Franklin Township
Construction Code Enforcement
Township of Franklin
475 DeMott Lane
Somerset, NJ 08873 USA
(732) 873-7283

Construction Permits

9 - JOAN RD - 84.01/36.12

Permit Number	Tracking Number	Work Type	Application Date	Permit Issue Date	Application Status	Subcodes	Closed
14-00384	C-14-00302	Alteration	1/28/2014 3:33:07 PM	2/3/2014	Open	P	

WATER HEATER - GAS

BLOCK 84.01 LOT 36.12 QUALIFICATION CODE _____ ADDRESS (SITE) 9 Joan Road PERMIT NO. 00-01211

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 9 Joan Rd. Franklin NJ 08873
2. Name of Owner in Fee: Ragins Tel. (973) 1050-1027
   Address Same (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: American Lawn Sprinkler Tel. (732) 303-8877
   Address 52 North Main St. Bldg C Marlboro NJ 07746
   License No. OR, if new home, Builder Reg. No 0015603 Exp. Date _____
   Federal Employee No. 223441948 FAX: (732) 863-1414
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (____) _____ FAX (____) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical		35	
3.	Plumbing		90.00	
4.	Fire Protection			
5	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert of Occupancy			
12.	Other			
13.	TOTAL	$		

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	

II. PROPOSED WORK

		Est. Cost	OPTIONAL (for office use only) 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.	☐ Alteration									
5.	☐ Fire Protection									
6.	☑ Plumbing					6-7-00				
7.	☐ Electrical					5-19-00	BSW			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. [ ] Hotels (R-1)
2. [ ] Multi-Family (R-2)
3. [ ] Two-Family (R-3) BOCA
4. [ ] Two-Family (R-4) CABO
5. [ ] One-Family (R-3) BOCA
6. [ ] One-Family (R-4) CABO

No. of dwelling units:

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:

BLOCK 8401 LOT 3612 QUALIF /CODE _____ ADDRESS (SITE) 9 John Rd. PERMIT NO. 99-01953

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 9 John Rd.
2. Name of Owner in Fee: US Home Tel. (732) 780-8700
   Address: 800 W. Main St (street) Freehold (municipality), NJ 07728 (zip code)
3. Ownership in Fee: Public ____ / Private ____
4. Principal Contractor: Same Tel. ( )
   Address
   License No. OR, if new home, Builder Reg. No. 005409 Exp. Date 10/01
   Federal Employee No. 21-07183 Fax ( )
5. Architect or Engineer RHM Assc. Tel. (609) 985-5885
   Address 12000 Lincoln Hwy West
   Marlton, NJ 08053
6. Responsible Person in Charge of Work Rhett Crow
   Tel. (732) 256-6615 Fax ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1022.11		
2. Electrical	311		
3. Plumbing	240.00		
4. Fire Protection	140.00		
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	77.87		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
2. Height of Structure 31 ft.	
3. Area—Largest Floor 1451 sq. ft.	
4. New Building Area 2565 sq. ft.	
5. Volume of New Structure 40785 cu. ft.	
6. Construction Classification 5B	
7. Total Land Area Disturbed 2000 sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no ____	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

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	80000				10-27-99	JA			
3. ☐ Addition									
4. ☐ Alteration									
5. ☑ Fire Protection					11/1/99	GREE			
6. ☑ Plumbing					10-28-99				
7. ☐ Electrical					10-26-99	BSW			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	80000								

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☑ One-Family (R-4) CABO

No of dwelling units:
Before Construction 0
After Construction 1
Net gain or loss 1

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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