

BLOCK 622 LOT 12 QUALIFICATION CODE 086-103B9 ADDRESS(SITE) 34 BRETON RD. BRICK PERMIT NO. 06-2482



CONSTRUCT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 34 BRETON RD
2. Name of Owner in Fee: MR + MRS ROBERT ALYWER
Address 34 BRETON ROAD BRICK NJ 08725-5402
street municipality zip code
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: All Work Construction Tel. 732 451-0001
Address 21 DOCK RD. BRICK, NJ INC.
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
Tel. (____) _____ FAX: (____) _____

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 Fee Surcharge	\$		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories _____
- Height of Structure _____ ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Construction Classification _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____
no _____
- Max. Live Load _____
- Max. Occupancy Load _____

(office use only)

* WORK WILL BE DONE BY HOME OWNER + SONS
FOR APPROX. \$65.00

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☒ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- State Specific Use: _____
- Use Group: _____
- Change in Use Group, Indicate Former: _____
- No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

- State Specific Use: _____
- Use Group: _____
- Change in Use Group, Indicate Former: _____

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs

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

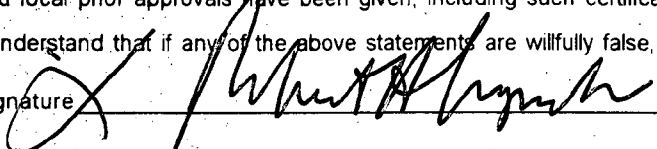
I further certify that I will perform the following work:

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  Date _____

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 _____

Address _____

Telephone (_____) _____

Signature _____

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/08/2007
Tracking Number C-06-103139
Permit Number 06-2482
Permit Issue Date 07/27/2006
Certificate Number 06-2482

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 34 BRETON RD. Brick Township, NJ Block: 622 Lot: 12 Qual: _____
Owner in Fee: LYNCH, ROBERT A, KATHLEEN ETALS
Owner Address: 34 BRETON ROAD BRICK NJ 08723 - 5402
Telephone: _____
Contractor LYNCH, ROBERT A, KATHLEEN ETALS
Address 34 BRETON ROAD BRICK NJ 08723 - 5402
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ 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:

AUXILIARY METER

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: 05/08/2007

Page 1



CONSTRUCTION PERMIT

Date Issued 07/27/2006
Control # C-06-103139
Permit # 06-2482

IDENTIFICATION Block: 622 Lot: 12 Qualifier _____
Work Site Location: 34 BRETON RD. Brick Township, NJ Contractor LYNCH, ROBERT A, KATHLEEN ETALS
Address 34 BRETON ROAD BRICK NJ 08723 - 5402
Owner in Fee LYNCH, ROBERT A, KATHLEEN ETALS
Address 34 BRETON ROAD BRICK NJ 08723 - 5402 Telephone: _____
Telephone: _____ Lic. No. or Bids. Reg. No. _____
Federal Employee No. _____

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:

AUXILIARY METER

Note: If construction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$50

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$40
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$40
Check No.	6970
Cash	\$0
Credit	\$0
Collected By	Stephanie Capozzi

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.

- ☐ 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



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

D. TECHNICAL SITE DATA (List of all fixtures.)

FEE (Office Use Only)
\$

Block 622 Lot 12 Qualification Code _____

Work Site Location 34 BRETON ROAD

Owner in Fee MRT MRS ROBERT A. LYBCH

Address 34 BRETON ROAD

Phone NT 08723-5402

Tel _____

Contractor PLUMBING CONTRACTORS INC

Address 21 DOCK ROAD

Phone NT 08723-5402

Tel (332) 451-0001 WORK WILL BE DONE BY

Contractor License No. APPROX. \$65.00

Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____

Building Sewer Size _____ Public Sewer _____

Water Service Size _____ Public Water _____

Est. Cost of Plumbing Work \$ 50 Private Well _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 7/18/06

Approved by: _____

SUBCODE APPROVAL

☐ CO ☐ CCC ☐ LTA

Date: 5-4-07

Approved by: _____

INSPECTIONS
Type: _____ Failure _____ Dates (Month/Day) _____ Approval _____ Initial _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Date Received
Control #

Date Issued
Permit #

727106
06-2482

FIXTURE/EQUIPMENT

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

Greasetrapp

Sewer Connection

Water Service Connection

Stacks

Other Air. Meter

Other _____

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

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

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



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 622 Lot 12 Qualification Code 1
Work Site Location 34 BRETON ROAD
BRICK NJ 08723-5400

Owner in Fee MRS MRS ROBERT A. LYNN
Address 34 BRETON ROAD
BRICK NJ 08723-5400

Tel [REDACTED]

Contractor ABO-SOUTH CONSTRUCTION
Address 21 BOCKLE ROAD
BRICK NJ 08723

Tel (732) 451-0001 WORK WILL BE DONE BY
HARVEY OPENA & SONS FOR
ADDOCK. \$65.00

Contractor License 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

Est. Cost of Plumbing Work \$ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW [X] No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date 7/16/00

Approved by: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: [REDACTED]

Approved by: [REDACTED]

INSPECTIONS

Type: Slab Rough Water Sewer

Failure [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Dates (Month/Day) [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Approval [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Initial [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Fixtures [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Gas Equipment [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Gas Piping [REDACTED] [REDACTED] [REDACTED] [REDACTED]

LP Gas Tank [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Fuel Oil Piping [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Solar [REDACTED] [REDACTED] [REDACTED] [REDACTED]

TCO [REDACTED] [REDACTED] [REDACTED] [REDACTED]

D. TECHNICAL SITE DATA (List of all fixtures.)
NO. 1

FIXTURE/EQUIPMENT

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 WAX. MOTOR

Other [REDACTED]

Date Received 7/27/00
Control # 66-2482
Date Issued [REDACTED]
Permit # [REDACTED]

FEE (Office Use Only)
\$ [REDACTED]

Administrative Surcharge \$ [REDACTED]
Minimum Fee \$ [REDACTED]
State Permit Surcharge Fee \$ [REDACTED]
TOTAL FEE \$ [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.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



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 612 Lot 12 Qualification Code 12
Work Site Location 2100 N. J. RD. A1305123

Owner in Fee MRS. MRS. ROBERT A. LYNE
Address 34 BORDEN ROAD
FRANKLIN NJ 07235-5402

Contractor ALDO DOMINGUEZ CONTRACTORS
Address 21 BORDEN ROAD
FRANKLIN NJ 07235-5402

Tel (908) 454-1100 WOMAN WILL BE DONE BY
Contractor License No. ALDO DOMINGUEZ
Federal Emp. No. 6500

B. PLUMBING CHARACTERISTICS
Use Group Present Proposed Public Sewer Private Septic Public Water Private Well Public Water
Building Sewer Size Public Sewer
Water Service Size Public Water
Est. Cost of Plumbing Work \$ 50

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
☒ No Plans Required	Type: <u>Slab</u>
Joint Plan Review Required:	Failure Failure Approval Initial
☐ Building ☐ Electric	<u>1</u>
☐ Fire ☐ Elevator	<u>1</u>
☐ Plumbing Plans Approved	<u>1</u>
Date: <u>7/14/05</u>	<u>1</u>
Approved by: <u>[Signature]</u>	<u>1</u>
SUBCODE APPROVAL	<u>1</u>
☐ CO ☐ CCO ☐ CA	<u>1</u>
Date: <u>7/14/05</u>	<u>1</u>
Approved by: <u>TCO</u>	<u>1</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.

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

D. TECHNICAL SITE DATA (List of all fixtures.)
NO. 1

FIXTURE/EQUIPMENT
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>WATER</u>
Other <u>WATER</u>

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

Date Received 7/27/05
Control # 16-2492
Date Issued 7/27/05
Permit # 16-2492

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000 • FAX (732) 458-5378

APPLICATION FOR AUXILIARY WATER METER

Date: 06/06/06

Applicant's Name: ROBERT A. KATHLEEN B. LYNCH Telephone No. [REDACTED]

Mailing Address: 89 WEST 14TH ST. BAYONNE, N.J. 07002-1317

Service Location: 34 BRETON ROAD BRICK NJ 08723-5402

Account Number: 1503204 Block: 622 Lot: 12

Size of Existing Service: 3/4" Size of Existing Meter: 3/4"

[Signature]
Applicant's Signature

[Signature]
Authority Representative

THIS APPLICATION IS VALID FOR 30 DAYS FROM DATE OF APPLICATION.

Please note the following:

At the customer's option, a separate account may be established, subject to all conditions of the rate schedule as applicable to water usage.

After completing this application the following steps must be taken:

1. Obtain a special device permit from the Township of Brick Plumbing Department.
2. A licensed plumber or homeowner must cut into the pipe BEFORE the existing yoke and install a second meter yoke. A valve before and after the meter is required as well as a backflow preventer.
3. Call the Township of Brick Plumbing Department (732- 262-4627) for inspection.
4. After inspection by Brick Township Plumbing Department, call Brick Utilities for installation of the meter. A copy of the completed permit, showing inspection approval, will be required before the meter is installed.
5. It is the customer's responsibility to insure that the permit is issued, the inspection is approved, the meter is installed and that the water is not used prior to the meter being installed. Failure to comply may result in a tampering fee of \$250.00 and service will be terminated.
6. A charge for cost of the meter will be applied to the first billing. Quarterly bills for usage only will be issued at the rate of \$4.82 per 1,000 gallons.