



North Brunswick Township
710 Hermann Road
North Brunswick, NJ 08902

Date Issued 12/20/2021
Control Number 57475
Permit Number 20211820
Permit Issue Date 12/3/2021
Certificate Number 20211820

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 16 BYRON ROAD North Brunswick Township, NJ Block: 148 Lot: 113 Qual: _____
Owner in Fee: ELLEN WEBER
Owner Address: 16 BYRON ROAD NORTH BRUNSWICK NJ 08902
Telephone: (732) 207-7110
Contractor: OLSON'S AC & HEATING INC
Address: PO BOX 526 DAYTON NJ 08810
Telephone: (732) 422-4139 Fax: _____ Federal Emp. Number: 651214849
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: FURNACE



Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **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 _____

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

Thomas Paun

Thomas Paun, Construction Official

Construction Official

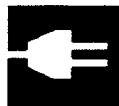
Date Printed: 12/20/2021

U.C.C. F260 (rev. 08/05)

Fee: \$0.00
Check Number: _____
Collected By: _____



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 11/12/2021
Date Issued 12/3/2021
Control # 57475
Permit # 20211820

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

Block 148 Lot 113 Qualification Code

Work Site Location: 16 BYRON ROAD North Brunswick Township, NJ

Owner in Fee: ELLEN WEBER

Address 16 BYRON ROAD NORTH BRUNSWICK NJ 08902

Email

Tel. (732) 207-7110

Contractor: OLSON'S AC & HEATING INC

Address 192 NEW ROAD MONMOUTH JUNCTION NJ 08810

Email OLSONAC@VERIZON.NET

Tel. (732) 422-4139 Fax.

Lic No. Exp. Date

Home improvement Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. 651214849

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$300

JOB SUMMARY (Office Use Only)						
PLAN REVIEW	Date	Initial	INSPECTIONS		Dates (Month/Day)	
☐ No Plan Required			Type:	Failure	Failure	Approval
☐ Partial/Underslab Approved			Rough			
☐ Partial Underslab Utilities Approved			Barrier-Free			
Date: by:			Trench			
☐ Electrical Plans Approved			Temp. Serv.			
Date: by:			Constr. Serv.			
Joint Plan Review Required			TCO			
☐ Building ☐ Plumbing			Other			
☐ Fire ☐ Elevator			Service			
SUBCODE APPROVAL for PERMIT			Final			
Date:			Barrier-Free			
Approved by:			Temp. Cut-in-Card Date Issued			
SUBCODE APPROVAL for CERTIFICATE			Final Cut-in-Card Date Issued			
☐ CO ☐ CCO ☒ CA			Annual Pool Inspection			
Date: 12/16/21			Date of Grounding and Bonding			
Approved by:			Certification			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Contr'r ☐ Certif'd Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FURNACE,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	\$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		FURNACE	\$15

Administrative Surcharge
Minimum Fee \$65
State Permit Surcharge Fee \$1
TOTAL FEE \$66



MECHANICAL SUBCODE TECHNICAL SECTION



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Contractor: OLSON'S AC & HEATING INC

Address 192 NEW ROAD MONMOUTH JUNCTION NJ 08810

Email OLSONAC@VERIZON.NET

Tel. (732) 422-4139 Fax: _____

Contractor License No. _____ Expiration Date: _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Emp. ID No. 651214849

B. MECHANICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

Heating System ☐ New ☐ Modification to Existing ☐ Conversion ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other _____

Estimated Cost of Mechanical Work \$2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Date _____ Initial _____

☐ No Plan Required

☐ MECHANICAL PLANS APPROVED

Date: _____

Approved by: _____

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☒ CA ☐ CCO

Date: 12-16-21

Approved by: _____

INSPECTIONS

Type: Failure Failure Approval Initial

Gas Piping _____

Appliance _____

Chimnet/Vent _____

Piping _____

Tank _____

Cooling/AC _____

Generator _____

Fireplace _____

Chimney Cert. _____

Other _____

Final _____

12/16/21

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

Print Name Here _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FURNACE,

NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	_____
_____	Fuel Oil Piping Connections	_____
_____	Gas Piping Connections	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
<u>1</u>	Hot Air Furnace	<u>\$10</u>
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Generator	_____
_____	Other _____	_____

Administrative Surcharge _____
Minimum Fee \$65
State Permit Surcharge Fee \$4
TOTAL FEE \$69

