CONSTRUCTION PERMIT

Date Issued 4-13-11

Permit # 11-225

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location 502 BEAUN

Owner in Fee BETTY HOGAN

Address 270 SPRING HILL RD.
SKILLMAN, NJ 08558

Tel. (609) 466-4617

Contractor AAA ALL SERVICE, INC.

Address 1666 RT. 27
EDISON, NJ

Tel. (732) 985-4428

Lic. No. or Bldrs. Reg. No. 8329

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:

2 gas water heater replacements

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 $ 1800

Construction Official

4/1/11
Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing 60
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 3
Cert. of Occupancy _____
Other _____
Total 63
Check No. # 1754
Cash _____
Collected by Rax

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 4-1371

Date Issued / Permit # 11-225

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 502 BRAUN HIGHLAND PARK

Owner in Fee BETTY HOGAN

Address 270 SPRING HILL RD. SKILLMAN, NJ 08558

Tel (609) 466-4617

Contractor AAA ALL SERVICE, INC

Address Wood Rt - 27 EDISON, NJ 08817

Tel (732) 985-4428 FAX (732) 985-7866

Contractor License No. 8329

Federal Emp. No. 26-3407741

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 $ $1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 3/30/11

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 4/25/11

Approved by: [signature]

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				

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]

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of 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	
2	Water Heater 40gal gas repl.	
	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 _____	60
	Other _____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____