

3367-94

OCT 21 1994



CONSTRUCTION PERMIT APPLICATION

V. FEE SUMMARY (for office use only)

Update

Update

1. Building	\$	
2. Electrical		
3. Plumbing		50.
4. Fire Protection		33.
5. Other		
6. Subtotal	\$	83
7. Less 20% for State Plan Review		
8. Subtotal	\$	
9. DCA Training Fee		2
10. Subtotal	\$	
11. Cert. of Occupancy		20
12. Other		
13. TOTAL	\$	105

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors _____ sq. ft.
5. Volume of 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 _____ sq. ft.
 no _____
11. Fire Grading _____
12. Max. Live Load _____
13. Max. Occupancy Load _____

II. PROPOSED WORK

1. ☐ Minor Work
(single trade)
2. ☐ Small Job (\$5,000
and no prior
approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☒ Plumbing
8. ☐ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

TOTAL COSTS

Est. Cost

2500

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates Approval	Rejection	Re- viewer
<i>SS</i>							
			10/21/94	BB	9/15/95		<i>SS</i>
			10/21/94	CYC			

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- | | | |
|--|--|---|
| 1 ☐ Elevators/Éscalators/Lifts/
Dumbwaiters/Moving Walks | 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly |
| 2 ☐ High Pressure Boilers | 4. ☐ Refrigeration Systems | 7. ☐ Sprinklers |
| | 5. ☐ Cross-Connections/Backflow
Preventers | 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:

CERTIFICATION IN LIEU OF OATH

I OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature

Andrew J. M...

Date

10/21/94

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

Agent Name

Address

Telephone ()

Signature

Date

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protection									
☐ Utility Dig No.									
☐ Other									
☐									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED	(office use only)	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Continued Certificate of Occupancy	No. _____	_____
☐ Certificate of Occupancy	No. _____	_____
☐ Certificate of Approval	No. _____	_____
☐ None		



CONSTRUCTION PERMIT

Date Issued 11-22-94
Control #
Permit # 3367-94

IDENTIFICATION Block 1192.14 Lot 17

Work Site Location 35 Clay Creek Contractor Self
Address 11

Owner in Fee Delores Sullivan
Address 101115

Tele. () 201 136 Tele. () ##0087**
Lic. No. or Bldrs. Reg. No. 3367#H Exp. Date 11/22/94
Federal Emp. No. 1192.14 # or Social Security No. 1192.14 #

is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Elect 4 Gas

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 \$ 2,400

Delores Sullivan

PAYMENTS (Office Use Only) 17 #		
Building	<u>10.00</u>	10.00
Plumbing	<u>3.00</u>	13.00
Electrical	<u>2.00</u>	2.00
Fire Protection	<u>20.00</u>	20.00
Other	<u>15.00</u>	15.00
Other	<u>15.00</u>	15.00
DCA Training Fee	<u>0.00</u>	0.00
Cert. of Occ.	<u>12.22</u>	12.22
Other	<u>105</u>	
Total	<u>105</u>	
Check No.		
Cash	☒	
Collected By:	<u>Self</u>	



SUBCODE TECHNICAL SECTION



Date Issued
Control #
Permit #

3367-94

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

Block 1192-14 Lot 17
Work Site Location 35 Clay Circle Blvd NY

Owner in Fee Diapers Sullivan
Address 35 Clay Circle
Rochester

Tel. [REDACTED]

Contractor OWNEK
Address 35 Clay Circle

Tele. (462) 266 1936

Lic. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Constr. Class. _____ Present _____ Proposed _____

Heating Systems ☐ New ☐ Existing
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
☐ Other _____

Location: _____

Total Est. Cost of Fire Prot. Work \$ _____ ☐ Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)	Initial
☐ No Plans Required	Type:	Failure	Failure
Joint Plan Review Required:	Suppression Test	_____	_____
☐ Bldg. ☐ Plumb.	Fire Alarm Test	_____	_____
☐ Elec. ☐ Elevator	Smoke Test	_____	_____
☐ Fire Plans Approved	Mechanical	_____	_____
Date: <u>10/21/94</u>	TCO	_____	_____
Approved by: <u>[Signature]</u>	Other	_____	_____
SUBCODE APPROVAL:	Other	_____	_____
☐ CO ☐ CCO ☐ CA	Other	_____	_____
Date: <u>9/16/95</u>	Other	_____	_____
Approved by: <u>[Signature]</u>	Other	_____	_____

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.

SIGNATURE _____

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks _____
Combustible Liquid Storage Tanks _____
L.P.G. Storage Tanks _____
L.N.G. Storage Tanks _____

() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____

Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems _____
CO₂ Suppression _____

Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
OTHER Stove _____

Administrative Surcharge \$ _____

Paid ☐ Check # _____ Minimum Fee \$ _____

DCA Training Fee \$ _____

Collected by: _____ TOTAL FEE \$ _____

FEE (Office Use Only)

PLUMBING **SUBCODE** **TECHNICAL SECTION**



Date Received 11-22-94
Date Issued
Control # 3367-94
Permit #

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

Block 1192.14 Lot 17
Work Site Location 35 Clay Circle Baile NJ

Owner in Fee Dolores Sullivan
Address 35 Clay Circle Baile NJ.
Tele. [Redacted]

Contractor [Redacted]
Address 35 Clay Circle
Tele. [Redacted]

Lic. No. [Redacted] or Social Security No. [Redacted]
Federal Emp. No. [Redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work \$ 119

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS				
		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Slab				
☐ Joint Plan Review Required:		Rough				
☐ Bldg. ☐ Elec.		Water				
☐ Fire ☐ Elevator		Sewer				
☐ Plumb. Plans Approved		Fixtures				
Date: 10/21/94		Gas Equipment				
Approved by: [Signature]		Gas Piping				
SUBCODE APPROVAL:		Solar				
☐ CO ☐ CCO ☐ CA		TCO				
Approved By: [Redacted]						
Date: [Redacted]						

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.

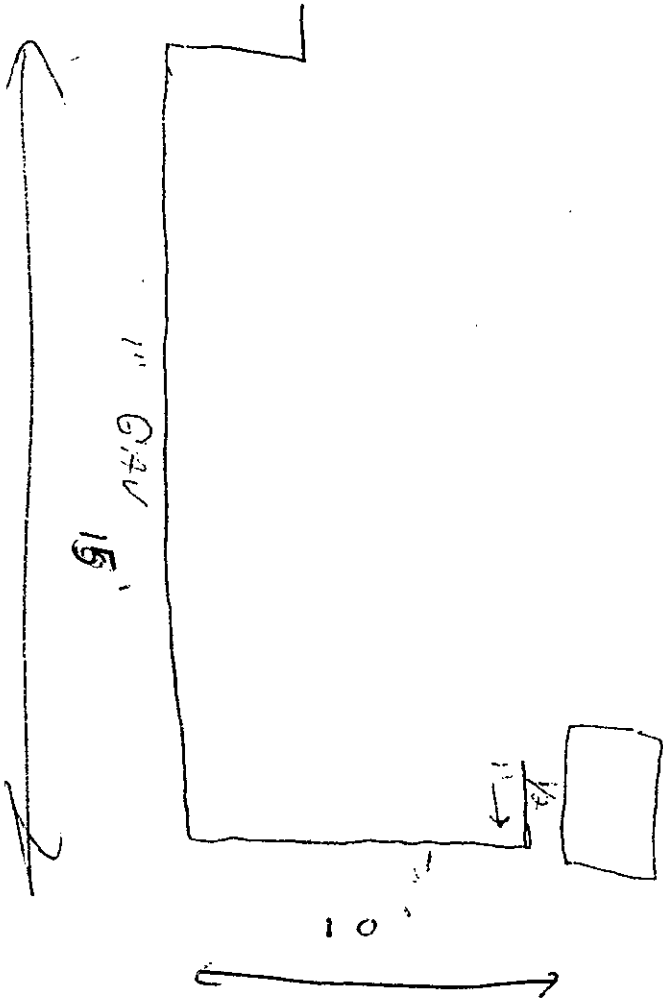
Signature—Contractor Seal [Redacted]

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures)

NO.	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	15
	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active-Sector System Vent	10
	Other [Redacted]	
	Administrative Surcharge	\$ 50-
	Paid ☐ Check # [Redacted]	
	Minimum Fee \$	
	DCA Training Fee \$	
	Collected by: [Redacted]	
	TOTAL \$	

GAS
meter



10/21/94