

Township of _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

Proposed Work-site at: 234 Hawaii Dr Brick

Name of Owner in Fee: Skurat Tel. (____) _____

Address _____

Ownership in Fee: Public _____ Private ☒

Principal Contractor: RICHARD SUTCH INC. Tel. (____) _____

Address: PO BOX 355
LEONARDO, NJ 07737

License No. OR, if new home, Builder Reg. No. 908-291-8614 Exp. Date _____

Federal Emp. No. LIC. # 7654 Social Security No. 22-2786990

Architect or Engineer _____ Tel. (____) _____

Address _____

Responsible Person in Charge of Work _____ Tel. (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing	<u>35-</u>		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>35-</u>		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

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

Est. Cost
500-

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>JP</u>	<u>4/25/96</u>						
			<u>4-26-96</u>	<u>JP</u>	<u>7/18/97</u>		<u>JP</u>

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

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

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

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

Emergency Replacement Water Heater Ready For Inspection

APR 25 1996

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 _____

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 _____

RICHARD SUTCH INC.

Address _____

PO BOX 355

LEONARDO, NJ 07737

908-291-8614

LIC.# 7854

22-2786990

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 _____	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. _____	_____	_____	_____	_____

Township of



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

5-1-
748-

IDENTIFICATION Block 382.04 Lot 13

Work Site Location 234 Hawaii Ave

Contractor RICHARD SUTCH INC.

Address PO BOX 355

Owner in Fee Murat
Address

LEONARDO, NJ 07737

Tele. () 908-291-8614

Lic. No. or Bldrs. Reg. No. LIC. # 7654 Exp. Date

Federal Emp. No. 22-2786990

or Social Security No. 748

hereby granted permission to perform the following work:

[] BUILDING [☒] PLUMBING [] OTHER
[] ELECTRICAL [] FIRE PROTECTION

DESCRIPTION OF WORK:

**Emergency Replacement Water Heater
Ready For Inspection**

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 \$ 500 -

CONSTRUCTION OFFICIAL

BLOCK	
PAYMENTS (Office Use Only) 382 #	
Building	
Plumbing	<u>35.00</u> LOT
Electrical	13 #
Fire Protection	PLUMBING
Other	TOTAL
Other	CHECK
	CHANGE
DCA Training Fee	
Cert. of Reg.	NO. 5 0018A005
Other	
Total	<u>35.00</u>
Check No.	<u>4852</u>
Cash	
Collected By:	<u>CA</u>

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and 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 inspection specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections must 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 the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections must 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 and connections prior to covering with finish or infill material; plumbing underground services, roof piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

5/1/96
748-96.

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

Block 382.04 Lot 13
Work Site Location 234 Hawaii 10th Buck
Owner in Fee Skurat
Address [REDACTED]
Tele. () [REDACTED]
Contractor RICHARD SUTCH INC
Address PO BOX 355
LEONARDO NJ 07737
Tele. () 908-291-8614
Lic. No. UC # 7654
Federal Emp. No. 22-2786970 or Social Security No: _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ 500-

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. ☐ Fire		Water <u>HTR</u>			<u>7-18-97</u>	<u>[Signature]</u>	
☐ Plumb. Plans Approved		Sewer					
Date: <u>4-26-96</u>		Fixtures					
Approved by: <u>[Signature]</u>		Gas Equipment					
		Gas Final					
SUBCODE APPROVAL:		Solar					
☐ CO ☐ CCO ☐ CA		TCO					
Approved by: <u>[Signature]</u>							
Date: <u>7-18-97</u>							

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]
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	_____
_____	Gas Piping	_____
_____	Fuel Oil Piping	_____
<u>1</u>	<u>Water Heater</u>	<u>25-</u>
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Gas Service Connection	_____
_____	Active Solar System	_____
_____	Other	<u>10</u>
Administrative Surcharge		\$ _____
Paid ☐ Check # _____ Minimum Fee		\$ _____
Collected by: _____ TOTAL		\$ <u>35-</u>



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

5/1/96

748-96.

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Owner in Fee Skurat
Address _____

Tele. (____) _____
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LEONARDO, NJ 07737
Tele. (____) 908-291-8614
Lic. No. LIC. # 7654
Federal Emp. No. 22-2786990 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer-Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ 500-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)			
		Failure	Failure	Approval	Initial
☐ No Plans Required	Type: _____				
Joint Plan Review Required:	Slab _____				
☐ Bldg. ☐ Elec. ☐ Fire	Rough _____				
☐ Plumb. Plans Approved	Water _____				
Date: <u>4-26-96</u>	Sewer _____				
Approved by: <u>[Signature]</u>	Fixtures _____				
	Gas Equipment _____				
	Gas Final _____				
SUBCODE APPROVAL:	Solar _____				
☐ CO ☐ CCO ☐ CA	TCO _____				
Approved by: _____					
Date: _____					

C. CERTIFICATION IN LIEU OF OATH

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☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Signature/Contractor Seal

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_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Gas Piping	_____
_____	Fuel Oil Piping	_____
<u>7</u>	<u>Water Heater</u>	<u>25-</u>
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Gas Service Connection	_____
_____	Active Solar System	_____
_____	Other	<u>10</u>

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL \$ 35-