BLOCK 148 LOT 113 QUALIFICATION CODE _____ ADDRESS (SITE) 65 Dickens Rd PERMIT NO. 0301174

15869

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 65 Dickens Rd. No. Brun N.J.
2. Name of Owner in Fee: Kathleen Donahue Tel. (732) 422-2306
   Address 65 Dickens Rd. No Brun N.J. 08902
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Remm Heating Tel. (732) 297-6620
   Address 1495 Jensoy Av New Brun N.J. 08902
   License No. OR, if new home, Builder Reg. No. 6647 Exp. Date 6/30/04
   Federal Employee No. 222387288 FAX: (732) 545-9583
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work Chry Miller - Remm Heating
   Tel. (732) 297-6620 FAX (732) 545-9583

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing		20.	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		1.	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	21.	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
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.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☒ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☒ Plumbing					9-10-03	MC			
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS NB 10305509

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(e)1.vii:

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. 5:32-2.15(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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

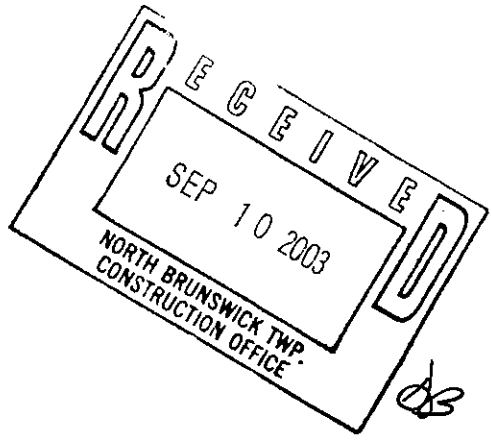
VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning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

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
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. _____	_____	_____	_____	_____


RECEIVED
SEP 10 2003
NORTH BRUNSWICK TWP.
CONSTRUCTION OFFICE

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN RD - PO BOX 6019
NORTH BRUNSWICK NJ 08902
732-247-0922

CERTIFICATE

IDENTIFICATION

Date Issued: 12/11/2003
Control #: 15869
Permit # 20031174

Block: 148 Lot : 113 Qual:

Work Site : 65 DICKENS ROAD
NORTH BRUNSWICK, NJ. 08902

Owner in Fee: KATHLEEN DONAHUE

Address: 65 DICKENS ROAD
NORTH BRUNSWICK, NJ. 08902 NJ 08902

Telephone: 732 422-2306

Agent/Contractor: REMM HEATING

Address: 1495 JERSEY AVE.
NO. BRUNSWICK NJ 08902

Telephone: 732 297-6620

Lic. No./ Bldrs. Reg.No.: 6647 Federal Emp. No.: 22-2381288

Social Security No.:

Home Warranty No:

Type of Warranty Plan: [ ] State [ ] Private

Use Group: R-3

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use: WATER HEATER

[ ] **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.

[X] **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 the owner will be subject to fine or order to vacate.

[ ] **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

THOMAS PAUN Construction Official

U.C.C 360 (rev. 3/96)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees $0.00

Paid[X]Check No

Collected by DB

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN RD - PO BOX 6019
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Permit Number: 20031174
Permit Date: 09/18/2003
Update Number:
Control Number: 15869
Application Date: 09/10/2003

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 148 Lot : 113 Qual :

Work site Location:	65 DICKENS ROAD NORTH BRUNSWICK, NJ. 08902	Contractor:	REMM HEATING
Owner In Fee:	KATHLEEN DONAHUE	Address:	1495 JERSEY AVE.
Address:	65 DICKENS ROAD		NO. BRUNSWICK NJ 08902
	NORTH BRUNSWICK, NJ. 08902 NJ 08902	Telephone:	(732) - 297-6620
Telephone:	(732) - 422-2306	Lic. No. / Bldrs. Reg. No.:	6647
Use Group(s):	R-3	Federal Emp. No.:	22-2381288

is hereby granted permission to perform the following work :

[ ]BUILDING [X]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 Alteration:	800.00
Cost of Demolition:	0.00
Total Cost:	$800.00

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	$20.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$21.00**
All Fees Waived :	No

Amount to be Paid: **$21.00**

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

Thomas Paun 9-24-03

THOMAS PAUN Date
Construction Official

:: 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

Cash amount:	$21.00
Collected by:	DB
Receipt No:	56444
Total Cash Amount	$21.00
Total Check Amount	
Total CC Amount	
Grand Total	$21.00

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN RD - PO BOX 6019
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 15869
Application Date: 09/10/2003

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 148 Lot : 113 Qual :

Work site Location:	65 DICKENS ROAD NORTH BRUNSWICK, NJ. 08902	Contractor:	REMM HEATING
Owner In Fee:	KATHLEEN DONAHUE	Address:	1495 JERSEY AVE.
Address:	65 DICKENS ROAD		NO. BRUNSWICK NJ 08902
	NORTH BRUNSWICK, NJ. 08902 NJ 08902	Telephone:	(732) - 297-6620
Telephone:	(732) - 422-2306	Lic. No. / Bldrs. Reg. No.:	6647
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is hereby granted permission to perform the following work :

[ ]BUILDING [X]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

031174

DESCRIPTION OF WORK:

WATER HEATER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	800.00
Cost of Demolition:	0.00
Total Cost:	$800.00

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	$20.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$21.00**
All Fees Waived :	No

Amount to be Paid: **$21.00**

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

Thomas Paun 9-11-03

THOMAS PAUN Date
Construction Official

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:: 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

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN RD - PO BOX 6019
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 15869
Application Date: 09/10/2003

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 148 Lot : 113 Qual :

Work site Location:	65 DICKENS ROAD NORTH BRUNSWICK, NJ. 08902	Contractor:	REMM HEATING
Owner In Fee:	KATHLEEN DONAHUE	Address:	1495 JERSEY AVE.
Address:	65 DICKENS ROAD		NO. BRUNSWICK NJ 08902
	NORTH BRUNSWICK, NJ. 08902 NJ 08902	Telephone:	(732) - 297-6620
Telephone:	(732) - 422-2306	Lic. No. / Bldrs. Reg. No.:	6647
Use Group(s):	R-3	Federal Emp. No.:	22-2381288

is hereby granted permission to perform the following work :

[ ]BUILDING [X]PLUMBING [ ] DEMOLITION

[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER

[ ]ELEVATOR DEVICES [ ]MECHANICAL

[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

WATER HEATER

031174

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	0.00
Cost of Demolition:	0.00
Total Cost:	$0.00

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	
All Fees Waived :	No

Amount to be Paid:

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

THOMAS PAUN Date

Construction Official

:: 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

Note:

CONSTRUCTION PERMIT APPLICATION - COUNTER FORM

Township of North Brunswick, Construction Office, 710 Hermann Road, North Brunswick, NJ 08902 / (732) 247-0922, ext. 450

FILL OUT COMPLETELY and TYPE OR PRINT IN INK

CHECK if: ___ UPDATE or ___ PROTOTYPE PROCESSING and enter NUMBER OF ORIGINAL PERMIT _____

SITE / OWNER DATA:

BLOCK 148 LOT 43 WORKSITE ADDRESS 65 Dickens Rd NoBrn

OWNER IN FEE Kathleen Donahue

ADDRESS 65 Dickens Rd CITY No Brun STATE NJ ZIP 08902

PHONE 732-422-2306

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 _____
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 OF WORK:

03117

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 Building _____ + Alteration _____ = Total $ _____

SIGNATURE _____ [ ] Agent [ ] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW : [ ] No Plans Required

[ ] All [ ] Footing [ ] Foundation [ ] Frame [ ] Other _____

SIGNATURE _____ DATE _____

PLUMBING SUBCODE

CONTRACTOR Benn Htg.
ADDRESS 1495 Jersey Ave.
CITY North Brunswick STATE NJ ZIP 08902
PHONE 732-297-6620
LICENSE # 6647 EXPIRES 6-30-05
FEDERAL EMPLOYMENT # 222381288

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
1	Lavatory	___	Sewer Pump
1	Shower	___	Interceptor/Separator
1	Floor Drain	___	Backflow Preventer
___	Sink	___	Greasetrap
___	Dishwasher	___	Sewer Connection
___	Drinking Fountain	___	Water Service Connection
___	Washing Machine	___	Stacks
___	Hose Bibb	10	Other Gas Cock
1	Water Heater 10	___	Other _____
___	Fuel Oil Piping	___	Other _____

ESTIMATED COST OF PLUMBING WORK = $ 900

SIGNATURE [signature]

[X] Licensed Plumber (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :

[ ] No Plans Required [ ] Plans Approved

SIGNATURE [signature] DATE 2-10-05

FIRE SUBCODE

CONTRACTOR _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____
LICENSE # _____ EXPIRES _____
FEDERAL EMPLOYMENT # _____

FIRE PROTECTION CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
CONST. CLASS: Present ____ Proposed ____
Heating System: [ ] New [ ] Existing [ ] HVAC, Location _____
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____
Fire Alarm System: [ ] New [ ] Existing, Panel Location _____
Fire Supression/Standpipe System: [ ] New [ ] Existing
Main Control Valve Location _____
Method of Supervision _____
Water Supply Source _____

TECHNICAL SITE DATA:

DESCRIPTION OF WORK:

STORAGE TANKS	CAPACITY	FUEL
[ ] Flammable Liquid	_____	_____
[ ] Combustible Liquid	_____	_____
[ ] LPG	_____	_____
[ ] LNG	_____	_____

QTY.
ALARM SYSTEMS: [ ] 110 v Interconnected [ ] System
____ Alarm Devices (i.e. smoke, heat, pulls, water/flow)
____ Supervisory Devices (i.e. tampers, low/high air)
____ Signaling Devices (i.e. horns/strobes, bells)
____ Other Devices _____
____ TOTAL

SUPPRESSION SYSTEMS: [ ] Fire Pump [ ] GPM Type
____ Dry Pipe/Alarm Valves
____ Pre-Action Valves
____ Sprinkler Heads (dry and wet)
____ Standpipes

PRE-ENGINEERED SYSTEMS
____ Wet Chemical
____ Dry Chemical
____ CO2 Suppression
____ Foam Suppression
____ Halon Suppression
____ Other _____
____ Kitchen Hood Exhaust System
____ Smoke Control System
____ [ ] Gas or [ ] Oil Fired Appliances
____ Other _____

ESTIMATED COST OF FIRE PROTECTION WORK = $ _____

SIGNATURE _____ [ ] Agent [ ] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

ELECTRICAL SUBCODE

CONTRACTOR _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____
LICENSE # _____ EXPIRES _____
FEDERAL EMPLOYMENT # _____

ELECTRICAL CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
[ ] Pole Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____

TECHNICAL SITE DATA:

QTY.	SIZE	ITEMS
____		Lighting Fixtures
____		Receptacles
____		Switches
____		Detectors
____		Light Poles
____		Motors - Fract. HP
____		Emergency & Exit Lights
____		Communications Points
____		Alarm Devices/F.A.C. Panel
____		TOTAL QUANTITY
____		Pool with UV Lights
____		Storable Pool/Spa/Hot Tub
____	____KW	Elec. Range/Receptacle
____	____KW	Oven/Surface Unit
____	____KW	Electric Water heater
____	____KW	Electric Dryer/Receptacle
____	____KW	Dishwasher
____	____HP	Garbage Disposal
____	____KW	Central Air Conditioning 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	Electric Sign/Outline Light
____	____	Other _____

ESTIMATED COST OF ELECTRICAL WORK = $ _____

SIGNATURE _____

[ ] Licensed Electrician (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

TOWNSHIP OF NORTH BRUNSWICK

PLUMBING SUBCODE TECHNICAL SECTION Date Received 09/10/2003 Date Issued 09/18/2003

Control # 15869 Permit # 20031174

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

Block : 148 Lot : 113 Qualifier :
Work Site Location : 65 DICKENS ROAD

Owner in Fee : KATHLEEN DONAHUE
Address : 65 DICKENS ROAD
NORTH BRUNSWICK, NJ. 08902 NJ 08902
Telephone : (732) - 422-2306
Contractor REMM HEATING
Address 1495 JERSEY AVE.
NO. BRUNSWICK NJ 08902
Telephone : (732)-2976620 Fax :
License No. : 6647 Federal Emp. No. : 222381288

B.PLUMBING CHARACTERISTICS

Use Group Present : R-3 Proposed :
Building Sewer Size : Public Sewer : 0 Private Septic : 0
Water Service Size : Public Water : 0 Private Well : 0
1. New Building $0.00 2. Alteration $800.00
3. Demolition $0.00 Estimated Cost of Plumbing Work (1+2+3) : $800.00

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
[ ] CO [ ] CCO [ ] CA
Date: 10-17-03
Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
Final			10-17-03	
Chimney Cert.				
Other				

D.TECHNICAL SITE DATA

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$10.00
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other GAS CONN	$10.00
	Other _____	
	Other _____	

Administrative Surcharge	
DCA Training Fee	$1.00
Minimum Fee	
TOTAL FEE	$21.00

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

U.C.C.F130(rev. 3/96)

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

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK: 148 LOT: 113 PERMIT#: _____

WORKSITE ADDRESS: 65 Pickens Rd

Certifying Individual(Print Name)
Name: Gary Miller
Address
Street: 1495 Jersey Av
State: No Brun N.J 08902

Company
Name: Remm Heating
City: No Brun, N.J.
Zip: 08902
Phone# (732) 257-6620

Check The Appropriate Box

Type of replacement:
- [ ] Oil to Gas Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other (describe): _____

Existing vent/chimney:
- [ ] B label vent
- [ ] L label vent
- [ ] Masonry chimney-Tile lined
- [ ] Flexible liner
- [ ] Power vent/exhauster
- [ ] Other (describe): _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION 031774

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 the 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.

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 connector.

Signature Date

Direct Vent Appliance:
No certification required:

Signature Date

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

F370