

Borough Of Carteret

61 Cooke Ave

Carteret NJ 07008

(732)541-3810 FAX (732)969-2429

Permit No. 20190399

Control No. 89040385

Date

Construction Permit Notice

Parcel No. 5002/1

Work Site Location

199 WASHINGTON AVE

Authorized for

☒

BUILDING

☒

PLUMBING

☐

ELEVATOR DEVICES

☐

OTHER

☒

ELECTRICAL

☒

FIRE PROTECTION

☐

DEMOLITION

☐

MECHANICAL

Description of Work: INSTALLING DROP CEILING

This notice shall be posted conspicuously at the work site and shall remain so until the issuance of a certificate

N.J. Division of Consumer Affairs Rule N.J.A.C. 13:45(A) - 16.2(a)10.ii

For inspection of construction permits for Building, Electric, Plumbing, Fire Protection or Elevator:

FINAL PAYMENT TO THE CONTRACTOR IS NOT REQUIRED BEFORE A FINAL INSPECTION

TO SCHEDULE INSPECTIONS

CALL:

EXT. _____

Inspections: Bldg Mon - Fri, 7-9 AM; Elec-Tues, Wed, Th, 7-9 AM; Plum, Mon, Wed, Fri, Fire - Call to Schedule

Borough Of Carteret

61 Cooke Ave
Carteret NJ 07008
(732)541-3810 FAX (732)969-2429

Permit No. 20190399
Control No. 89040385
Parcel(Block/Lot) 5002/1
Date

Construction Permit

Work Site Location 199 WASHINGTON AVE
Owner In Fee..... BOARD OF ED.-CARTERET
Address..... 559 ROOSEVELT AVE.
CARTERET, NJ 07008
Phone.....
Contractor... OWNER
Address.....
Phone.....
Lic No.....
Fed Emp No.....

Permission is hereby granted to do the following work:

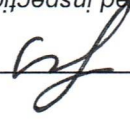
- ☒ BUILDING ☒ PLUMBING ☒ FIRE ☐ DEMOLITION ☐ ASBESTOS ABATEMENT ☐ OTHER
- ☐ ELEVATOR ☐ MECHANICAL ☐ LEAD HAZARD ABATEMENT

Description of Work:

INSTALLING DROP CEILING

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

Estimated Cost of Work: \$8,000

Construction Official  Date 8/21/19

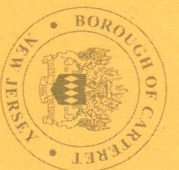
Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

Total Administrative Fee: \$0

Building	.....	\$60
Electrical	.....	180
Plumbing	.....	195
Fire Protection	.....	105
Elevator Devices	.....	0
Mechanical	.....	0
State Training Fee	.....	0
Certificate of Occupancy	.....	0
Other	.....	0
Total	.....	\$0
Exempt Permit	.....	
Part/All Fees Waived	.....	
Check#/Cash	.....	
Paid	.....	
Collected By	.....	



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (732) 541-8860 e-mail _____

Address _____ steel _____ municipality _____ Tel. (732) 541-0173 zip code _____

Contractor: _____ e-mail _____

Address _____ Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Failure
☐ No Plans Required			Footings		
☐ All			Footings Bonding		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Truss Sys./Bracing		
Joint Plan Review Required:			Barrier-Free		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation		
SUBCODE APPROVAL			Finishes - Base Layer		
☐ CO ☐ CCO ☐ CA			Finishes - Final		
Date:			Energy		
			Mechanical		
			TCO		
			Other		
			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1 + 2) \$
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☐ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence _____ Height (exceeds 6')	
☐ Sign _____ Sq. Ft.	
☐ Pool	
☐ Retaining Wall _____ Sq. Ft.	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Radon Remediation	
☐ Other _____	
☐ Demolition	

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

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy





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 1101 Lot 1 Qualification Code 1

Work Site Location 1101 1st Ave (H.S. Station)

Owner in Fee: 1101 1st Ave LLC

Tel. (201) 756-6000 e-mail info@11011stave.com

Address 1101 1st Ave street municipality Aspen zip code 07078

Contractor: 1101 1st Ave Tel. (201) 811-5172

Address 1101 1st Ave e-mail info@11011stave.com

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 1101 1st Ave

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 1101 1st Ave

Fire Alarm Contractor No. 1101 1st Ave Exp. Date 11/1/12

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 1101 1st Ave

Federal Emp. ID No. 1101 1st Ave FAX: (201) 756-6000

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 1 Proposed 1 Fire Alarm System: 1 New or 1 Existing

Const. Class: Present 1 Proposed 1 Location of Panel: 1

Heating System: 1 New or 1 Existing 1 HVAC Fire Suppression/Standpipe System:

Type: 1 Gas 1 Oil 1 Electric 1 Solar 1 New or 1 Existing

Location: 1 Other 1 Location of Main Control Valve: 1

Fuel Storage Tank: 1 Flammable or 1 Combustible Capacity 1

Fuel Type: 1 Flammable or 1 Combustible Capacity 1

Total Cost of Fire Protection Work \$ 1101 1st Ave

JOB SUMMARY (Office Use Only)

PLAN REVIEW 1 No Plans Required 1 Type: 1 INSPECTIONS 1 Failure 1 Failure 1 Approval 1 Initial 1

Joint Plan Review Required: 1 Alarm System 1 Suppression Sys. 1 Standpipe 1 Fire Pump 1 Pre-Eng. System 1 Mechanical 1 Smoke Control 1 TCO 1 Flamm/Combust Tanks 1 Fireplace Venting 1 Final 1 Other 1

Date: 11-30-12 Approved by: 1101 1st Ave

SUBCODE APPROVAL 1 CO 1 CCO 1 CA 1

Date: 11-30-12 Approved by: 1101 1st Ave

Approved by: 1101 1st Ave

Approved by: 1101 1st Ave

Approved by: 1101 1st Ave

Approved by: 1101 1st Ave



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. 1101 1st Ave Applicant's Signature/Contractor's Signature

1 Certified Contractor 1 Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

1101 1st Ave 1101 1st Ave 1101 1st Ave

Water Supply Source 1101 1st Ave

Method of Alarm/Suppression System Supervision 1101 1st Ave

Flammable/Combustible Tanks 1

Alarm Systems 1

1 System 1

1 110V Interconnected 1

1 CO Detectors/110V 1

Alarm Devices (i.e., smoke, heat, pulls, water/flow) 1

Supervisory Devices (i.e., tamper, low/high air) 1

Signaling Devices (i.e., horns/strobes, bells) 1

Other Devices 1

TOTAL 1

Suppression Systems 1

Fire Pump 1 GPM Type 1

Dry Pipe/Alarm Valves 1

Pre-action Valves 1

Sprinkler Heads (Dry and Wet) 1

Standpipes 1

Pre-engineered Systems 1

Wet Chemical 1

Dry Chemical 1

CO₂ Suppression 1

Foam Suppression 1

FM200 Suppression 1

Other 1

Other Systems 1

Kitchen Hood Exhaust System 1

Smoke Control System 1

Fired Appliances 1 Gas or 1 Oil 1

Fireplace Venting/Metal Chimney 1

Other 1

Administrative Surcharge \$ 1101 1st Ave

Minimum Fee \$ 1101 1st Ave

State Permit Surcharge Fee \$ 1101 1st Ave

TOTAL FEE \$ 1101 1st Ave

1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant Copy

Call through fire inspection

U.C.C. F140
(rev. 7/06)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



PLUMBING SUBCODE
TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

19-0399

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

Block _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____ street _____ municipality _____ Tel. (____) _____ zip code _____

Contractor: _____ e-mail _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (____) _____

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

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1. HUC Unit + replace water heater

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

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Grastrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

Other

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

☐ Licensed Plumbing Contractor ☐ Exempt Applicant