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MAR 27 1996



CONSTRUCTION PERMIT APPLICATION

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing		95-	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee		1-	
10. Subtotal	\$		
11. Cert. of Occupancy		20-	
12. Other			
13. TOTAL	\$	116-	

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	sq. ft.
no	
11. Max. Live Load	
12. Max. Occupancy Load	

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

I. IDENTIFICATION

- Proposed Work-site at: 2 ALDQATE CT.
- Name of Owner in Fee: AVERSO
Address 2 ALDQATE CT BRUK TWP NJ
street municipality zip code
- Ownership in Fee: Public _____ Private _____
- Principal Contractor: Bay Head SPRINKLERS Tel. (908) 892-0793
Address 1115 Hwy 88 POINT PLEASANT NJ
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. _____ Social Security No. _____
- Architect or Engineer _____ Tel. (____) _____
Address _____
- Responsible Person in Charge of Work _____ Tel. (____) _____

II. PROPOSED WORK

- ☐ Minor work (single trade)
- ☐ Small Job (\$5,000 and no prior approvals)
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Fire Protection
- ☒ Plumbing
- ☐ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abatement
- ☐ Demolition

TOTAL COSTS

LAWN SPRINKLERS 1000.00

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
<u>WP</u>	<u>3/27/96</u>						
			<u>3-27-96</u>	<u>JAH</u>			

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2 ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No of dwelling units:

Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL

- State Specific Use:
- Use Group:
- 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.

X 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 New Jersey 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 _____ Date _____

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition

Name of Code & Edition

Building _____
 Electrical _____
 Plumbing _____
 Fire Protection _____
 Mechanical _____

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

Other _____

X. CERTIFICATES ISSUED

(office use only)

DATE ISSUED

DATE EXPIRED

DATE REISSUED

DATE EXPIRED

- ☐ Temporary Certificate of Occupancy
☐ Temporary Certificate of Compliance
☐ Continued Certificate of Occupancy
☐ Certificate of Compliance
☐ Certificate of Occupancy
☐ Certificate of Approval

No. _____
 No. _____
 No. _____
 No. _____
 No. _____
 No. _____



CONSTRUCTION PERMIT

Date Issued 3/29/96
Control #
Permit # 449-96

IDENTIFICATION Block 1033.01 Lot 12
Work Site Location 2 Sildgate Ct. Contractor Borglund Sprinklers
Address _____
Owner in Fee Chapman Address _____
Address same Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____ or Social Security No. _____

Whereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

inst. g. sprinklers

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 \$ 1000.

Al Billa

CONSTRUCTION OFFICIAL

C.C. Form F-170C

1 WHITE - OFFICE 2 CANARY - TAX ASSESSOR 3 PINK - JACKET 4 GOLD - APPLICANT

PAYMENTS (Office Use Only)	
Building	_____
Plumbing	<u>95.-</u> CHANGE
Electrical	<u>2/96</u> NO. 5 0003A005
Fire Protection	_____
Other	_____
Other	_____
DCA Training Fee	<u>1.-</u>
Cert. of Occ.	<u>20.-</u>
Other	_____
Total	<u>116.-</u>
Check No.	_____
Cash	_____
Collected By:	_____



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

3/29/96
449-96

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

Block 1033.01 Lot 1A
Work Site Location 2 ALMATE CT.
BRICK TWP
Owner in Fee AVERSO
Address 2 ALMATE CT.
BRICK TWP. NJ
Tele [REDACTED]
Contractor PAUL HITT'S PLUMBERS
Address 1115 Hwy 88
PT PLEASANT NJ 08742
Tele. (908) 892-6793
Lic. No. _____
Federal Emp. No. 22-3101972 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present P13 Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 10000

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	_____	_____	_____	_____
☐ Bldg. ☐ Elec.		Water	_____	_____	_____	_____
☐ Fire ☐ Elevator		Sewer	_____	_____	_____	_____
☐ Plumb. Plans Approved		Fixtures	_____	_____	_____	_____
Date: <u>3-27-96</u>		Gas Equipment	_____	_____	_____	_____
Approved by: <u>[Signature]</u>		Gas Piping	_____	_____	_____	_____
SUBCODE APPROVAL:		Solar	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA		TCO	_____	_____	_____	_____
Approved By: _____						
Date: _____						

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	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	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrapp	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Active Solar System	_____
_____	Other	_____

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL \$ 950

35 # heads
on well

LC. 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.

[Signature]
Signature—Contractor Seal

☐ Licensed Plumbing Contractor ☐ Exempt Applicant