



06-104681

1. Proposed Work Site at: 449 Jackson Ave.
2. Name of Owner in Fee: Wm Connolly Tel. [redacted]
Address 449 Jackson Ave. Beck 08123
street municipality zip code
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: homeowner Tel. () _____
Address _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: () _____
5. Architect or Engineer _____ Tel. () _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
Tel. () _____ FAX: () _____

Backflow preventer

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

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 _____

[illegible]

- ☐ Partial Releases
- ☐ Prototype Processing

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

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units: All Units Income-restricted

	<u>All Units</u>	<u>Income-restricted</u>
Before Construction	_____	_____
After Construction	_____	_____
Net Gain or Loss	_____	_____

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

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 John Connolly Date 9/25/00

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 _____

Address _____

Telephone (____) _____

Signature _____

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

VILL. 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 _____

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Mechanical _____

Energy _____
Barrier Free _____
Flood Hazard _____
As Built Elevation Cert. _____
Other _____

X. CERTIFICATES ISSUED (office use only)

DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
No. _____	No. _____	No. _____	No. _____
No. _____	No. _____	No. _____	No. _____
No. _____	No. _____	No. _____	No. _____
No. _____	No. _____	No. _____	No. _____
No. _____	No. _____	No. _____	No. _____
No. _____	No. _____	No. _____	No. _____
No. _____	No. _____	No. _____	No. _____
No. _____	No. _____	No. _____	No. _____
No. _____	No. _____	No. _____	No. _____
No. _____	No. _____	No. _____	No. _____

☐ Temporary Certificate of Occupancy
☐ Temporary Certificate of Compliance
☐ Continued Certificate of Occupancy
☐ Certificate of Compliance
☐ Certificate of Occupancy
☐ Certificate of Approval
☐ Lead Abatement Clearance Certificate

Constituent Contact Report

[illegible]☐ Zoning Application deemed complete

☐ Zoning Application approved

☐ Zoning permit updates:

Initialed: _____
Date: _____

Initialed: _____
Date: _____



CONSTRUCTION PERMIT

Date Issued 09/29/2006
Control # C-06-104681
Permit # 06-3222

IDENTIFICATION Block: 527 Lot: 8 Qualifier
Work Site Location: 449 JACKSON AVE. Brick Township, NJ Contractor CONNOLLY, KEVIN F & LISA K
Address 449 JACKSON AVE. BRICK NJ 08723
Owner in Fee CONNOLLY, KEVIN F & LISA K
Address 449 JACKSON AVE. BRICK NJ 08723
Telephone: [REDACTED]
Lic. No. or Blurs reg. no.
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 ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:

BACKFLOW PREVENTER/LAWN SPRINKLER

Note: If construction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$25

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	\$0
CO Fee	
Other	\$0
Total	\$50
Check No.	4142
Cash	\$0
Credit	\$0
Collected By	Stephanie Capozzi

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:

☐ 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 527 Lot 8 Qualification Code

Work Site Location 449 Jackson Ave. Back 08723

Owner in Fee 449 Jackson Ave. Back 08723

Address 449 Jackson Ave. Back 08723

Contractor 449 Jackson Ave. Back 08723

Address 449 Jackson Ave. Back 08723

Tel () FAX ()

Contractor License No. 449 Jackson Ave. Back 08723

Federal Emp. No. 449 Jackson Ave. Back 08723

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer

Water Service Size Public Water

Est. Cost of Plumbing Work \$ 425.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW ☒ No Plans Required

Joint Plan Review Required: ☒ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 9/29/06

Approved by: [Signature]

SUBCODE APPROVAL

Date: [] CO [] CC [] CA

Approved by: [Signature]

TCO

Solar

Fuel Oil Piping

LP Gas Tank

Gas Piping

Gas Equipment

Fixtures

Sewer

Water

Rough

Slab

Type: ☒ Initial ☐ Approval ☐ Failure

Dates (Month/Day)

INSPECTIONS

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

U.C.C. F130
(rev 01/04)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

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

Date Received
Control #
Date Issued
Permit #

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

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrapp

Sewer Connection

Water Service Connection

Stacks

Other

Other

State Permit Surcharge Fee

Minimum Fee

Administrative Surcharge

TOTAL FEE

Form for technical site data and fees, including sections for fixtures/equipment, fees, and administrative charges.



**PLUMBING SUBCODE
TECHNICAL SECTION**



Date Received _____
Control # _____
Date Issued _____
Permit # _____

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

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 _____
Grease Trap _____
Sewer Connection _____
Water Service Connection _____
Stacks _____
Other _____
Other _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

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

Block 527 Lot 8 Qualification Code _____

Work Site Location 449 Malabar Ave. Back 08723

Owner in Fee Lisa + Kevin Connolly 449 Malabar Ave. Back 08723

Address 449 Malabar Ave. Back 08723

Contractor [Redacted] 449 Malabar Ave. Back 08723

Address [Redacted] 449 Malabar Ave. Back 08723

Contractor [Redacted] 449 Malabar Ave. Back 08723

Address [Redacted] 449 Malabar Ave. Back 08723

Tel () FAX ()

Contractor License No. _____

Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____

Water Service Size _____

Est. Cost of Plumbing Work \$ 8,250.00

Public Sewer _____ Private Septic _____

Public Water _____ Private Well _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____ No Plans Required _____

Joint Plan Review Required _____

[] Building [] Electric [] Fire [] Elevator [] Plumbing Plans Approved [] Date: 9-26-12

Approved by: _____

SUBCODE APPROVAL [] CO [] CCO [] CA

Date: _____

Approved by: _____

Gas Equipment _____

Gas Piping _____

LP Gas 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

U.C.C. F130
(rev 07/04)

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