Howell Township
4567 ROUTE 9 NORTH ( 2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 6/26/2013
Control Number C-23077
Permit Number 20131128
Permit Issue Date 5/2/2013
Certificate Number 20131128

# Certificate

Construction Code Division

(Certificate of Approval)

## Identification

Work Site Location: 8 ANNIE DRIVE Howell Township, NJ Block: 79.05 Lot: 5 Qual:

Owner in Fee: HARTMAN, ANNE M.

Owner Address: 8 ANNIE DRIVE HOWELL NJ 07731

Telephone [redacted]

Contractor DEAN MORRIS PLUMBING & HEATING,LLC

Address 164 W. 3RD STREET HOWELL NJ 07731

Telephone: (732) 367-2344 Fax:

License Number or Builders Registration Number: 36BI00953500 13VH02007100 Federal Emp. 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: REPLACEMENT GAS WATER HEATER

Certificate Comments: BREADFORD WHITE EQUIP. # JL17331453 40 GAL.

☐ **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:**

Construction Official

Fee: $0.00
Check Number:
Collected By:

*Date Printed: 6/26/2013*

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

17.05 - 5

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received 5-2-13
Control # C-23077
Date Issued
Permit # 2013-1128

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

Block 17.05 Lot 5 Qualification Code

Work Site Location 8 Annie Dr Howell NJ

Owner in Fee: Anne Hartman

Tel. [redacted] e-mail [redacted]

Address 8 Annie Dr. (street) Howell (municipality) 07731 (zip code)

Contractor: DEAN Morris Plumbing Tel. (732) 367-2344

Address 164 W. 3rd ST Howell e-mail

Contractor License No. 9535 Exp. Date 2013

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

Federal Emp. ID No. FAX: ( )

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 900.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[✓] No Plans Required minor WL

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 4-23-13

Approved by: Allen Haertel

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 5-10-13

Approved by: Allen Haertel

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| ~~Solar~~ CC | | | OK | AL |
| CO Detector FINAL | | | 5-10-13 | JW |

**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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

INSALL WATER HEATER

NOTE: GAS FIREPLACE INSTALL BY OTHERS

| QTY. | 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 | |
| | Fuel Oil Piping | |
| 1 | Gas Piping | |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| | Other | |
| | Other | |

| | | |
|---|---|---|
| Administrative Surcharge | $ | |
| Minimum Fee | $ | 65 |
| State Permit Surcharge Fee | $ | 2 |
| TOTAL FEE | $ | 67 |

ACTION OFFICE SUPPLIES, INC (800) 298-1000

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

Date Received 5-2-13
Control # C-23077
Date Issued
Permit # 2013-1128

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

Block 79.05 Lot 5 Qualification Code

Work Site Location 8 Annie Dr. Howell NJ

Owner in Fee: Anne Hartman

Tel. [redacted] e-mail [redacted]

Address 8 Annie Dr Howell 07731
street municipality zip code

Contractor: Dean Morris Plumbing Tel. (732) 367-2344

Address 164 W. 3rd ST e-mail

Howell NJ 07731

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

**B. FIRE PROTECTION CHARACTERISTICS**

**Use Group:** Present Proposed

**Constr. Class:** Present Proposed

**Heating System:** [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

**Total Cost of Fire Protection Work $** 2

**Fuel Storage Tank:**
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

**Fire Alarm System:** [ ] New OR [ ] Existing
Location of Panel:

**Fire Suppression/Standpipe System:**
[ ] New OR [ ] Existing
Location of Main Control Valve:

**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.

Applicant sign/Contractor sign and seal here:

Print name here: DEAN MORRIS

**D. TECHNICAL SITE DATA** [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source HWH
Method of Alarm/Suppression System Supervision

| | NUMBER | FEE (Office Use Only) $ |
|---|---|---|
| Flammable/Combustible Tanks | | |
| **Alarm Systems** | | |
| [ ] System | | |
| [ ] 110v Interconnected | | |
| [X] CO Detectors/110v | | |
| Alarm Devices (i.e., smoke, heat, pulls, waterflow) | 1 | 0 |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/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 | | |
| $CO_2$ Suppression | | |
| Foam Suppression | | |
| FM200 Suppression | | |
| Other | | |
| Other Systems | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid | 1 | |
| Fireplace Venting/Metal Chimney | | |
| Other | | |
| Administrative Surcharge $ | | |
| Minimum Fee $ | | 100.00 |
| State Permit Surcharge Fee $ | | |
| TOTAL FEE $ | | |

Received

Fireplace Insert - OK

Water Heater

Paid

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/10/13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CO
Date: 5/10/13
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm System | | | | |
| Suppression Sys. | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | | | | |
| Smoke Control | | | | |
| TCO | | | | |
| Flam/Combust Tanks | | | | |
| Fireplace Venting | | | | |
| Final | | | 5/10/13 | |
| Other FINAL | | | | |

CHIMNEY CERTIFICATION FOR REPLACEMENT OF
FUEL FIRED EQUIPMENT

Block: 79.05 Lot: 5 Permit: _____

Worksite Address: 8 ANNIE DR Howell NJ 07731

**CERTIFYING INDIVIDUAL (PRINT NAME)**

Name: DEAN MORRIS
Address: 64 W. 3RD ST
City: Howell
State: N.J.
Phone #: [redacted]

**COMPANY**

Name: DEAN MORRIS Plumbing
Address: 64 W. 3RD ST
City: Howell
State: N. J.
Phone #: 732-367-2344

**CHECK THE APPROPRIATE BOX**

**TYPE OF REPLACEMENT**

( ) Oil To Gas Conversion
(✓) Gas Appliance Replacement
( ) Oil To Oil Replacement
( ) Other (describe): _____

**EXISTING VENT/CHIMNEY**

(✓) B Label Vent
( ) L Label Vent
( ) Masonry Chimney-Tile Lined
( ) Flexible Liner
( ) Other (describe): _____

## PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

**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 line 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] 4-5-13
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 CONSTRUCTION DEPARTMENT AT THE TIME THE PERMIT IS BEING APPLIED FOR**