CONSTRUCTION PERMIT

Date Issued 10/30/2002

Permit # p2002-2711+A

IDENTIFICATION Block 4000.17 Lot 15 Qualification Code

Work Site Location 13 SPYROS DR. , SOUTH AMBOY, N.J. 08879 NJ 99999

Owner in Fee CETTA, CHARLES & CAMILLE

Address 13 SPYROS DR. , SOUTH AMBOY NJ 08879

Tel. ( ) 732-

Contractor AIB INDUSTRIES INC./KENNETH PIKOWSKI AIB

Address 10 MAJESTIC DRIVE , FREEHOLD NJ 07728

Tel. ( ) 732-863-6883

Lic. No. or Bldrs. Reg. 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:

Alterations--BAY WINDOW-SECOND ZONE HEAT-W/H

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 $ 900

Construction Official

Date

PAYMENTS (Office Use Only)

Building	35.00
Electrical	80.00
Plumbing	90.00
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	1.00
Cert. of Occupancy	
Other	
Total	206.00
Check No.	628
Cash	
Collected by	KC

(see reverse side)

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

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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:

☐ 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.

Date Issued 10/30/2002
Control # 44782
Permit # p2002-2711+A

CONSTRUCTION PERMIT NOTICE

Block 4000.17 Lot 15 Qualification Code _____

Work Site Location: 13 SPYROS DR. , SOUTH AMBOY, N.J. 08879 NJ 99999

AUTHORIZED FOR:

- ☑ **BUILDING**
- ☑ **PLUMBING**
- ☐ **ELEVATOR DEVICES**
- ☐ **OTHER** _____
- ☑ **ELECTRICAL**
- ☐ **FIRE PROTECTION**
- ☐ **DEMOLITION**

Description of Work: Alterations--BAY WINDOW-SECOND ZONE HEAT-W/H

This notice shall be posted conspicuously at the work site and shall remain so until issuance of a certificate.

U.C.C. F180
(rev. 3/03)

N.J. DIVISION OF CONSUMER AFFAIRS RULE: N.J.A.C. 13:45A - 16.2(a)10.ii

FOR INSPECTION ON CONSTRUCTION PERMITS FOR:
BUILDING
ELECTRIC
PLUMBING
FIRE PROTECTION
OR
ELEVATOR

FINAL PAYMENT TO THE CONTRACTOR IS NOT REQUIRED TO BE MADE BEFORE A FINAL INSPECTION IS PERFORMED.

U.C.C. F180-2
(rev. 6/97)

Township of Old Bridge

Department of Code Services

Divisions of Construction, Housing, Zoning

One Old Bridge Plaza
Old Bridge, NJ 08857
732-721-5600, ext 2420 – Fax 732-607-4832
construction@oldbridge.com
www.oldbridge.com

Patrick Reardon, Director
Construction Official
Fire Subcode Official

Matthew McGowan
Assistant Construction Official
Building Subcode Official

Customer Satisfaction Survey

Who did you deal with?

☐ **Construction Official** ☐ **Building** ☐ **Electric** ☐ **Plumbing**
☐ **Fire** ☐ **Housing** ☐ **Zoning/code enfor** ☐ **Office Staff**
☐ **All or most of the above**

What type of service were you seeking?
Building Dept. Permit **Zoning Permit** **Resale/Rental inspection** **Property Maintenance**

Did you use our online application service? Yes No

How was our online experience? (if used)
☐ **Excellent** ☐ **Good** ☐ **Average** ☐ **Poor**
☐

How well were you satisfied with our courtesy?
☐ **Very satisfied** ☐ **Satisfied** ☐ **Dissatisfied**

How well were you satisfied with our Helpfulness?
☐ **Very Satisfied** ☐ **Satisfied** ☐ **Dissatisfied**

How well were you satisfied with our Efficiency?
☐ **Very Satisfied** ☐ **Satisfied** ☐ **Dissatisfied**

How was our level of service?
☐ **Excellent** ☐ **Good** ☐ **Average** ☐ **Poor**

How was our level of Knowledge?
☐ **Excellent** ☐ **Good** ☐ **Average** ☐ **Poor**

Comment or suggestions: _____

Name _____ **Address** _____

Contact info _____

All surveys should be returned to: Administrator, Twp of Old Bridge, One Old Bridge Plaza, Old Bridge, NJ 08857