Boiler			Vent Stack		
	Water Util. Connection			Solar System		
	Sewer Util. Connection			Other Backflow Device		
	Hose Bibb			Other Backflow Device		
	Water Cooler			Other Backflow Device		
	COLUMN 1 \$ <u>20</u>			COLUMN 2 \$		

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____
Drainage - Material _____ Size _____
Building Sewer - Material _____ Size _____
Water Service - Material _____ Size _____
Venting - Material _____ Size _____
Estimated Cost of Plumbing Work: \$ 2400.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing