BLOCK 678 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 745 Pine drive PERMIT NO. 11-0130

CONSTRUCTION PERMIT APPLICATION

C10-004597

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

I. IDENTIFICATION

1. Proposed Work Site at: 745 PINE DR
2. Name of Owner/Lessee: LAURETTA BERRY
   Tel. [redacted] e-mail _____
   Address 745 PINE DR (street) BRICK (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ACCOMPLISHED CHIMNEY INC Tel. (973) 423-3666
   Address 960 BELMONT AVE e-mail _____
   NORTH HARRISON N.J 07591
   License No. OR, if new home, Builder Reg. No. 13VH01892200 Exp. Date 12/31/11
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 20-0607476 FAX: (973) 423-5885
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun OWEN LITH
   Tel. (973) 423-3646 FAX: (973) 423-5885

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75		
2. Electrical			
3. Plumbing			
4. Fire Protection	45		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 4		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 124		

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. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

CALLED 01-04-11

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. - Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	1250	(illegible)	12/15/10		12/23/10	IW			
☐ Electrical									
☐ Plumbing	1								
☒ Fire Protection	1250								
☐ Elevator									
TOTAL COST	2500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental 1 _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

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.ix:

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. 5:23-2.15(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 ACCOMPLISHED CHIMNEY INC

Address 960 BELMONT AVE

NORTH HALEDON NJ 07508

Telephone (973) 423-3666

Signature Omer Feka

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		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		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. _____	_____	_____	_____	_____

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-0130

Date Issued
Permit # 04-20-11

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

Block 678 Lot 6 Qualification Code _____

Work Site Location 745 PINE DR BRICK

Owner in Fee: LAURETTA BERRY

Tel [redacted] e-mail _____

Address 745 PINE DR BRICK

Contractor: (street) ACCOMPLISHED CHIMNEY (municipality) INC Tel. (973 923-3666 (zip code)

Address 960 BELMONT AVE e-mail _____
NORTH HALEDON

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 20-1060726 FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [✓] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar Other S.STEEL LINER

Location: _____

Total Cost of Fire Protection Work $ 1250

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 12/16 Approved by: AB

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12-22-10

Approved by: KMD

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

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. _____
Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL 6 INCH STAINLESS Steel LINER

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	1	45
Fireplace Venting/Metal Chimney		
Other S.Steel LINER		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-0130

Date Issued / Permit # 01-20-11

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

Block 678 Lot 6 Qualification Code

Work Site Location 745 PINE DR BRICK

Owner in Fee: [redacted] BERRY e-mail

Address 745 PINE DR BRICK
street municipality

Contractor ACCOMPLISHED Chimney Inc Tel. (973) 423-3666
Zip code

Address 910 BELMONT AVE e-mail
NORTH HALEDON NJ 07508

Contractor License No. or Builder Registration No 13VH01897200 Exp. Date 12/31/11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 20-1060746 FAX: (973) 423-5881

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK INSTALL 6" NOM STAINLESS STEEL LINER FROM TOP TO BOTTOM RECONNECT FURNACE AND HOT WATER HEATER TO LINER

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12/23/10	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 12-23-10
Approved by: KA/JL

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
No. of Stories
Height of Structure ____ ft.
Area — Largest Floor ____ sq. ft.
New Bldg. Area/All Floors ____ sq. ft.
Volume of New Structure ____ cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present ____ Proposed ____
If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 1250

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other Steel Liner
[ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 12/07)

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

TWO OR MORE CATEGORY I APPLIANCES
CORRUGATED, LISTED, GAS VENT CAPACITY
INCLUDING A 20% REDUCTION FROM GAMA TABLES

HEIGHT "H"	VENT CONNECTOR WALL "C"	Stretch-Liner Common Vent Diameter - "D" (inches)															
		4"			5"			5.5"			6"			7"			8"		
		Combined Appliance INPUT Rating in Thousands of BTU per Hour																	
		FAN +FAN	FAN +NAT	NAT NAT	FAN +FAN	FAN +NAT	NAT NAT	FAN +FAN	FAN +NAT	NAT NAT	FAN +FAN	FAN +NAT	NAT NAT	FAN +FAN	FAN +NAT	NAT NAT	FAN +FAN	FAN +NAT	NAT NAT
15'	Double	100	90	73	156	131	115	192	167	140	227	192	165	342	282	224	445	355	292
	Single	97	86	70	151	127	112	186	152	136	220	177	160	333	274	219	435	347	285
25'	Double	116	104	88	184	157	138	227	189	169	270	221	199	405	341	286	527	429	359
	Single	111	100	84	176	152	134	220	183	163	262	214	192	396	332	281	514	420	352
30'	Double	122	110	94	195	168	148	242	203	181	289	238	213	438	367	288	576	468	376
	Single	116	105	90	189	162	143	235	195	175	280	229	206	425	357	279	562	456	367
35'	Double	125	113	98	202	175	154	252	212	189	302	248	222	457	385	300	605	492	392
	Single	119	109	89	195	169	149	245	205	182	291	239	214	444	374	291	588	479	382
45'	Double	151	119	104	216	189	166	271	230	203	325	271	240	494	420	325	656	541	424
	Single	125	114	99	208	180	158	261	220	194	314	260	229	480	407	316	640	526	413

VENTING REQUIREMENTS

A. Stretch-Liner components are UL listed for relining masonry chimneys venting Category I natural gas fired appliances.

B. Single appliance venting of a fan assisted furnace into an unlined or a tile masonry chimney is prohibited. A listed liner is required by GAMA.

C. No other appliance may be vented into the same chimney where the stretch-liner is installed.

D. Stretch-liner may be installed in a diameter smaller than the outlet of the appliance if:
   1. The Stretch-Liner vent height is more than 10 feet.
   2. The Stretch-Liner is not more than one gamatable smaller.
   3. The appliance is gas assisted and the fan max is reduced by 10%.
   4. The natural draft of the appliance outlet is larger than 4".

E. The Stretch-Liner diameter venting more than one appliance must not have a diameter smaller than the largest appliance outlet.

F. Where the gama tables offer a choice of diameter, the smallest is recommended.

G. Gama tables factor in two 90° bends. Reduce maximum capacity 10% for every extra 90° bend or equivalent offset (5).

H. The most recent national fuel gas code of NFPA shall be referred to for installation of vent connectors.

I. Refer to local code requirements for installation of flexible, corrugated gas vents.

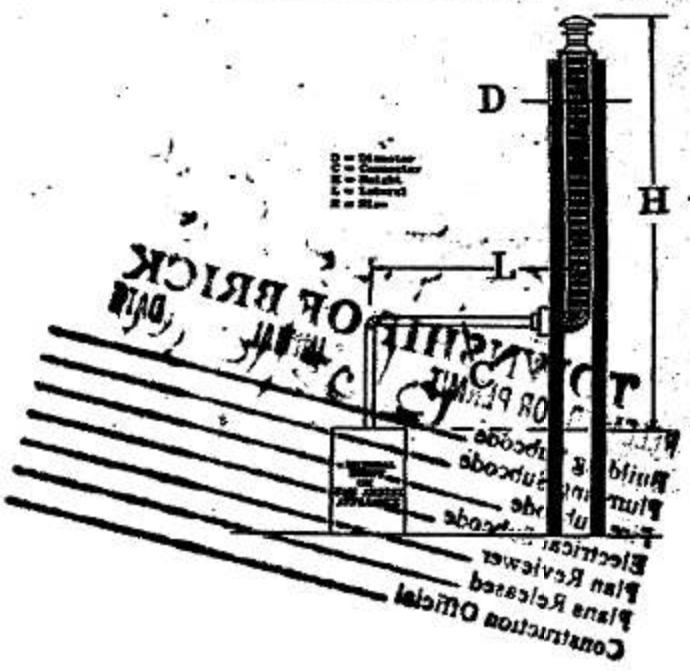
westaflex, inc.
7925 Dunbrook Rd., Suite G
San Diego, CA 92126
Phone: (619) 549-0909
TOLL FREE
SAN DIEGO
FAX

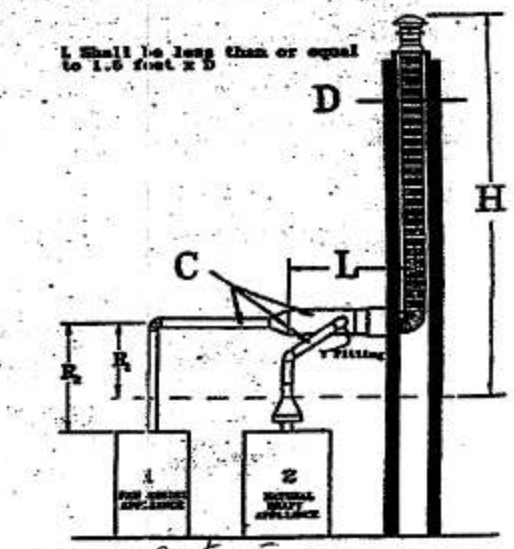
Office Set

TOWNSHIP OF BRICK
APPROVED FOR PERMIT
INITIAL DATE
12/23/10
Building Subcode
Plumbing Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official

SINGLE CATEGORY I APPLIANCES
CORRUGATED, LISTED LINER GAS VENT CAPACITY
INCLUDING A 20% REDUCTION FROM GAMA TABLES

HEIGHT "H"	VENT CONNECTOR WALL "C"	LATERAL "L"	Stretch-Liner Common Vent Diameter "D" (inches) 3"			4"			5"			5.5"			6"			7"		
			Appliance INPUT Rating in Thousands of BTU per Hour																	
			FAN Min	FAN Max	NAT Max	FAN Min	FAN Max	NAT Max	FAN Min	FAN Max	NAT Max	FAN Min	FAN Max	NAT Max	FAN Min	FAN Max	NAT Max	FAN Min	FAN Max	NAT Max
15'	Double	5'	22	52	35	30	104	70	39	175	114	44	220	144	49	264	174	64	370	240
		10'	29	47	33	40	97	65	51	165	109	56	209	137	64	252	166	84	356	230
	Single	5'	51	50	35	75	102	69	102	173	112	123	217	143	144	261	174	182	367	238
		10'	*	*	31	95	93	63	128	161	105	155	209	134	182	246	162	228	350	227
25'	Double	5'	21	60	41	29	121	82	37	202	135	42	251	170	48	296	200	60	419	280
		10'	28	54	36	38	113	77	49	192	129	55	250	162	61	303	196	79	432	277
	Single	5'	49	57	40	78	119	80	99	204	132	119	258	168	139	312	204	175	444	287
		10'	*	*	*	95	109	74	124	191	128	140	224	159	174	297	193	218	425	274
30'	Double	5'	21	62	43	28	128	86	35	226	141	41	279	180	45	337	218	58	480	308
		10'	27	55	40	37	120	82	48	210	137	54	267	173	59	324	209	77	464	297
	Single	5'	49	59	42	72	126	85	98	217	139	117	276	178	139	334	217	171	476	306
		10'	*	*	*	91	115	78	122	204	134	147	261	170	171	318	206	213	456	294
35'	Double	5'	21	63	43	28	132	89	35	238	148	40	289	185	45	350	225	57	501	319
		10'	27	57	39	37	124	84	49	217	144	53	277	179	58	337	216	76	484	309
	Single	5'	49	60	*	72	129	87	97	224	143	116	286	183	135	347	224	169	496	317
		10'	*	*	*	91	118	80	121	212	138	145	271	176	169	351	213	211	476	305
45'	Double	5'	21	65	*	28	139	93	35	248	155	40	311	197	44	377	239	57	542	340
		10'	27	60	*	36	131	89	47	232	149	52	298	190	58	364	231	75	525	330
	Single	5'	49	63	*	71	136	92	95	239	153	115	308	196	134	373	238	168	537	338
		10'	*	*	*	90	125	*	120	227	146	143	292	187	167	358	227	208	517	326





CONSTRUCTION PERMIT

Date Issued 01-20-11
Control # C-10-004597
Permit # 11-0130

IDENTIFICATION Block: 678 Lot: 6 Qualifier
Work Site Location: 745 PINE DR. Brick Township, NJ
Owner in Fee BERRY, JOSEPH L. & LORETTA A.
745 PINE DR BRICK NJ 08723
Telephone: [redacted]

Contractor Accomplished Chimney
Address 960 Belmont Avenue North Haledon NJ
Telephone: (732)477-3299 973-423-2066
Lic. No. or Bldrs. Reg. No. 13VH01892200
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
CHIMNEY LINER

Note: If constuction 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 $2,500

Construction Official 1-20-11 Date

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$0
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$124
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

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 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.

- [x] 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.

#0130
FIRE $45.00
CHECK $124.00

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:

- [x] 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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-0130
Date Issued
Permit # 01-20-11

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

Block 678 Lot 6 Qualification Code _____

Work Site Location 745 PINE DR BRICK

Owner in Fee: LAURETTA BERRY

Tel. ([redacted] e-mail _____

Address 745 PINE DR BRICK

Contractor: (street) ACCOMPLISHED CHIMNEY (municipality) INC Tel. (973 723-3166 (zip code)

Address 960 BELMONT AVE e-mail _____
NORTH HALEDON

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 2203

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 20-1060726 FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [✓] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar

Other STEEL LINER

Location: _____

Total Cost of Fire Protection Work $ 1250

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel _____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 12-21-10 Approved by: MO
[ ] Fire Protection Plans Approved:
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-22-10
Approved by: KMD

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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. _____
Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: INSTALL 6 INCH STAINLESS STEEL LINER

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	1	45
Fireplace Venting/Metal Chimney		
Other STEEL LINER		

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-0130
Date Issued
Permit # 01-20-11

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

Block 6018 Lot 6 Qualification Code _____

Work Site Location 745 PINE DR BRICK

Owner in Fee: LOURETTA BERNAT

Tel. [redacted] e-mail _____

Address 745 PINE DR BRICK
street municipality zip code

Contractor ACCOMPLISHED CHIMNEY INC Tel. (973 423-3166

Address 960 BELMONT AVE e-mail _____
NORTH HALEDON

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 20-1060746 FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [✓] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [✓] Solar
Other STEEL LINER

Location: _____

Total Cost of Fire Protection Work $ 1250

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

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]
Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: INSTALL 6-INCH STAINLESS STEEL LINER

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	1	44
Fireplace Venting/Metal Chimney		
Other STEEL LINER		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[✓] Partial -Underslab Utilities Approved
Date: 12-21- Approved by: [signature]
[ ] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-22-
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-0130

Date Issued / Permit # 01-20-11

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

Block 678 Lot 6 Qualification Code

Work Site Location 745 PINE DR BRICK

Owner in Fee: [redacted]

Address 745 PINE DR BRICK
street municipality

Contractor: ACCOMPLISHED CHIMNEY INC Tel. (973 423-2266
zip code

Address 96 W. BELMONT AVE e-mail
AUSTIN HARRISON NJ 07720

Contractor License No. or Builder Registration No. 13VH01892200 Exp. Date 12/31/11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable)

Federal Emp. ID No. 20-1060746 FAX: (973 423-5885

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK INSTALL 6" LINER STAINLESS STEEL 1, LINER FROM TOP TO BOTTOM RECONNECT FURNACE AND HOT WATER HEATER TO LINER

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12/23/10	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 12-23-10
Approved by: KA/JH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
No. of Stories
Height of Structure ____ ft.
Area — Largest Floor ____ sq. ft.
New Bldg. Area/All Floors ____ sq. ft.
Volume of New Structure ____ cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present ____ Proposed ____
If Industrialized Building:
State Approved ____ HUD ____
Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 1250

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other: STAINLESS LINER
[ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 12/07)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-0130

Date Issued / Permit # 01-20-11

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

Block 1018 Lot 6 Qualification Code ______

Work Site Location 745 Pine Dr
Brick

Owner in Fee: Lauretta Berry

[redacted] mail ______

Address 745 Pine Dr Brick
(street) (municipality) (zip code)

Contractor: Accomplished Chimney Inc Tel. (973) 443-2116

Address 910 Belmont Ave e-mail ______
Haledon NJ 07508

Contractor License No. or Builder Registration No. 13VH01892200 Exp. Date 12/31/11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______

Federal Emp. ID No. 20-1060746 FAX: (973) 423-5881

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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Install 6 inch Stainless Steel liner from top to bottom reconnect furnace and hot water heater to liner

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12/23/10	[initials]
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 12-23-10

Approved by: [initials]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

(Dates (Month/Day))

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ______ Height (exceeds 6')
- [ ] Sign ______ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall ______ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other S Steel Liner
- [ ] Demolition

FEE (Office Use Only)

$ ______

Administrative Surcharge $ ______

Minimum Fee $ ______

State Permit Surcharge Fee $ ______

TOTAL FEE $ ______

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______

No. of Stories ______

Height of Structure ______ ft.

Area — Largest Floor ______ sq. ft.

New Bldg. Area/All Floors ______ sq. ft.

Volume of New Structure ______ cu. ft.

Max. Live Load ______

Max. Occupancy Load ______

Constr. Class Present ______ Proposed ______

If Industrialized Building:

State Approved ______ HUD ______

Est. Cost of Bldg. Work:

1. New Bldg. $ ______
2. Rehabilitation $ ______
3. Total (1+2) $ 1,200

U.C.C. F110 (rev. 12/07)

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