

BLOCK 148 LOT 113 QUALIFICATION CODE _____ ADDRESS (SITE) 65 DICKENS ROAD PERMIT NO. _____



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 65 DICKENS ROAD

2. Name of Owner in Fee: KATHLEEN DONAHUE
Tel. (732) 484 6677 e-mail _____
Address 65 DICKENS ROAD NORTH BRUNSWICK 08902
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒ CA. ISAK PLOG & HTG Tel. (732) 306-7734
Address 9 CARPENDER ROAD e-mail _____
NEW BRUNSWICK, NJ 08901

License No. OR, if new home, Builder Reg. No. BFO 7777 Exp. Date 6/30/13

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

Federal Emp. ID No. 22-3439070 FAX: () _____

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun JEFFREY PARDON
Tel. (732) 297-6300 FAX: (732) 297 6302

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review \$		
8. Subtotal		
9. State Permit Surcharge Fee		
10. Subtotal		
11. Cert. of Occupancy		
12. Other		
13. TOTAL		

130369

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☐ Electrical
- ☒ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
925 ⁰⁰				12-13-12	WAC			

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale _____

Gained, Rental _____

Lost, Sale _____

Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- 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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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 JEFFREY PARDON

Address 60 DEER BROOK BLVD

NORTH BRUNSWICK, NJ 08902

Telephone (732) 297-6302

Signature _____

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X		X		X		
☐ Planning Board			X		X		X		
☐ Zoning Board			X		X		X		
☐ Sewer Authority			X		X		X		
☐ Water Authority			X		X		X		
☐ Police Department			X		X		X		
☐ Health Department			X		X		X		
☐ Soil Conservation			X		X		X		
☐ N.J. Department of Community Affairs			X		X		X		
☐ N.J. Department of Transportation			X		X		X		
☐ N.J. Department of Environmental Protection			X		X		X		
☐ Utility Dig No.			X		X		X		
☐			X		X		X		

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)	
Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732-247-0922

CERTIFICATE IDENTIFICATION

Date Issued: 03/27/2013
Control #: 33597
Permit #: 20130369

Block: 148 Lot: 113 Qual: _____

Work Site Location: 65 DICKENS ROAD

NORTH BRUNSWICK

Owner in Fee: KATHLEEN DONAHUE

Address: 65 DICKENS

NORTH BRUNSWICK NJ 08902

Telephone: 732 484-7734

Agent/Contractor: CA ISAK PLUMBING

Address: 9 CARPENDER RD.

NEW BRUNSWICK NJ 08901

Telephone: 732 306-7734

Lic. No./ Bldrs. Reg.No.: BIO-7777 Federal Emp. No.: 22-3439070

Social Security No.: _____

☐ 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.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

Home Warranty No: _____

Type of Warranty Plan: _____

Use Group: _____

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: _____

WATER HEATER

Update Desc. of Wk/Use: _____

☐ State ☐ Private
R-5

☐ CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

☐ 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 _____

THOMAS PAUN Construction Official

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees: \$0.00

Paid ☒ Check No.: 17733

Collected by: DB



TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 33597
Application Date: 12/13/2012

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 148 Lot: 113 Qualification Code:	33597
Work Site Location: 65 DICKENS ROAD NORTH BRUNSWICK	
Owner In Fee: KATHLEEN DONAHUE	Contractor: GA ISAK PLUMBING
Address: 65 DICKENS NORTH BRUNSWICK NJ 08902	Address: 9 CARPENDER RD. NEW BRUNSWICK NJ 08901
Telephone: (732) 484-7734	Telephone: (732) 306-7734
Use Group(s): R-5	Lic. No. / Bldrs. Reg. No.: BIO-7777
	Federal Emp. No.: 22-3439070

is hereby granted permission to perform the following work :

- | | | |
|---|--|-------------------------------------|
| ☐ BUILDING | ☒ PLUMBING | ☐ DEMOLITION |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ OTHER |
| ☐ ELEVATOR DEVICES | ☐ MECHANICAL | |
| ☐ ASBESTOS ABATEMENT | ☐ LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:
WATER HEATER

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
Cost of Rehabilitation: 925.00
Cost of Demolition: 0.00

Total Cost: \$925.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	\$58.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$2.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$60.00
All Fees Waived:	No

Amount to be Paid: \$60.00

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

THOMAS PAUN

12/13/12
Date

Construction Official

Note:



TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Permit Number: 20130369
Update Number:
Control Number: 33597
Application Date: 12/13/2012
Permit Date: 03/25/2013

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 148 Lot: 113 Qualification Code:	
Work Site Location: 65 DICKENS ROAD NORTH BRUNSWICK	Contractor: CA ISAK PLUMBING
Owner In Fee: KATHLEEN DONAHUE	Address: 9 CARPENDER RD.
Address: 65 DICKENS	NEW BRUNSWICK NJ 08901
NORTH BRUNSWICK NJ 08902	Telephone: (732) 306-7734
Telephone: (732) 484-7734	Lic. No. / Bldrs. Reg. No.: BIO-7777
Use Group(s): R-5	Federal Emp. No.: 22-3439070

is hereby granted permission to perform the following work :

- | | | |
|---|--|-------------------------------------|
| ☐ BUILDING | ☒ PLUMBING | ☐ DEMOLITION |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ OTHER |
| ☐ ELEVATOR DEVICES | ☐ MECHANICAL | |
| ☐ ASBESTOS ABATEMENT | ☐ LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:
WATER HEATER

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
Cost of Rehabilitation: 925.00
Cost of Demolition: 0.00

Total Cost: \$925.00

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

THOMAS PAUN
Construction Official

Date

3.25.13

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	\$58.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$2.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$60.00
All Fees Waived:	No

Amount to be Paid: \$60.00
Check Number: 17733
Check amount: \$60.00

Collected by: DB
Receipt No:
Total Cash Amount:
Total Check Amount: \$60.00
Total CC Amount:
Grand Total: \$60.00

Note:

TOWNSHIP OF NORTH BRUNSWICK

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 12/13/2012 Date Issued: 03/25/2013
 Control #: 33597 Permit #: 20130369

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

No.

D. TECHNICAL SITE DATA (List of all fixtures)

FEE (Office Use Only)

Block: 148 Lot: 113 Qualification Code:

Work Site Location: 65 DICKENS ROAD

Owner in Fee: KATHLEEN DONAHUE

Address: 65 DICKENS

NORTH BRUNSWICK NJ 08902

Telephone: (732) 484-7734

E-mail:

Contractor: CAISAK PLUMBING

ATTN:

Address: 9 CARPENDER RD.

NEW BRUNSWICK NJ 08901

Telephone: (732) 306-7734

Fax:

E-mail:

Federal Emp. No.: 22-3439070

Contractor License No.: BIO-7777 Expiration Date: 6/30/2011

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5

Proposed:

Building Sewer Size:

Public Sewer:

Private Septic:

Water Service Size:

Public Water:

Private Well:

1. New Building: \$0.00

2. Rehabilitation: \$925.00

3. Demolition: \$0.00

Estimated Cost of Plumbing Work (1+2+3): \$925.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required

☐ Bldg. ☐ Elec.☐ Fire ☐ Elevator☐ Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL,

☐ I CO ☐ I CCO ☒ I PCA

Date: 3-27-11

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

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

UCCF310ver 10/9

Applicant When submitting this form to your local Construction Code Enforcement Office, please provide one original plus three photocopies

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

Interceptors/Separators

Backflow Preventer: Residential

Backflow Preventer: Commercial

Greasetrap

Air Conditioning

Sewer Connection

Water Service Connection

Stacks

Other 1:

Other 2:

Other 3:

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$2.00

\$60.00

\$58.00

FILL OUT COMPLETELY and TYPE OR PRINT IN INK

CHECK IF: ☐ UPDATE, ☐ PROTOTYPE, or ☐ CHANGE OF CONTRACTOR and enter ORIGINAL PERMIT #

SITE / OWNER DATA:

BLOCK 148 LOT 113 WORKSITE ADDRESS 65 Dickens Road
 Owner in Fee Kathleen Donahue
 Address 65 Dickens Road City North Brunswick State NJ Zip Code 08902
 Phone 732-484-6677

N.B.: Signature(s) below and/or on reverse certify the accuracy of all data and the authority to submit this application.

OFFICE USE ONLY:

Received _____
 Control # _____
 Issued _____
 Permit # _____

BUILDING SUBCODE

Contractor _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____
 License # _____ Expires _____
 Federal Employment # _____

BUILDING CHARACTERISTICS:

USE GROUP: Present _____ Proposed _____
 CONST. CLASS: Present _____ Proposed _____
 New Bldg.: # of Stories _____ Height _____ Ft.
 Area: Largest Floor _____ Sq. Ft. / All Floors _____ Sq. Ft.
 Volume _____ Cu. Ft. / Total Land Disturbed _____ Sq. Ft.

TECHNICAL SITE DATA:

Description:

TYPE OF WORK:

☐ New Building ☐ Addition
☐ Alteration:
☐ Roofing ☐ Pool
☐ Siding ☐ Asbestos Abatement
☐ Fence, Height _____ ☐ Lead Hazard Abatement
☐ Sign, Sq. Ft. _____ ☐ Other _____
☐ Demolition

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total \$ _____

SIGNATURE _____ ☐ Agent ☐ Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW: ☐ No Plans Required
☐ All ☐ Footing ☐ Foundation ☐ Frame ☐ Other _____

SIGNATURE _____ DATE _____

PLUMBING SUBCODE

Contractor C.A. Isak Plumbing and Heating
 Address 9 Carpenter Road
 City New Brunswick State NJ Zip Code 08901
 Phone 732-306-7734
 License # BIO-7777 Expires 6/30/13
 Federal Employment # 22-3439070

PLUMBING CHARACTERISTICS:

USE GROUP: Present _____ Proposed _____
 Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic
 Water Service Size _____ ☐ Public Water ☐ Private Well

TECHNICAL SITE DATA:

QTY. FIXTURE/EQUIPMENT QTY. FIXTURE/EQUIPMENT

☐ Water Closet	☐ Gas Piping
☐ Urinal/Bidet	☐ Steam Boiler
☐ Bath-Tub	☐ Hot Water Boiler
☐ Lavatory	☐ Sewer Pump
☐ Shower	☐ Interceptor/Separator
☐ Floor Drain	☐ Backflow Preventer
☐ Sink	☐ Greasetrap
☐ Dishwasher	☐ Sewer Connection
☐ Drinking Fountain	☐ Water Service Connection
☐ Washing Machine	☐ Stacks
☒ Hose Bibb	☐ Other _____
☒ Water Heater	☐ Other _____
☐ Fuel Oil Piping	☐ Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total \$ 925.00

SIGNATURE _____

☒ Licensed Plumber (Affix Seal) ☐ Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW:

☐ No Plans Required ☐ Plans Approved

SIGNATURE _____ DATE 12-13-12



TOWNSHIP OF NORTH BRUNSWICK

710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902

Tel: (732) 247-0922 Fax: (732)-289-3822
Website: WWW.NORTHBRUNSWICKNJ.GOV

FAILURE TO PICK UP APPROVED APPLICATIONS

Control #33597 Permit Update # Total Amount Due : \$60

Date of Notice: March 18, 2013

Owner: DONAHUE

130369

Work Site Address: 65 DICKENS North Brunswick

☒ Owner as shown on application ☐ Current Owner

Contractor: CA ISAK PLUMBING

Project: WATER HEATER

Application approval : 12/13/2012

For the following Sub codes ☐ Building ☐ Electrical ☐ Fire ☒ Plumbing

As of this date, applications for the above work have been approved, however, the fee has not been paid. Until the fees are paid, applications are not considered to be a permit. Please come to the Construction Office or mail a check made payable to North Brunswick Township so these permits can be issued. Upon receipt of payment we can schedule inspections for the work. The CURRENT OWNER is responsible for any and all outstanding permit applications.

**WORK DONE WITHOUT PROPER PERMITS MAY RESULT IN A NOTICE OF
VIOLATION AND/OR INITIAL PENALTY OF UP TO \$2000**

North Brunswick Construction Department
732-247-922 x450



CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 148 LOT 113 QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 65 Dickens Road

Applicant Kathleen Donahue
Certifying Individual Charles Isak Company C.A. Isak Plumbing and Heating
Address 9 Carpenter Road New Brunswick NJ 08901
Tel. (732) 306-7734

Check the Appropriate Box

Type of Replacement:

- ☐ Oil to Gas Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☒ B Label Vent
☐ L Label Vent
☐ Masonry Chimney - Tile Lined
☐ Flexible Liner
☐ Power Vent/Exhauster
☐ Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION

For Oil to Gas Conversions

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature _____

Date _____

Oil to Oil or Gas to Gas Replacements

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature _____

Date 12/14/12

Certification Not Submitted

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney/vent.

Signature _____

Date _____

Direct Vent Appliance.

No certification required.

Signature _____

Date _____

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

DATE: 12/14/12