

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/25/2022
Control Number C-22-000597
Permit Number 22-0586
Permit Issue Date 02/24/2022
Certificate Number 22-0586

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 142 BAYWOOD BLVD. Brick Township, NJ Block: 201.25 Lot: 7 Qual: _____
Owner in Fee: CAGGIANO, LISA A
Owner Address: 142 BAYWOOD BLVD BRICK NJ 08723
Telephone: _____
Contractor NJR PLUMBING SERVICES
Address 1415 WYCKOFF RD WALL NJ 07719
Telephone: (732) 919-8172 Fax: (732) 938-3010 Federal Emp. Number: 22-3609806
License Number or Builders Registration Number: _____
Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: REPLACEMENT WATER HEATER

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:

Daniel Newman Jr

Construction Official

Date Printed: 04/25/2022

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

Fee: \$0.00

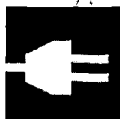
Check Number: _____

Collected By: _____

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ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

22-0586

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

Block 201.25 Lot 7 Qualification Code _____
Work Site Location 142 Baywood Blv
Brick

Owner in Fee: Donald Cacciano Jr

Tel. _____ e-mail _____

Address _____

street municipality zip code

Contractor: NJR Home Services Tel. (732) 919-8090

Address 1415 Wyckoff Rd e-mail NJRHSPermits@njresurces.com
Wall, NJ 07719

Contractor License No. 34EB01231200 Exp. Date 3/31/24

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500

Federal Emp. ID No. 22-3609806 FAX: (732) 938-3010

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 747.00

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
	Dates (Month/Day)
[] No Plans Required	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: _____	Service _____
Approved by: _____	Final _____
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free _____
[] CO [] CCO [] CA	Temp. Cut-in-Card Date Issued _____
Date: <u>9-22-22</u>	Final Cut-in-Card Date Issued _____
Approved by: <u>[Signature]</u>	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.

Applicant sign/Contractor sign and seal here:

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

DIRECT REPLACEMENT OF ELECTRIC WATER HEATER

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	_____
<u>1</u>	_____	<u>ELECTRIC WATER HEATER</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	_____



Mechanical

PLUMBING SUBCODE

TECHNICAL SECTION



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2/24/22

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

Block 201.25 Lot 7 Qualification Code _____
 Work Site Location 142 Baywood Blv
Brick
 Owner in Fee: Donald Caggiano Jr
 Tel. [REDACTED] e-mail _____

Address _____
 street municipality zip code
 Contractor: NJR Plumbing Services Tel. 732 919-8090
 Address 1415 Wyckoff Rd e-mail NJRHSPermits@njresources.com
Wall, NJ 07719

Contractor License No. 36BI00969200 Exp. Date 6/30/23
 Home Improvement Contractor Registration No. or Exemption Reason 13VH00361500
 Federal Emp. ID No. 22-3609806 FAX: 732 938-3110

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed _____
 Building Sewer Size _____ Public Sewer _____ Private Septic _____
 Water Service Size _____ Public Water _____ Private Well _____
 Est. Cost of Plumbing Work \$ ~~XXXXXXX~~ 748.00

JOB SUMMARY (Office Use Only)		Dates (Month/Day)			
PLAN REVIEW		INSPECTIONS		Failure	Approval
[] No Plans Required		Type:	Failure	Approval	Initial
[] Partial - Underslab Utilities Approved		Slab			
Date: _____ Approved by: _____		Rough			
[] Plumbing Plans Approved		Water			
Date: _____ Approved by: _____		Sewer			
Joint Plan Review Required:		Fixtures			
[] Bldg. [] Elec. [] Fire [] Elev.		Gas Equipment			
SUBCODE APPROVAL for PERMIT		Gas Piping			
Date: _____ Approved by: _____		LPGas Tank			
SUBCODE APPROVAL for CERTIFICATE		Fuel Oil Piping			
[] CO [] CCO [] CA		Solar			
Date: <u>4/21/22</u>		TCO			
Approved by: <u>WMC</u>		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: Edward B. Glashan
 Print name here: Edward B. Glashan
☒ Licensed Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF ELECTRIC WATER HEATER

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
<u>1</u>	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____

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