BLOCK 92.01 LOT 11 QUALIFICATION CODE [redacted] ADDRESS (SITE) 9 Scheiber drive PERMIT NO. 08-3612

# CONSTRUCTION PERMIT APPLICATION

08-0054/90

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

Check enclosed

## I. IDENTIFICATION

1. Proposed Work Site at: 9 SCHEIBER DRIVE BRICK, NJ 08723
2. Name of Owner in Fee: JANICE E LUSTER Te[redacted]
   Address 9 SCHEIBER DRIVE (street) BRICK (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor COASTAL & SON, LLC Tel. 732-573-~~1149~~ 0027
   Address 3324 WINDSOR AVE., TOMS RIVER, NJ 08753
   License No. OR, If new home, Builder Reg. No. 1809 Exp. Date _____
   Federal Employee No. 22-3795085 FAX: 732-573-1149
5. Architect or Engineer _____ Tel. _____
   Address _____
6. Responsible Person in Charge of Work DOUG CONBOY
   Tel. 732-573-~~1149~~ 0027 FAX: 732-573-1149

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

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ | | |
| 2. Electrical | | | |
| 3. Plumbing | | 40 | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | $ | | |
| 7. Less 20% for State Plan Review | | | |
| 8. Subtotal | $ | | |
| 9. DCA Training Fee | | | |
| 10. Subtotal | | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | $ | | |

## VI. BUILDING/SITE CHARACTERISTICS

| | (office use only) |
|---|---|
| 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. Construction Classification | |
| 7. Total Land Area Disturbed sq. ft. | |
| 8. Flood Hazard Zone | |
| 9. Base Flood Elevation ft. | |
| 10. Wetlands yes | |
| no | |
| 11. Max. Live Load | |
| 12. Max. Occupancy Load | |

RECD DEC 01 2008

## II. PROPOSED WORK

| | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| 1. ☐ Minor Work | | | | | | | | | |
| 2. ☐ New Building | | | | | | | | | |
| 3. ☐ Addition | | | | | | | | | |
| 4. ☐ Alteration | | | | | | | | | |
| 5. ☐ Fire Protection | | | | | | | | | |
| 6. ☑ Plumbing | 485.- | | | | 12-3-08 | ~~AK~~ | 1-14-09 | | |
| 7. ☐ Electrical | | | | | | | | | |
| 8. ☐ Elevator Devices | | | | | | | | | |
| 9. ☐ Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. ☐ Lead Hazard Abatement | | | | | | | | | |
| 11. ☐ Demolition | | | | | | | | | |
| TOTAL COSTS | | | | | | | | | |

OPTIONAL (for office use only)

## III. DO YOU WANT: (optional)

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
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:

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/20/2009
Control Number C-08-005490
Permit Number 08-3612
Permit Issue Date 12/4/2008
Certificate Number 08-3612

# Certificate

Construction Code Division

(Certificate of Approval)

## Identification

Work Site Location: 9 SCHEIBER DR. Brick Township, NJ Block: 92.01 Lot: 11 Qual:

Owner in Fee: CUSTER, JANICE E.

Owner Address: 9 SCHEIBER DR. BRICK NJ 08723

Telephone: [redacted]

Contractor COASTAL AND SON, LLC

Address 3324 WINDSOR AVE TOMS RIVER NJ 08753

Telephone: 732-573-1149 Fax:

License Number or Builders Registration Number: 13VH01647800 Federal Emp. Number: 223795085

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:**

Construction Official

Fee: $0.00
Check Number:
Collected By:

*Date Printed: 1/20/2009*

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

**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.vi:

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 Daniel J. Custer Date 11/24/08

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the 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 DOUG CONBOY

Address 3324 WINDSOR AVE.
TOMS River N.J. 08753

Telephone (732) 573-0927

Signature Doug Conboy

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

# CONSTRUCTION PERMIT

Date Issued 12-4-08
Control # C-08-005490
Permit # 08-3615

IDENTIFICATION Block: 92.01 Lot: 11 Qualifier
Work Site Location: 9 SCHEIBER DR. Brick Township, NJ

Owner in Fee: CUSTER, JANICE E.
9 SCHEIBER DR. BRICK NJ 08723

Telephone: [redacted]

Contractor: COASTAL AND SON, LLC
Address: 3324 WINDSOR AVE TOMS RIVER NJ 08753

Telephone: 732-573-1149
Lic. No. or Bldrs. Reg. No. 13VH01647800
Federal Employee. No. 223795085

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

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
REPLACEMENT WATER HEATER

**Note: If constuction 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** $485

Construction Official _____ Date _____

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $0 |
| Electrical | $0 |
| Plumbing | $40 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $1 |
| CO Fee | |
| Other | $0 |
| Total | $41 |
| Check No. | |
| Cash | $0 |
| Credit | $0 |
| Collected By | |

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 the work installed conforms with 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 granted.

#3612
PLUMBING $40.00
DCA $1.00
CHECK $41.00

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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. 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.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

If you do not understand any of this information, please ask.

# PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 08-3612
12-4-08

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

Block 92.01 Lot 11
Work Site Location 9 SCHEIBER DRIVE

Owner in Fee JANICE E. CUSTER
Address 9 SCHEIBER DRIVE BRICK, NJ. 08723

Tele. [redacted]

Contractor COASTAL & SON, LLC
Address 3324 WINDSOR AVE.
TOMS RIVER, NJ 08753

EMERGENCY WORK

Tele. 732-573-1149- FAX Office 732-573-0027
Lic. No. 1809
Federal Emp. No. 22-3795085 or Social Security No.

**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 $** 485.- Direct replacement of gas hot water heater.

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12-3-08
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 1-14-09

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| Solar | | | | |
| TCO FINAL | | | 01-09-09 | |
| | | | | |

**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 and perform the work listed on this application.

Signature—Contractor

[X] 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 | |
| 1 | Water Heater (GAS) | |
| | Fuel Oil Piping | |
| | Gas Piping | |
| | 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 Solar System | |
| | Other | |

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-130B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy