BLOCK 148 LOT 113 QUALIFICATION CODE _____ ADDRESS (SITE) 21 Keats Dr PERMIT NO. 110370

29947

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 21 Keats Dr
2. Name of Owner in Fee: Munoz Tel. (732) 407 7302
   Address 21 Keats Dr (street) New Brunswick (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: John R Pennell Tel. (732) 882-6316
   Address 13 Stoben Dr Middleton NJ
   License No. OR, if new home, Builder Reg. No. 13VH06151000 Exp. Date 10-31-11
   Federal Employee No. 22-4702119 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building		153	
2. Electrical		58	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$	9	
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	281	

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	

OPTIONAL (for office use only)

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. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☒ Fire Protection					4.19.11	MD			
6. ☒ Plumbing					3-31-11				
7. ☒ Electrical					4-5-11				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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. 5:23-2.15(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 John R Pennell Heating/cooling LLC

Address 13 Sieben Dr

middletown NJ 07748

Telephone (732) 888-6316

Signature _____

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

North Brunswick Township
710 Hermann Road
North Brunswick, NJ 08902

Date Issued 10/18/2017
Control Number 29947
Permit Number 20110370
Permit Issue Date 5/12/2011
Certificate Number 20110370

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 21 KEATS DR NORTH BRUNSWICK, NJ Block: 148 Lot: 113 Qual:

Owner in Fee: MUNOZ

Owner Address: 21 KEATS DR NORTH BRUNSWICK NJ 08902

Telephone: (732) 407-7302

Contractor JOHN PENNELL

Address 12 MIDDLETOWN NJ -

Telephone: (732) 882-6316 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 27-4702119

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: WATER HEATER, HOT WATER BOILER

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

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/18/2017

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

not issued yet - waiting on fire dept

ELECTRICAL SUBCODE TECHNICAL SECTION

TOWNSHIP OF NORTH BRUNSWICK

Date Received: 03/31/2011 Control #: 29947

Date Issued: 05/12/2011 Permit #: 20110370

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 148 Lot: 113 Qualification Code:

Work Site Location: 21 KEATS DR

Owner in Fee: MUNOZ

Address: 21 KEATS DR
NORTH BRUNSWICK NJ 08902

E-mail:

Telephone: (732) 407-7302

Contractor: JAMES GOODBODY
ATTN:

Address: 1 UNION PLACE
MIDDLETOWN NJ 07748

Telephone: () 732-732

Fax:

E-mail: 7873277

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: 16867 Exp Date:

Federal Emp. No.:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

[ ]Pole/Pad # [ ]Temporary [ ] Other

Building Occupied as Utility Co.

1. New Building $0.00

2. Rehabilitation $250.00

3. Demolition $0.00

Est.Cost of Elec.Work (1+2+3) $250.00

Job Summary(Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec.Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 10/2/11

Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final			10/2/11	SD
~~Barrier-Free~~				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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.

[ ] Licened Electrical Contractor
[ ] Certified Landscape Irrigation Contractor
[ ] Exempt Applicant

Applicant's Signature/Contractor's seal and Signature

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER 1	$45.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
1		Other 3: BOILER	$13.00
1		Other 4: BRANCH	$13.00
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	$8.00
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$61.00

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

TOWNSHIP OF NORTH BRUNSWICK

FIRE SUBCODE TECHNICAL SECTION

Date Received 03/31/2011 Date Issued 05/12/2011
Control # 29947 Permit # 20110370

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 Qualification Code:

Work Site Location : 21 KEATS DR

Owner Details

Owner in Fee: MUNOZ
Address: 21 KEATS DR
NORTH BRUNSWICK NJ 08902
Telephone: (732) 407-7302
E-mail:

Contractor Details

Contractor: JOHN PENNELL
ATTN:
Address: 12
MIDDLETOWN NJ -
Telephone: (732) 882-6316 Fax:
E-mail:

Home Improvement Registration No. or Exemption Reason: 13VH06151000
Fire/Security Alarm Contractor No.: Federal Emp. No.: 27-4702119
Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:
Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed
Constr. Class: Present Proposed
Heating Systems: [ ]New [ ]Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

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

Fuel Storage Tanks:
Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel

1. New: $0.00 2. Rehabilitation: $200.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work: 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Plumbing [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10.2.17
Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting				
Final			10.2.17	MJ
Other				

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

[ ] Certified Contractor
[ ] Exempt Applicant

U.C.C.F140 (rev. 1/04)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
WATER HEATER/BOILER

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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		
FM200 Suppression		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	1	$58.00
Fireplace Venting/Metal Chimney		
Other:		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$58.00

TOWNSHIP OF NORTH BRUNSWICK

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 03/31/2011 Date Issued: 05/12/2011

Control #: 29947 Permit #: 20110370

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 148 Lot: 113 Qualification Code:

Work Site Location: 21 KEATS DR

Owner in Fee : MUNOZ

Address : 21 KEATS DR
NORTH BRUNSWICK NJ 08902

Telephone : (732) 407-7302

E-mail:

Contractor: DAVE TREVETT

ATTN:

Address: 336 RT 36
PORT MONMOUTH NJ 07758

Telephone: (732) 921-8674

Fax:

E-mail:

Federal Emp. No.:

Contractor License No.: 9672 Expiration Date:

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $5,200.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $5,200.00

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: 10-7-11

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			10-7-11	
Chimney Cert.				
Other				

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 (List of all fixtures)

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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler	$82.00
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other 1: water heater	$58.00
1	Other 2: backflow	$13.00
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$9.00
TOTAL FEE	$162.00

U.C.C.F130(rev. 1/04)

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

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

Permit Number: 20110370
Update Number:
Control Number: 29947
Application Date: 03/31/2011
Permit Date: 05/12/2011

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 148 Lot: 113 Qualification Code:
Work Site Location: 21 KEATS DR NORTH BRUNSWICK

Owner In Fee: MUNOZ
Address: 21 KEATS DR
NORTH BRUNSWICK NJ 08902
Telephone: (732) - 407-7302

Use Group(s): R-5

Contractor: JOHN PENNELL
Address: 12
MIDDLETOWN NJ -
Telephone: (732) - 882-6316
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.: 27-4702119

is hereby granted permission to perform the following work :

[ ]BUILDING [X]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
WATER HEATER/BOILER

PAYMENTS (Office Use Only)	
Building	
Electrical	$61.00
Plumbing	$153.00
Fire Protection	$58.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$9.00
DCA Minimum	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$281.00**
All Fees Waived:	No

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	5,650.00
Cost of Demolition:	0.00
Total Cost:	$5,650.00

Amount to be Paid:	**$281.00**
Check Number:	279
Check amount:	$281.00

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

5/12/11
Date

Collected by:	mw
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$281.00
Total CC Amount:	
Grand Total:	$281.00

Note:

TOWNSHIP OF NORTH BRUNSWICK

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 03/31/2011 Date Issued: 05/12/2011

Control #: 29947 Permit #: 20110370

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 148 Lot: 113 Qualification Code:

Work Site Location: 21 KEATS DR

Owner in Fee : MUNOZ

Address : 21 KEATS DR
NORTH BRUNSWICK NJ 08902

Telephone : (732) 407-7302

E-mail:

Contractor: DAVE TREVETT

ATTN:

Address: 336 RT 36
PORT MONMOUTH NJ 07758

Telephone: (732) 921-8674

Fax:

E-mail:

Federal Emp. No.:

Contractor License No.: 9672 Expiration Date:

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $5,200.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $5,200.00

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: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
Other				

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 (List of all fixtures)

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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler	$82.00
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other 1: water heater	$58.00
1	Other 2: backflow	$13.00
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$9.00
TOTAL FEE	$162.00

U.C.C.F130(rev. 1/04)

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

TOWNSHIP OF NORTH BRUNSWICK

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 03/31/2011 Date Issued: 05/12/2011

Control #: 29947 Permit #: 20110370

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 148 Lot: 113 Qualification Code:

Work Site Location: 21 KEATS DR

Owner in Fee : MUNOZ

Address : 21 KEATS DR

NORTH BRUNSWICK NJ 08902

Telephone : (732) 407-7302

E-mail:

Contractor: DAVE TREVETT

ATTN:

Address: 336 RT 36

PORT MONMOUTH NJ 07758

Telephone: (732) 921-8674

Fax:

E-mail:

Federal Emp. No.:

Contractor License No.: 9672 Expiration Date:

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $5,200.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $5,200.00

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: _____

Approved by: _____

INSPECTIONS	Date(Month/Day)			
Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
Other				

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 (List of all fixtures)

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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler	$82.00
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other 1: water heater	$58.00
1	Other 2: backflow	$13.00
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$9.00
TOTAL FEE	$162.00

U.C.C.F130(rev. 1/04)

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

TOWNSHIP OF NORTH BRUNSWICK

FIRE SUBCODE TECHNICAL SECTION

Date Received 03/31/2011 Date Issued 05/12/2011
Control # 29947 Permit # 20110370

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 Qualification Code:

Work Site Location : 21 KEATS DR

Owner Details

Owner in Fee: MUNOZ
Address: 21 KEATS DR
NORTH BRUNSWICK NJ 08902
Telephone: (732) 407-7302
E-mail:

Contractor Details

Contractor: JOHN PENNELL
ATTN:
Address: 12
MIDDLETOWN NJ -
Telephone: (732) 882-6316 Fax:
E-mail:

Home Improvement Registration No. or Exemption Reason: 13VH06151000
Fire/Security Alarm Contractor No.: Federal Emp. No.: 27-4702119
Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:
Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed
Constr. Class: Present Proposed
Heating Systems: [ ]New [ ]Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

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

Fuel Storage Tanks:
Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel

1. New: $0.00 2. Rehabilitation: $200.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work: 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Plumbing [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting				
Final				
Other				

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

[ ] Certified Contractor
[ ] Exempt Applicant

U.C.C.F140 (rev. 1/04)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
WATER HEATER/BOILER

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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		
FM200 Suppression		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	1	$58.00
Fireplace Venting/Metal Chimney		
Other:		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$58.00

TOWNSHIP OF NORTH BRUNSWICK

FIRE SUBCODE TECHNICAL SECTION

Date Received 03/31/2011 Date Issued 05/12/2011
Control # 29947 Permit # 20110370

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 Qualification Code:

Work Site Location : 21 KEATS DR

Owner Details

Owner in Fee: MUNOZ
Address: 21 KEATS DR
NORTH BRUNSWICK NJ 08902
Telephone: (732) 407-7302
E-mail:

Contractor Details

Contractor: JOHN PENNELL
ATTN:
Address: 12
MIDDLETOWN NJ -
Telephone: (732) 882-6316 Fax:
E-mail:

Home Improvement Registration No. or Exemption Reason: 13VH06151000
Fire/Security Alarm Contractor No.: Federal Emp. No.: 27-4702119
Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:
Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed
Constr. Class: Present Proposed
Heating Systems: [ ]New [ ]Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

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

Fuel Storage Tanks:
Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel

1. New: $0.00 2. Rehabilitation: $200.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work: 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Plumbing [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
WATER HEATER/BOILER

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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		
FM200 Suppression		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	1	$58.00
Fireplace Venting/Metal Chimney		
Other:		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$58.00

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

[ ] Certified Contractor
[ ] Exempt Applicant

U.C.C.F140 (rev. 1/04)

ELECTRICAL SUBCODE TECHNICAL SECTION

TOWNSHIP OF NORTH BRUNSWICK

Date Received: 03/31/2011 Date Issued: 05/12/2011
Control #: 29947 Permit #: 20110370

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 148 Lot: 113 Qualification Code:
Work Site Location: 21 KEATS DR
Owner in Fee: MUNOZ
Address: 21 KEATS DR
NORTH BRUNSWICK NJ 08902

E-mail:

Telephone: (732) 407-7302
Contractor: JAMES GOODBODY
ATTN:
Address: 1 UNION PLACE
MIDDLETOWN NJ 07748
Telephone: () 732-732
Fax:
E-mail: 7873277
Home Improvement Registration No. or Exemption Reason:
Contractor License No.: 16867 Exp Date:
Federal Emp. No.:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed _____
[ ]Pole/Pad # [ ]Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
1. New Building $0.00 2. Rehabilitation $250.00
3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $250.00

Job Summary(Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec.Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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.

[ ] Licened Electrical Contractor
[ ] Certified Landscape Irrigation Contractor
[ ] Exempt Applicant

_____
Applicant's Signature/Contractor's seal and Signature

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER 1	$45.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
1		Other 3: BOILER	$13.00
1		Other 4: BRANCH	$13.00
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	$8.00
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$61.00

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

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
Tel: (732) 247-0922 Fax: (732)-289-3822
Website: WWW.NORTHBRUNSWICKONLINE.COM

April 28, 2011

MUNOZ
12 Keats Rd.
North Brunswick, NJ 08902

Re: Water Heater/Boiler application

Dear homeowner,

Please be advised that the above referenced application is ready for payment. The fee is $281.

If there are any questions please contact the Construction Department at 732-247-0922 ext 450.

Thank you

North Brunswick Construction Department

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

Control Number: 29947
Application Date: 03/31/2011

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 148 Lot: 113 Qualification Code:

Work Site Location: 21 KEATS DR NORTH BRUNSWICK

Owner In Fee: MUNOZ
Address: 21 KEATS DR
NORTH BRUNSWICK NJ 08902

Telephone: (732) - 407-7302

Use Group(s): R-5

Contractor: JOHN PENNELL
Address: 12
MIDDLETOWN NJ -

Telephone: (732) - 882-6316

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 27-4702119

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:
WATER HEATER/BOILER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	5,650.00
Cost of Demolition:	0.00
Total Cost:	$5,650.00

PAYMENTS (Office Use Only)	
Building	
Electrical	$61.00
Plumbing	$153.00
Fire Protection	$58.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$9.00
DCA Minimum	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$281.00**
All Fees Waived:	No

Amount to be Paid: **$281.00**

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

4/21/11
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 _____ LOT _____ WORKSITE ADDRESS _____

Owner in Fee _____

Address _____ City _____ State ____ Zip Code _____

Phone _____

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

Contractor Dave Trevett

Address 336 Rt 36

City Port Monmouth State NJ Zip Code 07758

Phone 732 921-8674

License # 9672 Expires 6-11

Federal Employment # 05 92372

PLUMBING CHARACTERISTICS:

USE GROUP: 1 1 0 3 7 0 Present ____ Proposed ____

Building Sewer Size 6 [ ] Public Sewer [ ] Private Septic

Water Service Size 1 [ ] Public Water [ ] Private Well

TECHNICAL SITE DATA:

QTY.	FIXTURE/EQUIPMENT	QTY.	FIXTURE/EQUIPMENT
___	Water Closet	___	Gas Piping
___	Urinal/Bidet	___	Steam Boiler
___	Bath Tub	1	Hot Water Boiler
___	Lavatory	___	Sewer Pump
___	Shower	___	Interceptor/Separator
___	Floor Drain	1	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 _____

82 13 58

153 @

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ 5,200

SIGNATURE _____

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

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :

[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE 3-31-11

FIRE SUBCODE

Contractor John R Pennell Heating/cooling LLC
Address 13 Sibon Dr
City middletown State NJ Zip Code 07748
Phone 732 882-6316
License # 13VH06151000 Expires 12-31-11
Federal Employment # 27-4702119

FIRE PROTECTION CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
CONST. CLASS: Present ____ Proposed ____
Heating System: [X] New [ ] Existing [ ] HVAC: Location ____
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other ____
Fire Alarm System: [ ] New [X] 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
1	[X] Gas or [ ] Oil Fired Appliances
	Other

ESTIMATED COST:

New/Addition ____ + Alteration ____ = Total $ 200

SIGNATURE Kelly Cepeda [ ] Agent [ ] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved
SIGNATURE ____ DATE 4.19.11

ELECTRICAL SUBCODE

Contractor ~~John R Pennell Heating/cooling LLC~~ James M Goodbody
Address ~~13 Sibon Dr~~ Union Place
City middletown State NJ Zip Code 07748
Phone ~~732-882-6316~~ 732-787-3277
License # 16867 Expires 13
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 45
1		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
1	____AMP	Subpanels Breaker ckt 13
____	____AMP	Motor Control Center
____	____KW	Electric Sign/Outline Light
____	____	Other Wire Boiler 13

ESTIMATED COST:

New/Addition ____ + Alteration ____ = Total $ 250

SIGNATURE James M Goodbody
[ ] Licensed Electrician (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved
SIGNATURE ____ DATE 4/15/11

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

Control Number: 29947
Application Date: 03/31/2011

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 148 Lot: 113 Qualification Code:

Work Site Location: 21 KEATS DR NORTH BRUNSWICK

Owner In Fee: MUNOZ
Address: 21 KEATS DR
NORTH BRUNSWICK NJ 08902

Telephone: (732) - 407-7302

Use Group(s): R-5

Contractor: JOHN PENNELL
Address: 12
MIDDLETOWN NJ -

Telephone: (732) - 882-6316

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 27-4702119

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:
WATER HEATER/BOILER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	5,200.00
Cost of Demolition:	0.00
Total Cost:	$5,200.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$153.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$9.00
DCA Minimum	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$162.00**
All Fees Waived:	No

Amount to be Paid: **$162.00**

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 — Date

Construction Official

Note:

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

Control Number: 29947
Application Date: 03/31/2011

CONSTRUCTION PERMIT

IDENTIFICATION 110370

OWNER/PROPERTY DETAILS

Block: 148 Lot: 113 Qualification Code:

Work Site Location: 21 KEATS DR NORTH BRUNSWICK

Owner In Fee: MUNOZ
Address: 21 KEATS DR
NORTH BRUNSWICK NJ 08902

Telephone: (732) - 407-7302

Use Group(s): R-5

Contractor: DAVE TREVETT
Address: 336 RT 36
PORT MONMOUTH NJ 07758

Telephone: (732) - 921-8674

Lic. No. / Bldrs. Reg. No.: 9672

Federal Emp. No.:

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:	5,200.00
Cost of Demolition:	0.00
Total Cost:	$5,200.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$153.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$9.00
DCA Minimum	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$162.00**
All Fees Waived:	No

Amount to be Paid: **$162.00**

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

4/12/11
Date

Note:

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

Control Number: 29947
Application Date: 03/31/2011

CONSTRUCTION PERMIT

IDENTIFICATION- 110370

OWNER/PROPERTY DETAILS

Block: 148 Lot: 113 Qualification Code:
Work Site Location: 21 KEATS DR NORTH BRUNSWICK

Owner In Fee: MUNOZ
Address: 21 KEATS DR
NORTH BRUNSWICK NJ 08902

Telephone: (732) - 407-7302

Use Group(s): R-5

Contractor: DAVE TREVETT
Address: 336 RT 36
PORT MONMOUTH NJ 07758

Telephone: (732) - 921-8674
Lic. No. / Bldrs. Reg. No.: 9672
Federal Emp. No.:

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:	0.00
Cost of Demolition:	0.00
Total Cost:	$0.00

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

Date

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	
All Fees Waived:	No

Amount to be Paid:

Note:

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 148 LOT 113 QUALIFICATION CODE _____ PERMIT #_____

WORK SITE ADDRESS 21 Keats Dr

Applicant _____

Certifying Individual _____ Company John R Russell Heating/Cooling

Address 13 Sycamore Dr (Street) (City) (State) (Zip Code)

Tel. (732) 888-6316

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 _____

10370

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.

_____ 3-29-11
Signature Date

Direct Vent Appliance:

No certification required:

_____ _____
Signature Date

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

DISPOSAL OF BUILDING MATERIALS AND CONSTRUCTION DEBRIS

1108

IN ACCORDANCE WITH ORDINACE #97-26, WHICH REGULATES THE COLLECTION OF GARBAGE

THE TOWNSHIP OF NORTH BRUSNWICK DOES **NOT** PICK UP:

LUMBER, SHINGLES, WALLBOARD OR OTHER BUILDING MATERIAL OR DEBRIS THAT COMES FROM A PROJECT REQUIRING A CONSTRUCTION PERMIT FROM THE TOWNSHIP. THE EXCEPTION TO THIS RULE IS HOT WATER HEATERS, WHICH THE TOWNSHIP WILL COLLECT UPON CALLING THE DEPARTMENT OF PUBLIC WORKS TO SCHEDULE A PICK-UP

PLEASE INDICATE BELOW HOW YOU ARE PROVIDING FOR THE DISPOSAL OF CONSTRUCTION DEBRIS:

_____ THE CONTRACTOR WILL BE REQUIRED TO DISPOSE OF CONSTRUCTION MATERIALS AND DEBRIS

_____ A DUMPSTER WILL BE PLACED ON THE PROPERTY AND A PRIVATE HAULER WILL REMOVE CONSTRUCTION MATERIALS AND DEBRIS

X OTHER (SPECIFY) Removed for Job Site

I, John Arnold certify that the materials will be disposed of in one of the above manners

John Arnold

APPLICANT'S SIGNATURE

21 Keats Dr

PROPERTY ADDRESS

3-29-11

DATE

OFFICE DATE RECEIVED: _____

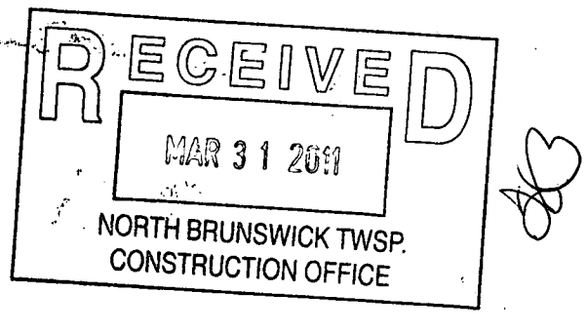
VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning 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. _____	_____	_____	_____	_____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MAR 31 2011
NORTH BRUNSWICK TWSP.
CONSTRUCTION OFFICE