BLOCK 261 LOT 22 QUALIFICATION CODE _____ ADDRESS (SITE) 49 Farragut Dr PERMIT NO. 13-2442

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-002915

I. IDENTIFICATION

1. Proposed Work Site at: 49 Farragut Dr.
2. Name of Owner in Fee: Hutchinson, James & Eileen
   Tel [redacted] e-mail [redacted]
   Address 49 Farragut Dr (street) Brick, (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: A-General Sewer & Plumbing Tel. (732) 566-5000
   Address 125 Adelphia Rd Farmindale, NJ 07727 e-mail agenera1386@aol.com
   License No. OR, if new home, Builder Reg. No. 8596 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 33-1063645 FAX: (732) 938-7699
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Frank Maletto
   Tel. (732) 566-5000 FAX: (732) 938-7699

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		50 ✓	
3. Plumbing		135 ✓	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		13-	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	198-	

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		CR 5-14-13							
☐ Electrical									
☐ Plumbing				5-23-13		30	6-4-13		
☐ Fire Protection					SD 6-3-13				
☐ Elevator									
TOTAL COST									

SD Waiver

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/29/2016
Control Number C-13-002915
Permit Number 13-2442
Permit Issue Date 6/8/2013
Certificate Number 13-2442

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 49 FARRAGUT DR. Brick Township, NJ Block: 261 Lot: 22 Qual:

Owner in Fee: HUTCHINSON,JAMES H.&EILEENE

Owner Address: 49 FARRAGUT DR BRICK NJ 08723

Telephone: [redacted]

Contractor A-General Sewer & Plumbing

Address 125 Adelphia Road Farmingdale NJ

Telephone: (732) 566-5000 Fax: (732) 938-7699

License Number or Builders Registration Number: 8596 Federal Emp. Number: 33-1063645

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: * SUBSTANTIALLY DAMAGED STRUCTURE *, GAS PIPING

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: 10/29/2016

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 6/8/13

Date Issued / Permit # ~~19-1750~~ 13-2442

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

Block 261 Lot 22 Qualification Code

Work Site Location 49 FArragut Dr
Brick, NJ

Owner in Fee: Hutchingson, James & Eileen

Tel. [redacted] e-mail

Address 49 Farragut Dr (street) Brick (municipality) NJ 08723 (zip code)

Contractor: A-General Sewer & Plumbing Tel. (732) 566-5000

Address PO Box 335 FArmingdale, NJ 07727 e-mail

Contractor License No. 8596 Exp. Date

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

Federal Emp. ID No. 33-1063645 FAX: (732) 938-7699

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 $ 7500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 6/4/13

Approved by: MH

SUBCODE APPROVAL 6-6-13

[ ] CO [ ] CCO [✓] CA

Date: 7-30-13

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			6-20-13	RR
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO	7-25-13	7-25-13	7-25-13	

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Run new gas linesto replace storm damaged gas lines, all existing except gas line to stove is new. drawing attached.

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	
3	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

ACTION OFFICE SUPPLIES, INC (800) 298-1000

U.C.C. F130 (rev. 7/06) 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 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(f)1.ix:

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. 5:23-2.15(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.

(X) Check if contractor.

Agent Name A-General Sewer & Plumbing

Address PO Box 335 / 125 Aldephia Rd

Farmingdale, NJ 07727

Telephone (732) 566-5000

Signature_____

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

09.18.13 RA

Grant - TIP,

@tech

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Land Use and Community
Development-Engineering Department

732-262-1040
Fax: 732-262-2941

mkaczka@twp.brick.nj.us
www.twp.brick.nj.us

January 15, 2013

James & Eileene Hutchinson
309 Route 35, Apt 6B
Point Pleasant Beach, NJ 08742

Re: Substantially Damaged Structure Determination
49 Farragut Drive
Block 261; Lot 22

Dear James & Eileene Hutchinson:

The Engineering Department has reviewed the Super-Storm Sandy Substantially Damaged Worksheet as provided for the above referenced property.

Your estimated cost of repair is $ 134,290, based upon the estimate you prepared.

The fair market value of the structure is estimated to be $ 194,000.

In accordance with FEMA regulations 44 CFR 60.0, the structure does meet the definition of substantially damaged. As a result, you will be required to retrofit the structure to be FEMA compliant in conjunction with your repairs.

If you should have any questions, comments or require any additional information, please do not hesitate to contact me. My email address is jmele@twp.brick.nj.us or by phone at 732.262.1040.

Sincerely,

John M. Mele, P.E.
Township Engineer

Cc: Daniel Newman, Construction Official

311 ACCESS BRICK TOWNSHIP

Drum Pl
Fed Lines

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6/8/13
Control #
Date Issued
Permit # 13-2442

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

Block 261 Lot 22 Qualification Code

Work Site Location 49 Farragut Dr

Owner in Fee: Hutchingson

Tel. ( ) e-mail

Address 49 Farragut Dr (street) Brick (municipality) NJ 08723 (zip code)

Contractor: A-General Sewer + Plumbing Tel. (732) 566-5000

Address PO Box 335 e-mail

Farmingdale, NJ 07727

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 33-1063645 FAX: (732) 938-7699

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other

Location:

Total Cost of Fire Protection Work $ 100.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

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.

Applicant/Contractor sign here: John Krywy

Print name here: John Krywy

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	3	
Fireplace Venting/Metal Chimney		
Other		

Gas line only - stub

Stove

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Fire Protection Plans Approved

Date: 5/24/13 Approved by: KGV

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 5-22-13

Approved by: FOR

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 6-1-13

Approved by:

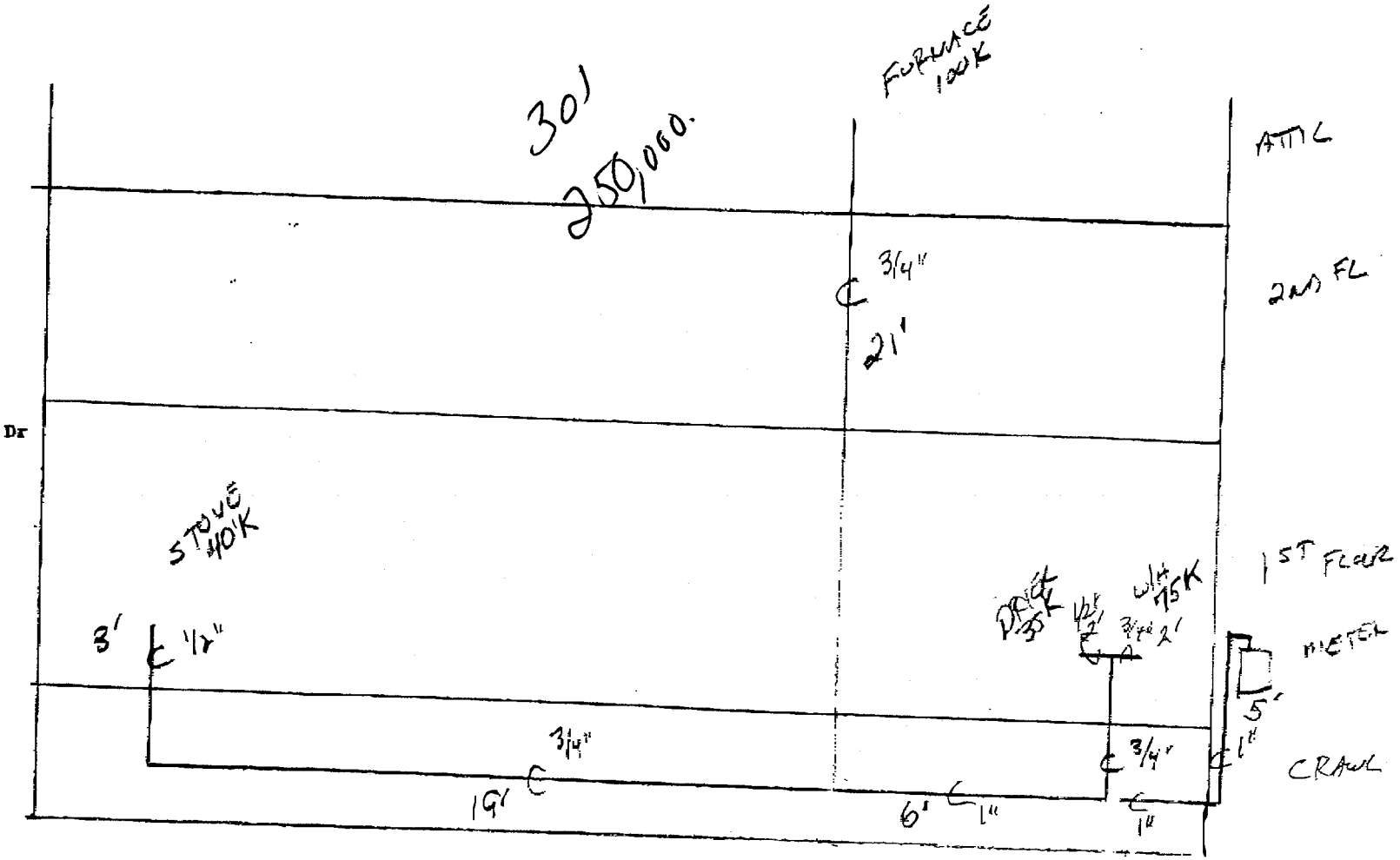
INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			8/1/13	KGV
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting	6/24/13		8/1/13	KGV
Final			6/27/13	KGV
Other Gas line only				

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOTAL BTUS: 250,000

LINE TO STOVE IS NEW, ALL OTHER GAS PIPING IS EXISTING

Hutchinson
49 Farragut Dr
Brick, NJ
Block: 261
Lot: 22



TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Fire Subcode		
Electrical Subcode		
Plan Reviewer		
Plans Released		6-4-13
Construction Official		

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

At Risk Notice

I/We hereby expressly acknowledge that in proceeding to replace or substantially repair any flood or storm damaged equipment or structure on our property identified below, I/We proceeding at our own risk and that we have received no assurances from the Township of brick as to future local, state, or federal approvals of any kind of the work we are undertaking. I/We also hereby expressly knowledge that a determination may ultimately be made by the Flood Plain Administrator or other Local, State, or Federal agency or department which may require us to elevate said structure or relocate said equipment at a later date prior to receiving and final inspections or approvals.

Property Location: 46 Fallcrest DR

Property Owner: JAMES H. HUTCHINSON

Witness: Kathy Miller

Date: 6/8/13

311 ACCESS BRICK TOWNSHIP

6/8/13 - H/O coming in

CONSTRUCTION PERMIT

Date Issued 6/8/13
Control # C-13-002915
Permit # 13-2442

IDENTIFICATION Block: 261 Lot: 22 Qualifier
Work Site Location: 49 FARRAGUT DR. Brick Township, NJ
Owner in Fee HUTCHINSON,JAMES H.&EILEENE
49 FARRAGUT DR BRICK NJ 08723
Telephone: [redacted]

Contractor A-General Sewer & Plumbing
Address 125 Adelphia Road Farmingdale NJ
Telephone: (732) 566-5000
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 33-1063645

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:
GAS PIPING

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 $7600

Daniel F. Newman Jr
Construction Official

6/7/13
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$50
Fire Protection	$135
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$13
CO Fee	
Other	$0
Total	$198
Check No.	103
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.

☑ 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.

#2442
PLUMB $50.00
FIRE $135.00
DCA $13.00
CHECK $198.00

☐ 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.

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	3465
DESTINATION ADDRESS	97329387699
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	05/29 14:50
USAGE T	00'21
PGS.	1
RESULT	OK

5/23/13 fax 732-938-7699

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, May 23, 2013

To: HUTCHINSON,JAMES H.&EILEENE
49 FARRAGUT DR
BRICK, NJ 08723

RE: Plumbing Subcode
Block: 261 Lot: 22 Qual:
49 FARRAGUT DR.
Permit Number: Control Number: C-13-002915
Last Submit Date: Wednesday, May 22, 2013

Dear HUTCHINSON,JAMES H.&EILEENE,

The following comments were made during the Plan Review process:

#1-Gas piping undersized

Sincerely,

Robert Wennlund, Subcode Official

CC:

5/23/13 fax 732-938-7699

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

6/3/13 Resubmit

Date: Thursday, May 23, 2013

To: HUTCHINSON,JAMES H.&EILEENE
49 FARRAGUT DR
BRICK, NJ 08723

RE: Plumbing Subcode
Block: 261 Lot: 22 Qual:
49 FARRAGUT DR.
Permit Number: Control Number: C-13-002915
Last Submit Date: Wednesday, May 22, 2013

Dear HUTCHINSON,JAMES H.&EILEENE,

The following comments were made during the Plan Review process:

#1-Gas piping undersized

Sincerely,

Robert Wennlund, Subcode Official

CC:

732-363-3363
732-566-5000
732-462-2224
732-446-4424
732-222-1193
732-774-3525
732-349-5544
Fax: 732-938-2573
Email: AGeneral386@aol.com

A-General Sewer & Plumbing Service

Fax

To: Brick Township	From: Diana Maletto
CO	Pages: 2
Fax: 732-262-2941	Date: 5/31/13
RE: Control Number C-13-002915	Fax: 732-938-7699

Revised drawing

☐ Urgent For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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