



CONSTRUCTION PERMIT

Date Issued 4/12/2019
Control # 50360
Permit # 20190544

IDENTIFICATION Block: 140.01 Lot: 8.39 Qualifier _____
Work Site Location: 3205 NORTH OAKS BOULEVARD North Contractor RESIPRO
Brunswick Township, NJ Address 3630 PEACHTREE ROAD NE SUITE 1500 ATLANTA GA
Owner in Fee US BANK TRUST %RESICAP 30326
3630 PEACHTREE RD STE1500 ATLANTA GA Telephone: (732) 991-5098
30326 Lic. No. or Bldrs. Reg. No. _____
Telephone: (888) 572-6950 Federal Employee. No. _____

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☒ OTHER

DESCRIPTION OF WORK:

CONDENSER, FURNACE, WATER HEATER

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.

Estimated Cost of Work \$5,600

Construction Official _____ Date 4/12/2019

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	_____	\$0
Electrical	_____	\$80
Plumbing	_____	\$0
Fire Protection	_____	\$0
Elevator Devices	_____	\$0
Other	_____	\$140.00
DCA Training Fee	_____	\$11
CO Fee	_____	
Other	_____	\$0
Total	_____	\$231
Check No.	_____	3273
Cash	_____	\$0
Credit	_____	\$0
Collected By	_____	Donna Ball

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 140.01 Lot 8.39 Qualification Code _____
Work Site Location: 3205 NORTH OAKS BOULEVARD North Brunswick Township, NJ
Owner in Fee: US BANK TRUST %RESICAP
Address 3630 PEACHTREE RD STE 1500 ATLANTA GA 30326
Tel. (888) 572-6950 Email _____
Contractor: BOUER PLUMBING HEATING & COOLING
Address 44 SOUTHPORT DRIVE HOWELL NJ 07731
Tel. (732) 886-2009 Email _____ Fax _____
Lic No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Employee No. 425726637
B. ELECTRICAL CHARACTERISTICS
Use Group _____ Present _____ Proposed _____ R-5 _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$1,000

JOB SUMMARY (Office Use Only)

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

U.C.C F120 (rev. 11/09)

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

Date Received 4/5/2019
Date Issued 4/12/2019
Control # 50360
Permit # 20190544

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' ☐ Certif'd Landscape Irrigation Contr' ☐ Exempt Applicant
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONDENSER, FURNACE, WATER HEATER,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
<u>1</u>		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
<u>1</u>		TOTAL NUMBERS	<u>\$50</u>
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
<u>1</u>	<u>1</u>	KW Elec. Water Heater	<u>\$15</u>
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
<u>1</u>	<u>1</u>	HP/KW Space Heater/Air	<u>\$15</u>
		KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$2

TOTAL FEE \$82



MECHANICAL SUBCODE TECHNICAL SECTION



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Block 140.01 Lot 8.39 Qualification Code _____
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Tel. (888) 572-6950 Email _____

Contractor: BOUVER PLUMBING HEATING & COOLING

Address 44 SOUTHPORT DRIVE HOWELL NJ 07731

Tel. (732) 886-2009 Email _____
Fax _____

Contractor License No. _____ Expiration Date: _____

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

Federal Emp. ID No. 425726637

B. MECHANICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
Heating System ☐ New ☐ Modification to Existing ☐ Conversion ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air ☐ Electric ☐ Solar

Fuel: ☐ Gas ☐ Oil ☐ Other _____

Estimated Cost of Mechanical Work \$4,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plan Required

☐ Building

☐ Electrical

☐ Fire

☐ Mechanical

☐ Plumbing

☐ Elevator

☐ Other

Joint Plan Review Required

Subcode Approval for Permit

CA ☐ CCO ☐

Date: _____ by: _____

Approved by: _____

INSPECTIONS

Type: _____

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other

DATES (Month/Day)

Failure _____

Approval _____

Initial _____

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.

Print Name Here _____

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONDENSER, FURNACE, WATER HEATER,

FIXTURES/EQUIPMENT

NO. 1

Water Heater

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Other CONDENSOR/FURNACE

FEE (Office Use Only)

\$10

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$9

\$149