BLOCK 382.39 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 187 Courtshire Dr PERMIT NO. 15-0607

CONSTRUCTION PERMIT APPLICATION

(LH)

C-15-000735

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

I. IDENTIFICATION

1. Proposed Work Site at: 187 Courtshire Dr.
2. Name of Owner in Fee: Herder
   Tel [redacted] e-mail _____
   Address _____ (street) Dr. Brick (municipality) OP 723 (zip code)
3. Ownership in Fee: Public _____ Private BRICK TOWNSHIP
4. Principal Contractor: HEATING & AIR CONDITIONING Tel. (732) 477-3300
   Address 485 Brick Blvd. Brick, NJ 08723 e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH01918000
   Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun CRAIG LAW
   Tel. (732) 477-3300 FAX: (732) 477-0205

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge 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. 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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical					3/25/15	TC			
☐ Plumbing					3-4-15				
☐ Fire Protection									
☐ Elevator									
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

U.C.C. F100-1 (rev. 8/08)

15 02-25 P01:27 IN

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/23/2015
Control Number C-15-000735
Permit Number 15-0607
Permit Issue Date 3/10/2015
Certificate Number 15-0607

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 187 COURTSHIRE DRIVE Brick Township, NJ 08723 Block: 382.39 Lot: 2 Qual:

Owner in Fee: HERDER, CHARLES

Owner Address: 187 COURTSHIRE DR BRICK NJ 08723

Telephone: [redacted]

Contractor BRICK TOWNSHIP HEATING & AIR

Address 465 BRICK BLVD BRICK NJ 08723

Telephone: (732) 477-3300 Fax: (732) 477-0205

License Number or Builders Registration Number: 13VH01918000 Federal Emp. Number: 21-0103175

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: 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: 3/23/2015

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 3-10-15
Permit # 15-0607

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

Block 382.39 Lot 2 Qualification Code

Work Site Location 187 Courtshire Dr.

Owner In Fee Herden
Address 187 Courtshire Dr.
BRICK 08723
Tel [redacted]

Contractor EUREKA ELECTRIC SERVICE
Address P.O. BOX 4075
BRICK, NJ 08723
Tel (732) 255-2822 FAX (732) 255-7932
Contractor License No. 4872
Federal Emp. No. 221814013

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 500—

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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	
1	4.0	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	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[✓] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 3/2/15
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 3/19/15
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3/19/15	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed i fee)

I hereby certify that I am the owner in fee o 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home onstructed on this property for my own use and occupancy. This dwelling is to be oc to be used for any purpose other than single family residential use. I attest that all co rical work will be done, in whole or in part, by me or by subcontractors under my superv applicable laws; and, I further acknowledge that said new home is not covered under t Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed s property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MAR DGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PR F THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR V EMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING

B. ( ) I further certify the following as r iform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans s e referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing singl occupied by myself and located on the property listed on Page 1; or, 3) a new structur rate from, but that will be deemed part of, an existing single family residence that is ow and located on the property listed on Page 1.

C. ( ) I further certify that I will perform rk:
C.1. ( ) Building C.2.

I further certify that I will perform the fo
C.3. ( ) Electrical C.4.

D. ( ) I agree to advise all contractors o quired to be registered with the New Jersey Division of Taxation and to comply with all N

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

I understand that if any of the above statem ubject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if in fee)

I hereby certify the following as required by de, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been to make this application as his agent.

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

I agree to advise all contractors on this proj e 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 statem ubject to punishment.

( ) Check if contractor.

Agent Name BRICK TOV HEATING & AIR C

Address 465 Brick Brick, NJ

Telephone (732) 477-

Signature Craig Laur

III. ( ) LEAD HAZARD ABATEMENT: In Owner Affidavit as per N.J.A.C. 5:17.

382.39

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 3-10-15
Permit # 15-0607

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

Block 382.39 Lot 2 Qualification Code

Work Site Location 187 Countshire Dr.

Owner in Fee: Herder

Tel [redacted] e-mail

Address 187 Countshire Dr. Brick 08723
(street) (municipality) (zip code)

Contractor: OCEAN GATE MECHANICAL, LLC Tel. (732) 606-9824

Address 133 E. LAKEWOOD AVE., POB 1177
OCEAN GATE, NJ 08740

e-mail

Contractor License No. 7036 Exp. Date 6/2015

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04271700

Federal Emp. ID No. 26-0738304 FAX: (732) 606-9824

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-4-15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3-19-15
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			3-19-15	

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: JAMES R. PARKS

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK 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	
1	electric Water Heater 40 gallon	
	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	$

CONSTRUCTION PERMIT

Date Issued 3-10-15
Control # C-15-000735
Permit # 15-0602

IDENTIFICATION Block: 382.39 Lot: 2 Qualifier
Work Site Location: 187 COURTSHIRE DRIVE Brick Township, NJ 08723
Contractor BRICK TOWNSHIP HEATING & AIR
Address 465 BRICK BLVD BRICK NJ 08723
Owner in Fee HERDER CHARLES
[redacted] DR BRICK NJ 08723
Telephone: [redacted]
Telephone: (732) 477-3300
Lic. No. or Bldrs. Reg. No. 13VH01918000
Federal Employee. No. 21-0103175

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:
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 $1,000

Daniel F. Newman Jr 3/5/15
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$100
Plumbing	$100
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$202
Check No.	5515
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

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.

XA02 SERV 002
#0407
ELECTRIC $100.00
PLUMBING $100.00
DCA $2.00
CHECK $202.00

☑ 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.

good through 3/2015

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTICOLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED
T/A Brick Township Heating & Air Conditioning
Breton Woods Home Improvement, Inc.
Patrice Law
465 Brick Blvd.
Brick NJ 08723

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

11/15/2013 TO 12/31/2014
VALID

13VH01918000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR