BLOCK 148 LOT 113 QUALIFICATION CODE _____ ADDRESS (SITE) 16 Byron Rd PERMIT NO. 090082

NOV 26408

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 16 Byron Rd
2. Name of Owner in Fee: Don Weber (Deerbrook MHP)
   Tel. (732) 658-3515 e-mail _____
   Address same (street) North Brunswick Twp (municipality) 08902 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: P&L Plumbing Tel. (732) 417-0099
   Address 300 Columbus Circle • Edison, NJ 08837 e-mail _____
   License No. OR, if new home, Builder Reg. No. 12108 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01759800
   Federal Emp. ID No. 22-3591088 FAX: (_____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun Philip Del Negro
   Tel. (732) 417-0099 Ext.105 FAX: (732) 417-0695

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		43	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		3	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	48	

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. 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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing					5/29/07	MM			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: (All Units / Income-restricted)
   Before Construction _____ _____
   After Construction _____ _____
   Net Gain or Loss _____ _____
B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
C. MIXED USE -List secondary use(s):
D. Construction Classification:

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

N1100

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.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.

(X) Check if contractor.

Agent Name **P&L Plumbing**

Address **300 Columbus Circle**

Edison, New Jersey 08837

Telephone (**732**) **417-0099**

Signature_____

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

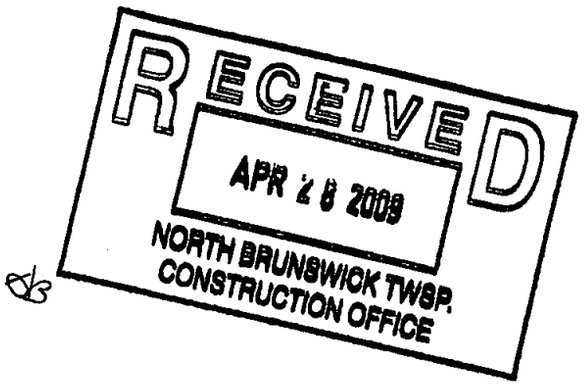
OFFICE DATE RECEIVED: _____

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
APR 28 2009
NORTH BRUNSWICK TWSP.
CONSTRUCTION OFFICE

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

Permit Number: 20090382
Permit Date: 05/12/2009
Update Number:
Control Number: 26408
Application Date: 04/28/2009

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 148 Lot: 113 Qualification Code:
Work Site Location: 16 BYRON ROAD NORTH BRUNSWICK

Owner In Fee: DON WEBER
Address: 16 BYRON ROAD
NORTH BRUNSWICK NJ 08902
Telephone: (732) - 658-3515
Use Group(s): R-5

Contractor: P&L PLUMBING
Address: 300 COLUMBUS CIRCLE UNIT J
EDISON NJ 08837
Telephone: (732) - 417-0099
Lic. No. / Bldrs. Reg. No.: 13VH01759800
Federal Emp. No.: 22-3591088

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 Rehabilitation:	1,780.00
Cost of Demolition:	0.00
Total Cost:	$1,780.00

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

5.12.09
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$43.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$3.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$46.00
All Fees Waived:	No

Amount to be Paid:	$46.00
Check Number:	109456
Check amount:	$46.00

Collected by:	DB
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$46.00
Total CC Amount:	
Grand Total:	$46.00

Note:

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

Control Number: 26408
Application Date: 04/28/2009

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 148 Lot: 113 Qualification Code:
Work Site Location: 16 BYRON ROAD NORTH BRUNSWICK

090382

Owner In Fee: DON WEBER
Address: 16 BYRON ROAD
NORTH BRUNSWICK NJ 08902

Telephone: (732) - 658-3515

Use Group(s): R-5

Contractor: P&L PLUMBING
Address: 300 COLUMBUS CIRCLE UNIT J
EDISON NJ 08837

Telephone: (732) - 417-0099
Lic. No. / Bldrs. Reg. No.: 13VH01759800
Federal Emp. No.: 22-3591088

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[ ]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 Rehabilitation:	1,780.00
Cost of Demolition:	0.00
Total Cost:	$1,780.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$43.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$3.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$46.00
All Fees Waived:	No

Amount to be Paid: $46.00

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
THOMAS PAUN
Construction Official

4/30/09
Date

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, ___ PROTOTYPE, or ___ CHANGE OF CONTRACTOR and enter ORIGINAL PERMIT # _____

SITE / OWNER DATA:

BLOCK 148 LOT 113 WORKSITE ADDRESS 16 Byron Rd

Owner in Fee Don Weber

Address Same City North Brunswick State NJ Zip Code 08902

Phone (732) 658-3515

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

P & L PLUMBING

Contractor 300 Columbus Circle, Unit J

Address Edison NJ 08837

City Phone (732) 417-0600 ____ Zip Code ____

Phone Fax (732) 417-0695

License # License #12108 • Fed. ID #22-3591088 Expires ____

Federal Employment # _____

00382

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 _____
1	Water Heater	____	Other _____
____	Fuel Oil Piping	____	Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ 1,780-

SIGNATURE _____

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

OFFICE USE ONLY:

SUBCODE PLAN REVIEW:

[X] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE 1/28/09

FIRE SUBCODE

Contractor _____
Address _____
City _____ State ____ Zip Code _____
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:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____ [ ] Agent [ ] Owner

OFFICE USE ONLY:

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

SIGNATURE _____ DATE _____

ELECTRICAL SUBCODE

Contractor _____
Address _____
City _____ State ____ Zip Code _____
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 - Fractional HP
____		Emergency & Exit Lights
____		Communications Points
____		Alarm Devices/F.A.C. Panel
____		TOTAL QUANTITY
____		Pool / with UW 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:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____

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

OFFICE USE ONLY:

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

SIGNATURE _____ DATE _____

ONLY WATER HEATERS
P&L Plumbing NJMPL #12108

300 Columbus Circle, Unit J
Edison, NJ 08837

Phone (732) 417 0099
Fax (732) 417 0695

Work Site Location 16 Byron Rd

Owner in Fee Don Weber

090382

Customer has existing:

Carbon Monoxide Detector _____

Smoke Detector _____

Customer to provide prior to inspection:

Carbon Monoxide Detector X

Smoke Detector X

Contractor/Agent _____
Philip Del Negro

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 148 LOT 113 PERMIT # _____

WORK SITE ADDRESS 16 Byron Rd

Applicant Don Weber

Certifying Individual Phillip Del Negro Company P&L Plumbing

Address 300 Columbus Circle (Street) Edison, (City) New Jersey (State) 08837 (Zip Code)

Tel. ((732)) 417-0099

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[X] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[X] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney – Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

0990382

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby 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

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 FINAL INSPECTION.