

Borough Of Carteret

61 Cooke Ave

Carteret NJ 07008

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

Permit No.

20190112

Control No.

89040052

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: **3 water closet/3 urinal &
3 lavatory and 1 receptacles**

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

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Carteret NJ 07008
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Permit No. **20190112**
Control No. **89040052**
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 ☐ DEMOLITION
☒ ELECTRIC ☐ FIRE ☐ ASBESTOS ABATEMENT
☐ ELEVATOR ☐ MECHANICAL ☐ LEAD HAZARD ABATEMENT

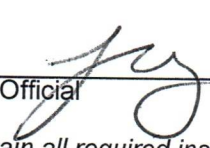
☐ ONGOING -
☐ OTHER

Description of Work:

3 water closet/3 urinal &
3 lavatory and 1 receptacles

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: \$3,200

Construction Official 

Date 3/6/19

*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*

PAYMENTS * (Office Use Only)

Building	\$0
Electrical	30
Plumbing	135
Fire Protection	0
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

Total Administrative Fee: \$0



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 100 Lot 100 Qualification Code 0002

Work Site Location 1000 Washington Ave

Owner in Fee: Contract 1000-01

Tel. (201) 841-0172 e-mail Contract 1000-01

Address 1000-01 street 1000-01 municipality 07002 e-mail 07002

Contractor: 1000-01 Tel. (201) 841-0172

Address 1000-01 Exp. Date 3/1/21

Contractor License No. 1000-01

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

Federal Emp. ID No. 1000-01 FAX: (201) 841-0172

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed 1000-01

☐ Pole/Pad # 1000-01 ☐ Temporary ☐ Other 1000-01

Building Occupied as 1000-01 Utility Co. 1000-01

Est. Cost of Elec. Work \$ 1700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Required	☐ Joint Plan Review Required	Type:	Failure	Approval	
☐ Building	☐ Plumbing	Rough			
☐ Fire	☐ Elevator	Barrier-Free			
☐ Elec. Plans Approved		Trench			
		Temp. Serv.			
		Const. Serv.			
		TCO			
		Other			
		Service			
		Final			
		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 ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1000-01

Date Received
Control #
Date Issued
Permit #

1000-01

QTY.

SIZE

ITEMS

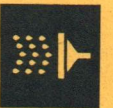
FEE (Office Use Only)

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			

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



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 _____ Lot _____ Qualification Code _____
Work Site Location _____
Owner in Fee: _____
Tel. (____) _____ e-mail _____
Address _____ street _____ municipality _____ zip code _____
Contractor: _____ Tel. (____) _____
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	INSPECTIONS
☐ No Plans Required	Type: _____
Joint Plan Review Required:	Dates (Month/Day)
☐ Building ☐ Electric	Slab _____
☐ Fire ☐ Elevator	Rough _____
☐ Plumbing Plans Approved	Water _____
Date: _____	Sewer _____
Approved by: _____	Fixtures _____
SUBCODE APPROVAL	Gas Equipment _____
☐ CO ☐ CCO ☐ CA	Gas Piping _____
Date: _____	LP Gas Tank _____
Approved by: _____	Fuel Oil Piping _____
	Solar _____
	TCO _____

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.

☐ Licensed Plumbing Contractor ☒ Exempt Applicant

Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

Date Received _____
Control # _____
Date Issued _____
Permit # _____

DESCRIPTION OF WORK
Removal of existing sinks, drains + water closets

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	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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