

BLOCK 953LOT 18QUALIFICATION CODE 00191-19ADDRESS (SITE) 111 Haddonfield AvPERMIT NO. 19-00184

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work Site at: 111 Haddonfield Av

2. Name of Owner in Fee: WALSH, Lee

Tel. ( 132 ) 143 3203 e-mail \_\_\_\_\_

Address 111 Haddonfield Av LAVILLE 08735

3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_

4. Principal Contractor: \_\_\_\_\_

Address \_\_\_\_\_

**Joe Hurley Inc.**  
(732)660-1600 Fax (732)-660-1111

License No. OR, if new holder 1311 Allaire Avenue Ocean, NJ 07712 Exp. Date \_\_\_\_\_

HIC#: 13VH00872000; Exp Date 03/31/20

Home Improvement Contractor FED EMP ID #: 22 323 7676

Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

5. Architect or Engineer \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

6. Responsible Person in Charge once Work has Begun Joe Hurley

Tel. ( 132 ) 6601600 FAX: ( 132 ) 6600 1111

## V. FEE SUMMARY (for office use only)

|                                   |    | Update     | Update |
|-----------------------------------|----|------------|--------|
| 1. Building                       | \$ |            |        |
| 2. Electrical                     | \$ | <u>100</u> |        |
| 3. Plumbing                       | \$ | <u>300</u> |        |
| 4. Fire Protection                | \$ |            |        |
| 5. Elevator Devices               | \$ |            |        |
| 6. Subtotal                       | \$ |            |        |
| 7. Less 20% for State Plan Review | \$ |            |        |
| 8. Subtotal                       | \$ |            |        |
| 9. State Permit Surcharge Fee     | \$ | <u>13</u>  |        |
| 10. Subtotal                      | \$ |            |        |
| 11. Cert. of Occupancy            | \$ |            |        |
| 12. Other                         | \$ |            |        |
| 13. TOTAL                         | \$ | <u>413</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 \_\_\_\_\_

## 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
- ☒ Mechanical
- ☐ 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 | Re-viewer |
|-------------|----------------|------------|----------------|----------------|----------------|--------------------|-----------|
|             |                |            |                |                |                | Approval           | Rejection |
| <u>120</u>  |                |            |                | <u>7/25/19</u> | <u>7/25/19</u> |                    |           |
| <u>6900</u> |                |            |                | <u>7-31-19</u> | <u>6/10</u>    |                    |           |
| <u>7020</u> |                |            |                |                |                |                    |           |

TOTAL COST

## VII. DESCRIPTION OF BUILDING USE

## A. RESIDENTIAL (primary use)

1. State Specific Use: \_\_\_\_\_
2. Use Group, Proposed: \_\_\_\_\_
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 \_\_\_\_\_

## III. PLAN REVIEW (optional)

## DO YOU WANT:

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/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 Building Department  
1306 Grand Central Ave.  
Lavallette NJ 08735  
(732)793-5105



# CERTIFICATE

1515 - LAVALLETTE BORO

Date Issued: 08/27/2019  
Permit # 19-00184  
Certificate: 1900184.1

## 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 Joe Hurley, Inc.  
Address 1311 Allaire Ave., P.O. Box 636  
Ocean, NJ 07712  
Telephone (732) 660-1600 FAX  
Lic No/Bldrs Reg No. 13VH0087200 Fed. Emp. No. 223237676  
13VH00872000  
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

Home Warranty No.  
Type of Warranty Plan [ ] State [ ] Private  
Use Group ICC/R-5  
Maximum Live Load  
Construction Class VB  
Max. Occupancy Load  
Description of Work/Use  
Replace gas furnace

### ☐ 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: 08/27/2019 11:27

**IDENTIFICATION** Block 953 Lot 18 Qualifier

Work Site 111 Haddonfield Ave Contractor Joe Hurley, Inc.  
Lavallette, NJ 08735 Address 1311 Allaire Ave.  
Owner in Fee Lee E. Walsh Ocean, NJ 07712  
Address 3 Glen Gate Rd Telephone (732) 660-1600  
Boonton, NJ 07005 Lic./Reg. No. 13VH00872000  
Telephone (973) 335-4636

**Is hereby granted permission to  
perform the following work:**

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

**DESCRIPTION OF WORK:**

Replace gas furnace

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) \$7,020

 Date 8-6-15

Construction Official

**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                  | \$0.00   |
| 2. Electrical                | \$100.00 |
| 3. Plumbing                  | \$0.00   |
| 4. Fire Protection           | \$0.00   |
| 5. Mechanical                | \$300.00 |
| 6. Elevator                  | \$0.00   |
| 7. Plan Review               | \$0.00   |
| 8. Subtotal                  | \$400.00 |
| 9. DCA State Fee             | \$13.34  |
| 10. Subtotal                 | \$413.34 |
| 11. Certificate              | \$0.00   |
| 12. Subtotal                 | \$413.34 |
| 13. Exemption                | \$0.00   |
| TOTAL                        | \$413.00 |



Lavallette Building Department  
1306 Grand Central Ave.  
Lavallette NJ 08735  
(732)793-5105

## Receipt of Payment

**Receipt No:** 744223  
**Payment Date:** 08/06/19  
**Total Payment Amount:** \$413.00

**Reference:**

Block/Lot/Qualifier: 953/18 (LAVALLETTE BORO)  
Owner In Fee: Lee E Walsh  
Application No: 00191-19  
Permit Applicant: Lee E Walsh

**Payment Details:**

Permit Fee

By Check:

Check # 6881

Transit # 221270651

Check Amount: \$413.00

Total Payment:

**\$413.00**

**Received by:**

GA

**Comments:**



# CONSTRUCTION PERMIT

Date Issued 8-6-19  
Permit # 19-00184

IDENTIFICATION Block 953 Lot 18 Qualification Code \_\_\_\_\_  
Work Site Location 111 HADDONFIELD AVE Contractor Joe Hurley, Inc.  
Address 1311 Allaire Ave. Ocean, NJ 07712  
Owner in Fee WALSH, LEE  
Address 111 HADDONFIELD AVE, LAVALLETTE, NJ 08735 Tel. ( 732 ) 660-1600  
Tel. ( 732 ) 793-3203 Lic. No. or Bldrs. Reg. No. 13VH008752000 03/31/2020

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REPLACE GAS FURNACE, COIL & CONDENSER

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 \$ \$7020.00

Construction Official

Date

8-1-19

PAYMENTS (Office Use Only)

Building \_\_\_\_\_  
Electrical 100  
~~Mechanical~~ 300  
Plumbing \_\_\_\_\_  
Fire Protection \_\_\_\_\_  
Elevator Devices \_\_\_\_\_  
Other \_\_\_\_\_  
DCA State Permit Fee 13  
Cert. of Occupancy \_\_\_\_\_  
Other \_\_\_\_\_  
Total 413  
Check No. 6881  
Cash \_\_\_\_\_  
Collected by gan

(see reverse side)

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT



# **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

Owner in Fee: WALSH, LEE

Tel. (732) 793-3203 e-mail \_\_\_\_\_

Address 111 HADDONFIELD AVE LAVALLETTE 08735

Contractor: Joe Hurley, Inc. Tel. (732) 660-1600

Address 1311 Allaire Ave. Ocean, NJ 07712 e-mail \_\_\_\_\_

Contractor License No. 19HC00252600 Exp. Date 06/30/2020

Home Improvement Contractor Registration No. or Exemption Reason 13VH00872000 03/31/2019

Federal Emp. ID No. 223237676 FAX: (732) 660-1111

## **B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ 120

## **JOB SUMMARY (Office Use Only)**

PLAN REVIEW 7/29/19 INSPECTIONS \_\_\_\_\_ Dates (Month/Day) \_\_\_\_\_

☒ No Plans Required 2-4-156 Type: \_\_\_\_\_ Failure \_\_\_\_\_ Failure \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_

☐ Partial -Underslab Utilities Approved \_\_\_\_\_ Rough \_\_\_\_\_

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_ Barrier-Free \_\_\_\_\_

☐ Electric Plans Approved \_\_\_\_\_ Trench \_\_\_\_\_

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_ Temp. Serv. \_\_\_\_\_

Joint Plan Review Required: \_\_\_\_\_ Constr. Serv. \_\_\_\_\_

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev. \_\_\_\_\_ TCO \_\_\_\_\_

SUBCODE APPROVAL for PERMIT \_\_\_\_\_ Other \_\_\_\_\_

Date: 7/29/19 Final 8/14/19 2-4-156 8/27/19 2-4-156

Approved by: 2-4-156 Barrier-Free \_\_\_\_\_

SUBCODE APPROVAL for CERTIFICATE \_\_\_\_\_ Temp. Cut-in-Card Date Issued \_\_\_\_\_

☐ CO ☐ CCO ☐ CA \_\_\_\_\_ Final Cut-in-Card Date Issued \_\_\_\_\_

Date: 8/27/19 Annual Pool Inspection \_\_\_\_\_

Approved by: 2-4-156 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.

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: Joe Hurley

☐ Licensed Elec. Contractor ☐ Certif'd Landscape Irrigation Contr'r ☒ Exempt Applicant

## **D. TECHNICAL SITE DATA**

### **DESCRIPTION OF WORK: REPLACE GAS FURNACE, COIL & CONDENSER**

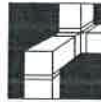
| QTY.  | SIZE  | ITEMS                                | FEE (Office Use Only) |
|-------|-------|--------------------------------------|-----------------------|
| _____ | _____ | Lighting Fixtures                    | _____                 |
| _____ | _____ | Receptacles                          | _____                 |
| _____ | _____ | Switches                             | _____                 |
| _____ | _____ | Detectors                            | _____                 |
| _____ | _____ | Light Poles                          | _____                 |
| _____ | _____ | Motors—Fract. HP                     | _____                 |
| _____ | _____ | Emergency & Exit Lights              | _____                 |
| _____ | _____ | Communications Points                | _____                 |
| _____ | _____ | Alarm Devices/F.A.C. Panel           | _____                 |
| _____ | _____ | 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                  | _____                 |
| 1     | 4W    | KW Central A/C Unit <u>reconnect</u> | _____                 |
| _____ | _____ | 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          | _____                 |
| 1     | _____ | 120V furnace re <u>connect</u>       | _____                 |

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_





# MECHANICAL INSPECTION 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

Owner in Fee: WALSH, LEE

Tel. (732) 793-3203 e-mail \_\_\_\_\_

Address 111 HADDONFIELD AVE LAVALLETTE 08735

street municipality zip code

Contractor: Joe Hurley, Inc. Tel. (732) 660-1600

Address 1311 Allaire Ave. e-mail accounting@joehurleyinc.com

Ocean, NJ 07712

Contractor License No. 19HC00252600 Exp. Date 06/30/2020

Home Improvement Contractor Registration No. or Exemption Reason 13VH00872000 03/31/2020

Federal Emp. ID No. 223237676 FAX: (732) 660-1111

## B. MECHANICAL CHARACTERISTICS

Use Group Present:

Heating System work: ☐ New OR ☐ Modification to Existing OR ☐ Conversion OR ☒ Replacement

Type: ☐ Hydronic ☒ Hot Air

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other \_\_\_\_\_

Estimated Cost of Mechanical Work \$ 7,020

### JOB SUMMARY (Office Use Only)

#### PLAN REVIEW

☒ No Plans Required

☐ Mechanical Plans Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.

☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 7-31-19

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

Date: 8-14-19

Approved by: [Signature]

#### INSPECTIONS

Type:

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other Final

#### DATES

Failure

Failure

Approval

Initial

\_\_\_\_\_

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## 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: \_\_\_\_\_

Print name here: Joe Hurley

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

**REPLACE GAS FURNACE, COIL & CONDENSER**

### NO. FIXTURE/EQUIPMENT

\_\_\_\_ Water Heater  
\_\_\_\_ Fuel Oil Piping Connections  
\_\_\_\_ Gas Piping Connections Condenser  
\_\_\_\_ Steam Boiler  
\_\_\_\_ Hot Water Boiler  
\_\_\_\_ Hot Air Furnace  
\_\_\_\_ Oil Tank AC  
\_\_\_\_ LPG Tank Coil  
\_\_\_\_ Fireplace  
\_\_\_\_ Generator  
\_\_\_\_ Other Condensate Pumps

### FEE (Office Use Only)

\$ \_\_\_\_\_

\_\_\_\_\_

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Administrative Surcharge \$ 300

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

**TOTAL FEE \$** \_\_\_\_\_



# CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 959 LOT 16 QUALIFICATION CODE \_\_\_\_\_ PERMIT # \_\_\_\_\_  
WORK SITE ADDRESS 11 Harrisonfield Av  
Owner in Fee Walsh Lee  
Verifying Individual Joe Hurley Company Joe Hurley, Inc.  
Address 1311 Allaire Ave. City Ocean State NJ Zip Code 07712  
Tel: (732) 660-1600 Fax: (732) 660-1111 Size 3"

## Check the Appropriate Box(es):

- Type of Replacement:
- |                                     |                           |
|-------------------------------------|---------------------------|
| <input type="checkbox"/>            | Oil to Gas Conversion     |
| <input type="checkbox"/>            | Gas to Oil Conversion     |
| <input checked="" type="checkbox"/> | Gas Appliance Replacement |
| <input type="checkbox"/>            | Oil to Oil Replacement    |
| <input type="checkbox"/>            | Other _____               |

- Existing Vent/Chimney: Size 3"
- |                                     |                      |                          |                            |
|-------------------------------------|----------------------|--------------------------|----------------------------|
| <input type="checkbox"/>            | "B" Label Vent       | <input type="checkbox"/> | Chimney-Interior           |
| <input type="checkbox"/>            | "L" Label Vent       | <input type="checkbox"/> | Chimney-Exterior           |
| <input type="checkbox"/>            | Flexible Liner       | <input type="checkbox"/> | Masonry Chimney-Tile Lined |
| <input checked="" type="checkbox"/> | Power Vent/Exhauster | <input type="checkbox"/> | Masonry Chimney-Unlined    |
| <input type="checkbox"/>            | Other _____          | <input type="checkbox"/> | Other _____                |

## Type Fuel Type

- Appliance 1: Fireplace Oil / Gas / Other: Gas
- Appliance 2: \_\_\_\_\_ Oil / Gas / Other: \_\_\_\_\_
- Appliance 3: \_\_\_\_\_ Oil / Gas / Other: \_\_\_\_\_

BTU Rating (input/hour)  
88,000

## 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.

### Direct Vent Appliance:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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.



BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey  
New Jersey Office of the Attorney General  
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE  
Board of Exam. of HVACR Contractors

HAS LICENSED

Joseph R. Hurley  
1311 Allaire Ave  
Ocean NJ 07712

FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

06/29/2018 TO 06/30/2020  
VALID

19HC00252600  
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

*John M. Jago*  
ACTING DIRECTOR

PLEASE DETACH HERE  
IF YOUR LICENSE/REGISTRATION  
CERTIFICATE ID CARD IS LOST  
PLEASE NOTIFY:  
Board of Exam. of HVACR Contractors  
P.O. Box 47031  
Newark, NJ 07101

New Jersey Office of the Attorney General  
Division of Consumer Affairs  
THIS IS TO CERTIFY THAT THE  
Board of Exam. of HVACR Contractors  
HAS LICENSED  
Joseph R. Hurley  
Master HVACR Contractor

06/29/2018 TO 06/30/2020  
VALID

19HC00252600  
License/Registration/Certificate #



THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED  
BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY

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LECTRICIAN'S  
R PLUMBER'S  
ICENSE

State Of New Jersey  
New Jersey Office of the Attorney General  
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE  
Home Improvement Contractors

HAS REGISTERED

JOE HURLEY, INC.  
Joe Hurley  
P O Box 636  
Oakhurst NJ 07755-0636

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

03/08/2019 TO 03/31/2020  
VALID

13VH00872000  
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

*Paul Robinson*  
ACTING DIRECTOR

PLEASE DETACH HERE  
IF YOUR LICENSE/REGISTRATION  
CERTIFICATE ID CARD IS LOST  
PLEASE NOTIFY:  
Home Improvement Contractors  
P.O. Box 45016  
Newark, NJ 07101

New Jersey Office of the Attorney General  
Division of Consumer Affairs  
THIS IS TO CERTIFY THAT THE  
Home Improvement Contractors  
HAS REGISTERED  
JOE HURLEY, INC.  
Home Improvement Contractor

NOT AN  
ELECTRICIAN'S  
OR PLUMBER'S  
LICENSE

03/08/2019 TO 03/31/2020  
VALID

13VH00872000  
License/Registration/Certificate #

SIGNATURE  
ACTING DIRECTOR

PLEASE DETACH HERE

PLEASE DETACH HERE