Brick

Permit Without a Jacket

Permit Number 2666-97

LDS BR 10524080

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9/8/97
Date Issued
Control #
Permit # 266691

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

Block 298 Lot 13
Work Site Location 24 Homestead Dr Brick
Owner in Fee Joe Walsh
Address 1583 Seq Island Dr Toms River
Tele. ([redacted]
Contractor Tonys Heating & A/C
Address 7 Maria Ct Brick
Tele. (___) 458-5918
Lic. No. [redacted]
Federal Emp. No. ___ or Social Security No

B. PLUMBING CHARACTERISTICS

Use Group Present ___ Proposed ___
Building Sewer Size ___ Public Sewer ___ Private Septic ___
Water Service Size ___ Public Water ___ Private Well ___
Estimated Cost of Plumbing Work $ ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9-8-97
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment	9-9-97		10-21-97	
Gas 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.

Signature—Contractor/Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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	
1	Hot Water Boiler	35
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ ___
Paid [ ] Check # ___ Minimum Fee $ 35
DCA Training Fee $ ___
Collected by: ___ TOTAL $ ___

U.C.C. Form F-130B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

9-9-97 - ① DAMper should be after Drafthood
② safty relief valve should be vertical
not horizontal
③ is there a permit for HWH. ?

10-21-97 #3 HWH permit