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**
- [X] **PLUMBING**
- [ ] **ELEVATOR DEVICES**
- [ ] **OTHER**
- [X] **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. Divison 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. **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	☐ ONGOING -
☑ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

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

U.C.C. F190 (Rev. 3/96)

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

BOROUGH OF CARTERET · NEW JERSEY

Date Received
Control #
Date Issued
Permit # 19-0112

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 1?? Washington Ave.

Owner in Fee: Carteret Board Ed

Tel. (732) 541-8-2 e-mail

Address 5?? Roosevelt Ave. Carteret 07008 (street / municipality / zip code)

Contractor: Board of Ed. Tel. (732) 541-8172

Address 5? Roosevelt Ave Carteret e-mail

Contractor License No. 34E01581200 Exp. Date 3/31/21

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ 700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[✓] No Plans Required 2/28/19

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: ______
Approved by: ______

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: ______
Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final				
Barrier-Free				

Dates (Month/Day)

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: 3? Wire, 1 GFCI and replacing bathroom exhaust fan and lights

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1	GFCI	Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 30
		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	
			30

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit # 19-012

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 11 Washington Ave.
Carteret NJ 07008

Owner in Fee: Carteret Board of Ed

Tel. (732) 541-8760 e-mail construction@carteretschools.org

Address 5-11 Roosevelt Ave Carteret NJ 07008
street municipality zip code

Contractor: Board of Education Tel. (732) 541-8760

Address 5-11 Roosevelt Ave 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 $ 2500.00

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: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
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.

Carl Carbonaro
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Removing + replacing sinks, drains + water closets

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
3	Water Closet	45
3	Urinal/Bidet	45
	Bath Tub	
3	Lavatory	45
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	15
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas 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	$