



Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 12/31/2013
Control Number 09661
Permit Number 20091459
Permit Issue Date 7/20/2009
Certificate Number 20091459

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 17 GRISTMILL ROAD Howell Township, NJ Block: 110.08 Lot: 6 Qual: _____
Owner in Fee: SADIK, SEMRA A
Owner Address: 17 GRISTMILL RD HOWELL NJ 07731
Telephone: [REDACTED]
Contractor ROYAL AIR
Address 1735 ROUTE 9 NORTH HOWELL NJ 07731
Telephone: (732) 409-3322 Fax: _____
License Number or Builders Registration Number: 13VH01273700 Federal Emp. 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 AC SYSTEM

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:

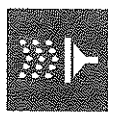

Construction Official

Fee: \$0.00
Check Number: _____
Collected By: _____

110.08 - 6



PLUMBING 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 110.08 Lot 10 Qualification Code 17
Work Site Location 17 Graftmilled

Owner in Fee: 100% share

Tel: [redacted] e-mail: [redacted]
Address: 11 Graftmilled Rd. TDU021 07731

Contractor: Dogal Oie Municipality: TDU021 Tel: 732, 409-3822
Address: 135 2nd Ave. TDU021 e-mail: [redacted]

Contractor License No. [redacted] Exp. Date [redacted]
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): [redacted]

Federal Emp. ID No. [redacted] FAX: ([redacted])
B. PLUMBING CHARACTERISTICS

Use Group Present Proposed [redacted]
Building Sewer Size [redacted] Public Sewer [redacted] Private Septic [redacted]
Water Service Size [redacted] Public Water [redacted] Private Well [redacted]
Est. Cost of Plumbing Work \$ 4100

JOB SUMMARY (Office Use Only) MINISTERS

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type	Failure	Failure	Approval
Joint Plan Review Required:					
☒	No Plans Required	Slab			
☐	Building	Electric			
☐	Fire	Elevator			
☐	Plumbing Plans Approved	Fixtures			
Date: <u>6/4/09</u>	Approved by: <u>Allen Sheets</u>	Gas Equipment			
SUBCODE APPROVAL					
☐	CO	LP Gas Tank			
☐	SCC	Fuel Oil Piping			
☐	CA	Solar			
Date: <u>9/15/09</u>	Approved by: <u>Allen Sheets</u>	TCO			
Final <u>8/12/09</u> <u>9/15/09</u>					

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.

[] Licensed Plumbing Contractor [X] Exempt Applicant
Applicant's Signature/Contractor's Seal and Signature

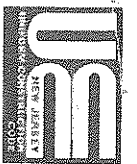
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
coil and condensate

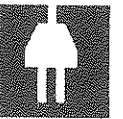
Date Received 7-20-09
Control # 04661
Date Issued 2009/1455
Permit #

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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other <u>coil</u>	
	Other	

Administrative Surcharge \$ 65
Minimum Fee \$ 65
State Permit Surcharge Fee \$ 65
TOTAL FEE \$ 65



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 110.08 Lot 6 Qualification Code 07731

Work Site Location 17 CRISTMILL RD.

Owner in Fee: SADUK SADUK

Tel: [REDACTED] e-mail: [REDACTED]

Address 17 CRISTMILL RD. INDUCELL 07731

Contractor JOHN ANKELIN INDUCELL 07731

Address 1733 NEW BEDFORD RD INDUCELL 07731

Contractor License No. 11766 Exp. Date 3-31-02

Home Improvement Contractor License No. [REDACTED] (if applicable)

Federal Emp. ID No. [REDACTED] FAX ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present [REDACTED] Proposed [REDACTED]

Building Occupied as [REDACTED] Temporary [REDACTED] Other [REDACTED]

Est Cost of Elec. Work \$ 400 Utility Co. [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial INSPECTIONS

☒ No Plans Required ☐ Type Failure Failure Approval Initial

Joint Plan Review Required ☐ Rough Barrier-Free ☐

☐ Building ☐ Plumbing ☐ Trench ☐

☐ Fire ☐ Elevator ☐ Temp. Serv. ☐

☐ Elec. Plans Approved ☐ Constr. Serv. ☐

Date: 6-3-04 TCO ☐

Approved by: [Signature] Other ☐

Service ☐

Final ☐

Barrier-Free ☐

Temp. Cut-In-Card Date Issued 8-12-01

Final Cut-In-Card Date Issued 9-25-01

Annual Pool Inspection ☐

Date of Grounding and Bonding Certification ☐

Subcode Approval ☐ CO ☐ CO ☐ CO

Date: 9-25-05

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

20 min

QTY. SIZE ITEMS

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

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

Administrative Surcharge \$ 15

Minimum Fee \$ 15

State Permit Surcharge Fee \$ 15

TOTAL FEE \$ 45

DATE RECEIVED

CONTROL #

DATE ISSUED

PERMIT #

7-20-05

09661

20051459

7-20-05

09661

20051459

7-20-05

09661

20051459

7-20-05

09661

20051459

7-20-05

09661

20051459

7-20-05

09661

20051459

7-20-05

09661

20051459

7-20-05

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.

Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

U.C.C. F120 (rev. 10/06)

Reorder From OCS Printing (609) 390-1400