

RECEIVED
MAR 20 2013



CONSTRUCTION PERMIT APPLICATION

BLOCK 953 LOT 18 QUALIFICATION CODE 00133-10 ADDRESS 111 HADDONFIELD AVE PERMIT NO. 13-00686

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

I. IDENTIFICATION

1. Proposed Work Site at: 111 HADDONFIELD AVE

2. Name of Owner in Fee: LEE EVANS WALSH
Tel. (973) 335-4636 e-mail CAWALSH2@OPTIMUM.NET
Address 3 GLEN GATE RD BOONTON TWP NJ 07005
street municipality zip code

3. Ownership In Fee: Public ☐ Private ☐

4. Principal Contractor: HOMEOWNER Tel. (973) 335-4636
Address 3 GLEN GATE RD e-mail CAWALSH2@OPTIMUM.NET
BOONTON TWP NJ 07005

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (_____) _____

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person In Charge once Work has Begun HOMEOWNER
Tel. (973) 335-4636 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>60</u>		
2. Electrical	\$ <u>60</u>		
3. Plumbing	\$ <u>60</u>		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>7</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>187</u>		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

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)

- ☒ Building
☒ Electrical
☒ Plumbing
☒ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>2,400</u>				<u>3/22/13</u>	<u>GB</u>			
<u>1,300</u>				<u>3/22/13</u>	<u>AM</u>			
<u>300</u>				<u>3/22/13</u>	<u>GB</u>			

TOTAL COST 4,000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: VACATION HOME
2. Use Group, Proposed: R-5
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
Gained, Sale _____
Gained, Rental _____
Lost, Sale _____
Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present _____ Proposed V-B

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? NO

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Lavallette Borough Bldg Dept
1306 Grand Central Ave.
Lavallette NJ 08735
(732)793-7477



CERTIFICATE

1515 - LAVALLETT BORO

Date Issued: 09/03/2013
Permit # 13-00686
Certificate: 1300686.1

IDENTIFICATION

Block 953 Lot 18 Qualifier
Work Site Location 111 Haddonfield Ave
Lavallette, NJ 08735
Owner in Fee Lee E. Walsh
Address 3 Glen Gate Rd
Boonton, NJ 07005
Telephone (973) 335-4636
Contractor HOMEOWNER
Address

Home Warranty No.
Type of Warranty Plan [] State [] Private
Use Group I/R-5
Maximum Live Load
Construction Class VB
Max. Occupancy Load
Description of Work/Use
STORM DAMAGE RELATED REPAIRS SR/INS/FINISHES/HWH/RECEPT

Telephone FAX
Lic No/Bldrs Reg No. Fed. Emp. No.
Homeowner
Home Imprv. Reg No. / Exempt
Reason -

☐ 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 the inspection.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be

Reason for TCO:

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

- [] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (0 years); see file

☐ 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.

☐ 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

CONSTRUCTION OFFICIAL

Fee \$0.00

Paid [\$0.00]

Collected by:

Check No.

PermitsNJ

PNJF260 rev. (5/2013)

Printed On: 09/03/2013 13:26



BOROUGH OF LAVALLETTE

ZONING / CODE ENFORCEMENT

1306 Grand Central Avenue

Lavallette, NJ 08735

(732) 793-5105

Fax (732) 830-8248

www.lavallette.org

FEE PAID

BLOCK 953

560

LOT 18

ZONING PERMIT APPLICATION

ZONING DISTRICT R-C RESIDENTIAL (R-A), (R-B), (R-C), (R-D), BUSINESS (B-1) (B-2)

STREET ADDRESS/WORK SITE 111 HADDONFIELD AVE LAVALLETTE

CURRENT USE: SINGLE FAMILY ☒ MULTI-FAMILY ☐ COMMERCIAL ☐
MIXED USE ☐ NO CHANGE IN USE ☐ PROPOSED USE ☐

DESCRIPTION OF WORK HURRICANE SANDY STORM RELATED REPAIRS

- Attach a plot plan, survey or sketch of property showing dimensions of all buildings, structures, improvements, set backs and parking spaces. (existing and proposed)
- Additions, renovations or new construction require a complete building folder with two sets of detailed construction plans submitted with zoning application.
- Zoning inspection of foundation is required prior to framing and further construction.
- Certification of ridge height is required.

APPLICANT CERTIFICATION

I hereby certify that the information provided by me on this form is true, accurate and complete. I further certify that I have reviewed and understand all information contained on both sides of this form.

NAME LEE EVANS WALSH ADDRESS 3 GLEN GATE AD BOONTON TWP NJ
PHONE 973-335-4636 AUTHORIZED AGENT/CONTRACTOR HOMECOWNER

OWNER SIGNATURE [Signature] DATE 3/18/2013

Contractor DCA registration number _____

This application when approved is subject to issuance of construction permits. Any deviation from submitted plans and/or drawings would void this approval.

Conditions for approval is applicable _____

This application is denied as it violates Lavallette Borough Ordinance # _____

To wit: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

APPROVED: [Signature] DENIED: _____ DATE 3-27-13

REVISED 12/22/10

Application Fees

\$ 25.00 Shed, fence, roofing, siding, and windows

\$ 100.00 Construction of new building

\$ 50.00 All other

Lavallette Borough Bldg Dept
1306 Grand Central Ave.
Lavallette NJ 08735
(732)793-7477

UNIFORM CONSTRUCTION CODE NEW JERSEY CONSTRUCTION PERMIT

Date Issued: 03/28/2013
Permit # 13-00686

IDENTIFICATION Block 953

Lot 18

Qualifier

Work Site 111 Haddonfield Ave Contractor HOMEOWNER
Lavallette, NJ 08735 Address
Owner in Fee Lee E. Walsh
Address 3 Glen Gate Rd Telephone
Boonton, NJ 07005 Lic./Reg. No.
Telephone (973) 335-4636

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
STORM DAMAGE RELATED REPAIRS
SR/INS/FINISHES/HWH/RECEPT

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 for Selected Subcode(s) \$4,000

Kenneth E. Walsh 3-28-13
Construction Official Date

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulation 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 work installed conforms to 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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. Utility services, including septic.

4. 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.

☐ 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 any other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provisions 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.

V. FEE SUMMARY (Office Only)	
1. Building	\$60.00
2. Electrical	\$60.00
3. Plumbing	\$60.00
4. Fire Protection	\$0.00
5. Elevator	\$0.00
6. Plan Review	\$0.00
7. Subtotal	\$180.00
8. DCA State Fee	\$6.80
9. Subtotal	\$186.80
10. Certificate	\$0.00
11. Subtotal	\$186.80
12. Exemption	\$0.00
TOTAL	\$187.00



Lavallette Borough Bldg Dept
1306 Grand Central Ave.
Lavallette NJ 08735
(732)793-7477

Receipt of Payment

Receipt No: 262845
Payment Date: 03/28/13
Total Payment Amount: \$187.00

Reference:
Block/Lot/Qualifier: 953/18 (LAVALLETTE BORO)
Owner In Fee: Lee E Walsh
Application No: 00733-13
Permit Applicant: Lee E Walsh

Payment Details:

Permit Fee
By Check: \$187.00
Check # 105
Transit # 021205376
Check Amount: \$187.00

Total Payment: **\$187.00**

Received by:
GA

Comments:



CONSTRUCTION PERMIT

Date issued

3-28-13

Permit #

13-00686

IDENTIFICATION Block

453

Work Site Location

111 HADDONFIELD AVE
LAVALLLETTE

Lot

18

Qualification Code

Contractor

HOMEOOWNER

Address

3 GLEN GATE RD

Owner in Fee

LEE EVANS WALSH

Address

3 GLEN GATE RD

Tel.

(973) 335-4636

Lic. No. or Bldrs. Reg. No.

BOONTON TWP NJ 07005

Is hereby granted permission to perform the following work:

☒ BUILDING

☒ PLUMBING

☐ LEAD HAZARD ABATEMENT

☒ ELECTRICAL

☒ FIRE PROTECTION

☐ DEMOLITION

☐ ELEVATOR DEVICES

☐ ASBESTOS ABATEMENT

☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

HURRICANE SANDY STORM RELATED REPAIRS

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 \$

4,000

3-28-13

Construction Official

Date

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

(see reverse side)

PAYMENTS (Office Use Only)

Building 60

Electrical 60

Plumbing 60

Fire Protection -

Elevator Devices -

Other -

DCA State Permit Fee 7

Cert. of Occupancy -

Other -

Total 187

Check No. 105

Cash -

Collected by ga

Reorder call: (732) 534-3000



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

3-28-13
13-00686

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

Block 953 Lot 18 Qualification Code _____

Work Site Location 111 HADDONFIELD AVE
LAVALLETTE

Owner in Fee: LEE EVANS WALSH

Tel. (973) 335-4636 e-mail CAWALSH2OPTIMUM.NET

Address 3 GLEN GATE RD BOONTON TWP NJ 07005

Contractor: HOMEOWNER Tel. (973) 335-4636

Address 3 GLEN GATE RD e-mail CAWALSH2OPTIMUM.NET
BOONTON TWP NJ 07005

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
[]				Type:	Failure	Failure	Approval
[X]	No Plans Required	3/27/13	GB	Footings/Foundations			
[]	All			Foundation			
[]	Structural/Framework			Slab			
[]	Exterior			Frame			4/2/13 GB
[]	Interior			Truss Sys./Bracing			
Joint Plan Review Required:				Barrier-Free			
[]	Elec.	[X]	Plumb.	Insulation			
[]	Fire	[]	Elevator	Finishes -Base Layer			
SUBCODE APPROVAL for PERMIT				Finishes -Final			
Date: 3/27/13				Energy			
Approved by: GB				Mechanical			
SUBCODE APPROVAL for CERTIFICATE				TCO			
[]	CO	[]	CCO	Other			
Date: 9/3/13				Final	8/5/13	9/3/13	GB
Approved by: GB				Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present RES Proposed RES Constr. Class Present _____ Proposed V-B

No. of Stories TWO If Industrialized Building: _____

Height of Structure 26.8 FT ft. State Approved _____ HUD _____

Area — Largest Floor 1,169 sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ 2,400

3. Total (1 + 2) \$ 2,400

U.C.C. F1
(rev. 11/09)

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.

Sign here: Lee Evans Walsh

Print name here: LEE EVANS WALSH

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HURRICANE SANDY STORM RELATED
REPAIRS.

TYPE OF WORK:

- [] New Building
- [] Addition
- [X] Rehabilitation
- [] Roofing
- [] Siding
- [] Fence _____ Height (exceeds 6')
- [] Sign _____ Sq. Ft.
- [] Pool
- [] Retaining Wall _____ Sq. Ft.
- [] Asbestos Abatement Subchapter 8
- [] Lead Haz. Abatement NJAC 5:17
- [] Radon Remediation
- [X] Other REPAIRS
- [] Demolition

FEE (Office Use Only)

\$ _____

60

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 69

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Reorder (2) 534-3000



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 953 Lot 18 Qualification Code _____

Work Site Location 111 HADDONFIELD AVE
LAVALLETTE

Owner in Fee: LEE EVANS WALSH

Tel. (973) 335-4636 e-mail CAWALSH2@OPTIMUM.NET

Address 3 GLEN GATE RD BOONTON TWP NJ 07005
street municipality zip code

Contractor: JOHN E CAMBURN & SON INC Tel. (732) 929-1292

Address PO BOX 1107 e-mail _____
ISLAND HEIGHTS NJ 08732

Contractor License No. 10767 Exp. Date 3/31/15

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

Federal Emp. ID No. 223154586 FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as RESIDENCE Utility Co. JCP&L

Est. Cost of Elec. Work \$ 1,300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

[] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 3-27-13

Approved by: AM

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO [] CA

Date: 3-27-13

Approved by: AM

INSPECTIONS

Type: Failure Failure Approval Initial

Rough _____ 4-2-13 AM

Barrier-Free _____

Trench _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final 9-3 AM

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

Dates (Month/Day)

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 sign/Contractor
sign and seal here:

Print name here: JOHN E CAMBURN

☒ Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Refr Devices

QTY.	SIZE	ITEMS
<u>25</u>		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

QTY.	SIZE	ITEMS
<u>25</u>		TOTAL NUMBERS
		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 Heater/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

FEE (Office Use Only)

\$ 60.00



PLUMBING SUBCODE TECHNICAL SECTION



Cell
973-714 2790

Date Received
Control #

3-28-13

Date Issued
Permit #

13-00686

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

Block 953 Lot 18 Qualification Code _____

Work Site Location 111 HADDONFIELD AVE
LAVALLETTE

Owner in Fee: LEE EVANS WALSH

Tel. (973) 335-4636 e-mail CAWALSH2@OPTIMUM.NET

Address 3 GLEN GATE RD BOCAUTON TWP NJ 07005
street municipality zip code

Contractor: TIMOTHY PETERS PLUMBING INC Tel. (732) 341-4414

Address PO BOX 1847 e-mail Estimating@TPPH.NET
TOMS RIVER NJ 08754

Contractor License No. 7116 Exp. Date 6/13

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13Vh00467509

Federal Emp. ID No. 22-3145636 FAX: (732) 341-7614

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 \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: 3/27/13 Approved by: GB

☐ Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☒ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 3/27/13

Approved by: GB

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☒ CA

Date: 9/3/13

Approved by: GB

INSPECTIONS

Type: Failure Failure Approval Initial

Slab _____ _____ 4/2/13 GB

Rough _____ _____ _____ _____

Water _____ _____ _____ _____

Sewer _____ _____ _____ _____

Fixtures _____ _____ _____ _____

Gas Equipment _____ _____ _____ _____

Gas Piping _____ _____ _____ _____

LPGas Tank _____ _____ _____ _____

Fuel Oil Piping _____ _____ _____ _____

Solar _____ _____ _____ _____

TCO _____ 8/5/13 9/3/13 GB

Final _____ _____ _____ _____

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 sign/Contractor sign and seal here: Timothy Peters

Print name here: TIMOTHY PETERS

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HURRICANE SANDY STORM RELATED REPAIRS

QTY.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink 1

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater 60

Fuel Oil Piping

Gas Piping

LPGas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrapp

Sewer Connection

Water Service Connection

Stacks

Other

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 9A3 LOT 18 QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 111 HADDONFIELD AVE LAVALLETTE
Owner in Fee LEE EVANS WALSH
Verifying Individual Timothy Peters Company TIMOTHY PETERS PLUMBING INC
Address PO Box 1847 TOMS RIVER NJ 08754
Tel: (732) 341-4414 City _____ State _____ Zip Code _____
Fax: (732) 341-7614

Check the Appropriate Box(es):

Type of Replacement:
☐ Oil to Gas Conversion
☐ Gas to Oil Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney: Size _____
☐ "B" Label Vent ☐ Chimney-Interior
☐ "L" Label Vent ☐ Chimney-Exterior
☐ Flexible Liner ☐ Masonry Chimney-Tile Lined
☐ Power Vent/Exhauster ☐ Masonry Chimney-Unlined
☐ Other _____

Fuel Type _____ BTU Rating (Input/hour) _____
Appliance 1: _____ Oil / Gas / Other: _____
Appliance 2: _____ Oil / Gas / Other: _____
Appliance 3: _____ Oil / Gas / Other: _____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.
Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: _____ Stainless Steel _____ Aluminum _____
Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____
Length of Connector: _____ Vent Connector Rise: _____
How does the appliance vent? ☐ Natural Draft ☐ Fan-assisted ☐ Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:
I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature _____ Date _____

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature H. Waters only Date 3/20/13

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature _____ Date 3/20/13

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____ Date _____

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION.
FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.