100.1

BLOCK 262.2 LOT 0.1 QUALIFICATION CODE _____ ADDRESS (SITE) 1210 Stocton PERMIT NO. _____

19574

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at 1210 Stocton North Bruns.
2. Name of Owner in Fee: Susan Pucci
   Tel. (732) 809-2828 e-mail _____
   Address Same (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: PSE & G Tel. (732) 220-6232
   Address 150 How Lane, New Brunswick, NJ 08901 e-mail Danielle.Brauchle@pseg.com
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (732) 524-7108
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Danielle Brauchle
   Tel. (732) 220-6232 FAX: (732) 524-7108

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 33		
2. Electrical	423		
3. Plumbing	0		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal Admin	$ 7.		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal DCA	$ 4.		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 776.		

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. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

62 429 243 58

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction N/C									
5. ☐ Fire Protection N/A	1533.33								
6. ☐ Plumbing	1533.33				8/4/2005				
7. ☐ Electrical	1533.33								
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	4600								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

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

LDS NOB-B 10318376

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. 5:23-2.15(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 PSE & G

Address 150 How Lane
New Brunswick, NJ 08901

Telephone (732) 220-6232

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK NJ 08902
732-247-0922

CERTIFICATE
IDENTIFICATION

Date Issued: 10/06/2010
Control #: 19574
Permit #: 20061069

Block: 262.2 Lot : 0.1 Qualification Code:

Work Site Location: 1210 STOCKTON DRIVE
North Brunswick

Owner in Fee: GERVEY JUDA B & SUSAN B PRICE

Address: 1210 STOCKTON DRIVE
NORTH BRUNSWICK NJ 08902

Telephone: 732 991-1506

Agent/Contractor: PSE&G

Address: 150 HOW LANE
NEW BRUNSWICK NJ 08901

Telephone: 732 220-6208

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
A/C REPLACE

Update Desc. of Wk/Use:

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] **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

Thomas Paun

THOMAS PAUN Construction Official

Fees: $0.00
Paid[X]Check No.: 1091
Collected by: MM

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 19574
Application Date: 08/09/2005

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 262.2 Lot : 0.1 Qual :

Work site Location:	1210 STOCKTON DRIVE North Brunswick	Contractor:	PSE&g
Owner In Fee:	GERVEY JUDA B & SUSAN B PRICE	Address:	150 HOW LANE
Address:	1210 STOCKTON DRIVE		NEW BRUNSWICK NJ 08901
	NORTH BRUNSWICK NJ 08902	Telephone:	(732) - 220-6208
Telephone:	(732) - 991-1506	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-5	Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

A/C REPLACE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	3,066.00
Cost of Demolition:	0.00
Total Cost:	$3,066.00

PAYMENTS (Office Use Only)

Building	
Electrical	$29.00
Plumbing	$43.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$4.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$76.00
All Fees Waived :	No

Amount to be Paid: $76.00

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

Thomas Paun 8/9/05

THOMAS PAUN Date

Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Permit Number: 20061069
Permit Date: 08/21/2006
Update Number:
Control Number: 19574
Application Date: 08/09/2005

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 262.2 Lot : 0.1 Qual :

Work site Location:	1210 STOCKTON DRIVE North Brunswick	Contractor:	PSE&g
Owner In Fee:	GERVEY JUDA B & SUSAN B PRICE	Address:	150 HOW LANE
Address:	1210 STOCKTON DRIVE		NEW BRUNSWICK NJ 08901
	NORTH BRUNSWICK NJ 08902	Telephone:	(732) - 220-6208
Telephone:	(732) - 991-1506	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-5	Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

A/C REPLACE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	3,066.00
Cost of Demolition:	0.00
Total Cost:	$3,066.00

PAYMENTS (Office Use Only)

Building	
Electrical	$29.00
Plumbing	$43.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$4.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$76.00
All Fees Waived :	No

Amount to be Paid: $76.00
Check Number: 1091
Check amount: $76.00

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

THOMAS PAUN
Construction Official

8/21/06
Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Collected by: MM
Receipt No: 57194
Total Cash Amount
Total Check Amount $76.00
Total CC Amount
Grand Total $76.00

Note:

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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 1210 Stockton Rd.
North Brunswick

Owner in Fee: Price.

Tel. (732) 991-1506 e-mail _____

Address Same as Above
street municipality zip code

Contractor: Vector Electric Tel. (732) 803-3194

Address 17 Wolfe Drive Hillsborough, NJ 08844 e-mail _____

Contractor License No. 9047 Exp. Date _____

Federal Employee No. 153-34-6600 FAX: ( ) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 1533.33

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.

Salvatore Mercale
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	
1		Switches A/C Disconnect	
___		Detectors	
___		Light Poles	
___		Motors–Fract. HP	
___		Emergency & Exit Lights	32
___		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	
___	___	KW Elec. Water Heater	
___	___	KW Elec. Dryer/Receptacle	
___	___	KW Dishwasher	
___	___	HP Garbage Disposal	7
1	3 Ton	KW Central A/C Unit Replacement	
___	___	HP/KW Space Heater/Air Handler	
___	___	KW Baseboard Heat	
___	___	HP Motors 1/+ HP	
___	___	KW Transformer/Generator	
___	___	AMP Service	
___	___	AMP Subpanels	
___	___	AMP Motor Control Center	39
___	___	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: 8/4/2006
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____
Approved by: _____

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

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

3980

ELECTRICAL SUBCODE TECHINICAL SECTION

Date Received 08/09/2005 Date Issued 08/21/2006

TOWNSHIP OF NORTH BRUNSWICK Control # 19574 Permit # 20061069

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

Block : 262.2 Lot : 0.1 Qualifier :

Work Site Location 1210STOCKTON DRIVE
Owner in Fee/Occupant GERVEY JUDA B & SUSAN B PRICE
Address : 1210 STOCKTON DRIVE
NORTH BRUNSWICK NJ 08902
Telephone : (732)-991-1506
Contractor VECTOR ELECTRIC
Address : 17 WOLFE DR.
HILLSBOROUGH NJ 08844
Telephone : (908)-8746303
Fax :
License No. : 9047 Federal Emp. No. 153346600

B.ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed _____
| | Pole/Pad # _____ | | Temporary | | Other _____
Building Occupied as _____ Utility Co. _____
1. New Building $0.00 2. Alteration $1,533.00
3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $1,533.00

Job Summary(Office Use Only)

PLAN REVIEW Date Initial
| | No Plans Required
Joint Plan Review Required
| | Building | | Plumbing
| | Fire | | Elevator
| | Elec.Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
| | CO | | CCO | | CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				

Temp Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issue _____

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.

_____ | | Licened Electrical Contractor
Applicant's Signature/Contractor's seal and Signature | | Exempt Applicant

D.TECHINICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1.00		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBER 1	$25.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1.00	3.00	KW Central A/C Unit	$7.00
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$7.00
Minimum Fee	
DCA Training Fee	$2.00
TOTAL FEE	$31.00

U.C.C.F120(rev. 3/96)

Applicant When submitting this form to your local construction Code enforcement Office, please provide one original plus three photocopies

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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 1210 Stanton North Brunswick

Owner in Fee Price

Address _____

Tel (732) 809-2828

Contractor PSE & G

Address 150 HOW LANE
NEW BRUNSWICK, NJ 08901

Tel (732) 220-6233 FAX (732) 524-7108

Contractor License No. _____

Federal Emp. No. _____

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 $ 1533.34

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 8-9-05

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

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 _____				

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

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

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Maching
	Hose Bibb
	Water Heater
	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 Replace condenser &
	Other Coil

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____

Minimum Fee $ 43

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies

TOWNSHIP OF NORTH BRUNSWICK

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 08/09/2005 Date Issued 08/21/2006

Control # 19574 Permit # 20061069

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

Block : 262.2 Lot : 0.1 Qualifier :

Work Site Location : 1210 STOCKTON DRIVE

Owner in Fee : GERVEY JUDA B & SUSAN B PRICE

Address : 1210 STOCKTON DRIVE
NORTH BRUNSWICK NJ 08902

Telephone : (732) - 991-1506

Contractor PSE&G

Address 150 HOW LANE
NEW BRUNSWICK NJ 08901

Telephone : (732)-2206208 Fax :

License No. : - Federal Emp. No. :

B.PLUMBING CHARACTERISTICS

Use Group Present : R-5 Proposed :

Building Sewer Size : Public Sewer : 0 Private Septic : 0

Water Service Size : Public Water : 0 Private Well : 0

1. New Building $0.00 2. Alteration $1,533.00

3. Demolition $0.00 Estimated Cost of Plumbing Work (1+2+3) : $1,533.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

| | No Plans Required

Joint Plan Review Required

| | Bldg. | | Elec.

| | Fire | | Elevator

| | Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

| | CO | | CCO | | CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
Final				
Chimney Cert.				
Other				

D.TECHNICAL SITE DATA

No.	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
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptors/Seperators
	Backflow Preventer : Residential
	Backflow Preventer : Commercial
	Greasetrap
	Air Conditioning
	Sewer Connection
	Water Service Connection
	Stacks
1	Other REPLACE A./C
	Other _____
	Other _____

FEE (Office Use Only)

Administrative Surcharge	
DCA Training Fee	$2.00
Minimum Fee	$43.00
TOTAL FEE	$45.00

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.

_____
Signature

U.C.C.P.L30(rev. 3/96)

Applicant When submitting this form to your local Construction Code Enforcement Office, please provide one original plus three photocopies

TOWNSHIP OF NORTH BRUNSWICK

710 HERMANN ROAD
NORTH BRUNSWICK, N.J. 08902
TEL. (732) 247-0922
FAX (732) 214-8812
WEBSITE: WWW.NORTHBRUNSWICKONLINE.COM

061069

July 18, 2006

SUSAN PRICE
1210 STOCKTON DRIVE
NORTH BRUNSWICK, NJ 08902

Re: REPLACE A/C PERMIT

Dear Ms. Price,

Please be advised that it has come to our attention the above referenced permit was never paid. The application date is 08/09/05. The fee for this permit is $76.00. It is the homeowner's responsibility to make sure all fees are paid.

We would very much appreciate receiving this payment as soon as possible so we can have you call for final inspections and close out this application.

If you have any questions, please feel free to contact the Building Department at 732-247-0922 ext 450.

Sincerely,

Thomas Paun

Thomas Paun
Construction Official

TP/db

1st written notice