1210 STOCKTON DR
NO: BRUNSWICK

BLOCK 262.02 LOT 100.01 QUALIFICATION CODE _____ ADDRESS (SITE) NJ 08902 PERMIT NO. 041093

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1210 STOCKTON Drive No. BRUNSWICK 08902
2. Name of Owner in Fee: SUSAN PRICE OR JUDD/GRV Tel. (732) 422 8617
   Address AS ABOVE
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: VanDemark Plg + Htg Tel. (732) 951 8688
   Address 18 White Ave RD South Brunswick
   License No. OR, if new home, Builder Reg. No. 7295 Exp. Date 6/30/05
   Federal Employee No. 223342585 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Brian VanDemark
   Tel. (732) 951 8688 FAX (_____) _____

1292

V. FEE SUMMARY (for office use only)

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

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	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☑ Plumbing	350				6-7-04	HB			
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	350								

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
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:

LDS NOB-B 10318377

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 VanDenmark PE & HTG

Address 18 White Pine Rd

South Brunswick NJ 08831

Telephone (732) 951 8688

Signature Brian VanDenmark

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

OFFICE DATE RECEIVED: _____

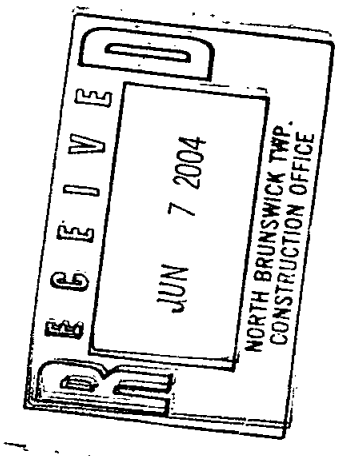
VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		04-0593 COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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. _____	_____	_____	_____	_____


RECEIVED
JUN 7 2004
NORTH BRUNSWICK TWP.
CONSTRUCTION OFFICE

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

CERTIFICATE
IDENTIFICATION

Date Issued: 10/06/2010
Control #: 17292
Permit #: 20040593

Block: 262.2 Lot : 100.1 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: 732 422-8617

Agent/Contractor: VAN DEMARK PLUMBING

Address: 18 WHITE PINE ROAD
SOUTH BRUNSWICK NJ 08831

Telephone: 732 951-8688

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 22-3342585

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: | | State | | Private

Use Group: R-3

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use:
2ND METER

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.: 1047

Collected by: mw

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

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN RD - PO BOX 6019
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Permit Number: 20040593
Permit Date: 06/09/2004
Update Number:
Control Number: 17292
Application Date: 06/08/2004

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 262.2 Lot : 100.1 Qual :

Work site Location:	1210 STOCKTON DRIVE North Brunswick	Contractor:	VAN DEMARK PLUMBING
Owner In Fee:	GERVEY JUDA B & SUSAN B PRICE	Address:	18 WHITE PINE ROAD
Address:	1210 STOCKTON DRIVE		SOUTH BRUNSWICK NJ 08831
	NORTH BRUNSWICK NJ 08902	Telephone:	(732) - 951-8688
Telephone:	(732) - 422-8617	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-3	Federal Emp. No.:	22-3342585

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

2ND METER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	350.00
Cost of Demolition:	0.00
Total Cost:	$350.00

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

6/9/04
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

Note:

PAYMENTS (Office Use Only)

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

Amount to be Paid:	$43.00
Check Number:	1047
Check amount:	$43.00

Collected by:	mw
Receipt No:	
Total Cash Amount	
Total Check Amount	$43.00
Total CC Amount	
Grand Total	$43.00

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN RD - PO BOX 6019
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 17292
Application Date: 06/08/2004

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 262.2 Lot : 100.1 Qual :

Work site Location:	1210 STOCKTON DRIVE North Brunswick	Contractor:	VAN DEMARK PLUMBING
Owner In Fee:	GERVEY JUDA B & SUSAN B PRICE	Address:	18 WHITE PINE ROAD
Address:	1210 STOCKTON DRIVE		SOUTH BRUNSWICK NJ 08831
	NORTH BRUNSWICK NJ 08902	Telephone:	(732) - 951-8688
Telephone:	(732) - 422-8617	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-3	Federal Emp. No.:	22-3342585

is hereby granted permission to perform the following work :

[ ]BUILDING [X]PLUMBING [ ] DEMOLITION

[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER

[ ]ELEVATOR DEVICES [ ]MECHANICAL

[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

2ND METER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	350.00
Cost of Demolition:	0.00
Total Cost:	$350.00

PAYMENTS (Office Use Only)

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

Amount to be Paid: $43.00

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 6-8-04

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:

FILL OUT COMPLETELY and TYPE OR PRINT IN INK

CHECK IF: ___ UPDATE, ___ PROTOTYPE, or ___ CHANGE OF CONTRACTOR and enter ORIGINAL PERMIT # _____

SITE / OWNER DATA:

BLOCK 262.02 LOT 100.01 WORKSITE ADDRESS 1210 STOCKTON DR. No. BRUNSWICK 08902

Owner in Fee SUSAN PRICE (JUDD GERVEY)

Address 1210 STOCKTON DR City No. BRUNSWICK State NJ Zip Code 08902

Phone 732-422-8617 (CELL-732-991-1506)

N.B.: Signature(s) below and/or on reverse certify the accuracy of all data and the authority to submit this application.

OFFICE USE ONLY:

Received _____
Control # _____
Issued _____
Permit # _____

BUILDING SUBCODE

Contractor _____

Address _____

City _____ State ____ Zip Code _____

Phone _____

License # _____ Expires _____

Federal Employment # _____

BUILDING CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____

CONST. CLASS: Present ____ Proposed ____

New Bldg.: # of Stories _____ Height _____ Ft.

Area: Largest Floor _____ Sq. Ft. / All Floors _____ Sq. Ft.

Volume _____ Cu. Ft. / Total Land Disturbed _____ Sq. Ft.

TECHNICAL SITE DATA:

Description:

TYPE OF WORK:

[ ] New Building [ ] Addition

[ ] Alteration:

[ ] Roofing [ ] Pool

[ ] Siding [ ] Asbestos Abatement

[ ] Fence, Height _____ [ ] Lead Hazard Abatement

[ ] Sign, Sq. Ft. _____ [ ] Other _____

[ ] Demolition

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____ [ ] Agent [ ] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW : [ ] No Plans Required

[ ] All [ ] Footing [ ] Foundation [ ] Frame [ ] Other _____

SIGNATURE _____ DATE _____

PLUMBING SUBCODE

Contractor VAN DEMARK PLG + HTG

Address 18 WHITE PINE CT

City SOUTH BRUNSWICK State NJ Zip Code 08831

Phone 732. 951. 8688

License # 7295 Expires 6/30/05

Federal Employment # 223342585 000

PLUMBING CHARACTERISTICS:

USE GROUP: Present ✓ Proposed ____

Building Sewer Size _____ [ ] Public Sewer [✓] Private Septic

Water Service Size 1" [✓] Public Water [ ] Private Well

TECHNICAL SITE DATA:

QTY.	FIXTURE/EQUIPMENT	QTY.	FIXTURE/EQUIPMENT
____	Water Closet	____	Gas Piping
____	Urinal/Bidet	____	Steam Boiler
____	Bath Tub	____	Hot Water Boiler
____	Lavatory	____	Sewer Pump
____	Shower	____	Interceptor/Separator
____	Floor Drain	____	Backflow Preventer
____	Sink	____	Greasetrap
____	Dishwasher	____	Sewer Connection
____	Drinking Fountain	____	Water Service Connection
____	Washing Machine	____	Stacks
____	Hose Bibb	____	Other 2ND METER
____	Water Heater	____	Other _____
____	Fuel Oil Piping	____	Other _____

43 Min Fee

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ 350

SIGNATURE Brian Van Demark

[✓] Licensed Plumber (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :

[ ] No Plans Required [✓] Plans Approved

SIGNATURE _____ DATE 6-7-04

FIRE SUBCODE

Contractor _____
Address _____
City _____ State ____ Zip Code _____
Phone _____
License # _____ Expires _____
Federal Employment # _____

FIRE PROTECTION CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
CONST. CLASS: Present ____ Proposed ____
Heating System: [ ] New [ ] Existing [ ] HVAC: Location _____
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____
Fire Alarm System: [ ] New [ ] Existing: Panel Location _____
Fire Supression/Standpipe System: [ ] New [ ] Existing
Main Control Valve Location _____
Method of Supervision _____
Water Supply Source _____

TECHNICAL SITE DATA:

DESCRIPTION OF WORK:

STORAGE TANKS	CAPACITY	FUEL
[ ] Flammable Liquid	_____	_____
[ ] Combustible Liquid	_____	_____
[ ] LPG _____	_____	
[ ] LNG _____	_____	

QTY.
ALARM SYSTEMS: [ ] 110 v Interconnected [ ] System
___ Alarm Devices (i.e. smoke, heat, pulls, water/flow)
___ Supervisory Devices (i.e. tampers, low/high air)
___ Signaling Devices (i.e. horns/strobes, bells)
___ Other Devices _____
___ TOTAL
SUPPRESSION SYSTEMS: [ ] Fire Pump [ ] GPM Type
___ Dry Pipe/Alarm Valves
___ Pre-Action Valves
___ Sprinkler Heads (dry and wet)
___ Standpipes
FIRE-ENGINEERED SYSTEMS:
___ Wet Chemical
___ Dry Chemical
___ CO2 Suppression
___ Foam Suppression
___ Halon Suppression
___ Other _____
___ Kitchen Hood Exhaust System
___ Smoke Control System
___ [ ] Gas or [ ] Oil Fired Appliances
___ Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____ [ ] Agent [ ] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

ELECTRICAL SUBCODE

Contractor _____
Address _____
City _____ State ____ Zip Code _____
Phone _____
License # _____ Expires _____
Federal Employment # _____

ELECTRICAL CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
[ ] Pole Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____

TECHNICAL SITE DATA:

QTY.	SIZE	ITEMS
____		Lighting Fixtures
____		Receptacles
____		Switches
____		Detectors
____		Light Poles
____		Motors - Fractional HP
____		Emergency & Exit Lights
____		Communications Points
____		Alarm Devices/F.A.C. Panel
____		TOTAL QUANTITY
____		Pool / with UW Lights
____		Storable Pool/Spa/Hot Tub
____	____	KW Elec. Range/Receptacle
____	____	KW Oven/Surface Unit
____	____	KW Electric Water heater
____	____	KW Electric Dryer/Receptacle
____	____	KW Dishwasher
____	____	HP Garbage Disposal
____	____	KW Central Air Conditioning Unit
____	____	HP/KW Space Heater/Air Handler
____	____	KW Baseboard Heat
____	____	HP Motors 1/+ HP
____	____	KW Transformer/Generator
____	____	AMP Service
____	____	AMP Subpanels
____	____	AMP Motor Control Center
____	____	KW Electric Sign/Outline Light
____	____	Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____

[ ] Licensed Electrician (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

TOWNSHIP OF NORTH BRUNSWICK

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 06/08/2004 Date Issued 06/09/2004

Control # 17292 Permit # 20040593

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 : 100.1 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) - 422-8617

Contractor VAN DEMARK PLUMBING

Address 18 WHITE PINE ROAD
SOUTH BRUNSWICK NJ 08831

Telephone : (732)-9518688 Fax :

License No. : Federal Emp. No. : 223342585

B.PLUMBING CHARACTERISTICS

Use Group Present : R-3 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 $350.00

3. Demolition $0.00 Estimated Cost of Plumbing Work (1+2+3) : $350.00

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 2ND WATER METER
	Other _____
	Other _____

FEE (Office Use Only)

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

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

UCCP130(rev. 3/96)

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