

BLOCK 531 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 979 Cypress PERMIT NO. 10-1944



CONSTRUCTION PERMIT APPLICATION

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

C10-002604

I. IDENTIFICATION

1. Proposed Work Site at: 979 Cypress Ave
2. Name of Owner in Fee: Michael S Musico
Tel. [REDACTED] e-mail _____
Address 979 Cypress Ave 08723
street zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: NO PROBLEM PLUMBING Tel. (732) 581-7648
Address 32 Skilling Way e-mail _____
TACKSON NJ 08529
License No. OR, if new home, Builder Reg. No. 12507 # Exp. Date 6/11
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 26260528700 FAX: () _____
5. Architect or Engineer _____ Contact _____
Address 32 Skilling Way e-mail _____
Tel. (732) 581-7648 FAX: () _____
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 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)

- ☐ Building
☐ Electrical
☒ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>KB</u>	<u>7/20/10</u>						
				<u>07-27-10</u>	<u>PA</u>			

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

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.

☐ 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 08/03/2010
Control Number C-10-002604
Permit Number 10-1944
Permit Issue Date 07/23/2010
Certificate Number 10-1944

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 979 CYPRESS AVE. Brick Township, NJ Block: 531 Lot: 15 Qual: _____
Owner in Fee: MUSICO, MICHAEL JR
Owner Address: 979 CYPRESS AVE BRICK NJ 08723
Telephone: [REDACTED]
Contractor No Problem Plumbing
Address 32 Shilling Way Jackson NJ 08527
Telephone: (732) 581-7648 Fax: _____
License Number or Builders Registration Number: 12507 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: _____



CONSTRUCTION PERMIT

Date Issued 7/23/10
Control # C-10-002604
Permit # 10-1144

IDENTIFICATION Block: 531 Lot: 15 Qualifier _____
Work Site Location: 979 CYPRESS AVE. Brick Township, NJ Contractor MUSICO, MICHAEL JR
Address 979 CYPRESS AVE BRICK NJ 08723
Owner in Fee MUSICO, MICHAEL JR Telephone: _____
979 CYPRESS AVE BRICK NJ 08723 Lic. No. or Bids. Reg. No. _____
Telephone: _____ 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 if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$500

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	\$50
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$51
Check No.	
Cash	\$0
Credit	\$0
Collected By	

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:

#1944
PLUMBING \$50.00
CHECK \$1.00
\$51.00

☒ 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.

Block 581 Lot 15 Qualification Code _____
Work Site Location 998 Cypress Ave
Block A-13 08123

Owner in Fee: _____

Tel: () _____ e-mail _____

Address 998 Cypress Ave Beale NJ 08703
street municipally zip code

Contractor: no problem plumbing llc Tel: () 902-688-2835
Address 32 Shilling Way Hoboken NJ e-mail _____

Contractor License No. 12509 # Exp. Date 6/11

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

Federal Emp. ID No. 26260528702 FAX: () 985-534-5892

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 \$ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type	Failure	Failure	Approval Initial
☒	No Plans Required	Slab			
☒	Joint Plan Review Required	Rough			
☐	Building [] Electric	Water			
☐	Fire [] Elevator	Sewer			
☐	Plumbing Plans Approved	Fixtures			
Date: <u>02-10-08</u>	Approved by: <u>PA</u>	Gas Equipment			
SUBCODE APPROVAL <u>7-22-10 SC</u>		Gas Piping			
☐	CO [] CCO [] TCA	LP Gas Tank			
Date: <u>8-3-10</u>		Fuel Oil Piping			
Approved by: <u>SC</u>		Solar			
		TCC			
		<u>NEW METER</u>			
					<u>07-29-10 PA</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.

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install water meter yolk for
second meter in craw

Date Received _____
Control # _____
Date Issued _____
Permit # _____
7/23/10
10-1944

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	
	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>2 water meter yolk</u>	
	Other <u>cap for meter</u>	

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000 • FAX (732) 458-5378

Town
Permit

APPLICATION FOR AUXILIARY WATER METER

Date:

7/20/2010

Applicant's Name:

Michael S. Musica

Telephone No

Mailing Address:

979 - Cypress Ave

Service Location:

979 Cypress Ave

Account Number:

78.0005-0

Block:

531

Lot:

15

Size of Existing Service:

3/4

Size of Existing Meter:

3/4

Applicant's 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:

Obtain a special device permit from the Township of Brick Plumbing Department.

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. Yoke must be within 10 feet of crawl space entrance.

Call the Township of Brick Plumbing Department (732-262-4627) for inspection.

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.

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.

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 \$5.45 per 1,000 gallons.