



CONSTRUCTION PERMIT APPLICATION

C-16-002363

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

I. IDENTIFICATION

1. Proposed Work Site at: 234 Hawaii Dr.

2. Name of John Skurat
Tel. (732) [redacted] e-mail _____
Address same Brick 07726
street municipality zip code

3. Ownership in Fee: Public _____ Private ☒ _____

4. Principal Contractor: 1 800 Heaters Inc Tel. (732) 970-8074
Address 2 Gourmet Lane, Unit G & H e-mail permits@1800heaters.com
Edison, NJ 08837

License No. OR, if new home, Builder Reg. No. 12352 Exp. Date 6/30/2017

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH05509300

Federal Emp. ID No. 20-4463685 FAX: (732) 417-0695

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun Leonard Gerardo
Tel. (732) 970-8074 FAX: (732) 417-0695

V. FEE SUMMARY (for office use only)

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

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. 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 _____

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)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer

TOTAL COST

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 _____

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

RECEIVED

MAY 16 2016

BUILDING



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/9/2016
Control Number C-16-002363
Permit Number 16-1860
Permit Issue Date 6/7/2016
Certificate Number 16-1860

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 234 HAWAII DR. Brick Township, NJ Block: 382.04 Lot: 13 Qual: _____
Owner in Fee: SKURAT, JOHN A
Owner Address: 27 VARNUM LANE MANALAPAN NJ 07726
Telephone: _____
Contractor 1 800 Heaters Inc
Address 2 Gourmet Lane Unit G & H Edison NJ 08837
Telephone: (732) 970-8074 Fax: (732) 417-0695
License Number or Builders Registration Number: 12352 13VH05509300 Federal Emp. Number: 20-4463685

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT WATER HEATER

Certificate Comments:

☐ Certificate of Occupancy

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ Certificate of Approval

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ Certificate of Continued Occupancy

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ Temporary Certificate of Compliance

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

☐ Certificate of Clearance - Lead Abatement 5.17

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ Certificate of Compliance

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

☐ Temporary Certificate of Occupancy

The following conditions must be met no later than: _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

Date Printed: 8/9/2016

U.C.C. F260 (rev. 06/05)

Page 1



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #

6/7/16

Date Issued
Permit #

16-1860

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 Qualification Code _____
Work Site Location 334 Hawaii Dr.
Brick NJ 07726
Owner in Fee: John Skurat
Tel. (732) _____ -mail _____

Address Sam street municipality _____
Contractor: 1 800 Heaters Inc Tel. (732) 970-8074
Address 2 Gourmet Lane, Unit G & H e-mail _____
Edison, NJ 08837

Contractor License No. 12352 Exp. Date 6/30/2017
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH05509300
Federal Emp. ID No. 20-4463685 FAX: (732) 417-0695

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 999-

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Failure	Approval
☒ No Plans Required		Slab			
☐ Partial -Underslab Utilities Approved		Rough			
Date: _____ Approved by: _____		Water			
☐ Plumbing Plans Approved		Sewer			
Date: _____ Approved by: _____		Fixtures			
Joint Plan Review Required:		Gas Equipment			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping			
SUBCODE APPROVAL for PERMIT		LPGas Tank			
Date: <u>5-26-16</u>		Fuel Oil Piping			
Approved by: <u>[Signature]</u>		Solar			
SUBCODE APPROVAL for CERTIFICATE		TCO			
☐ CO ☐ CCO ☐ CA		Final			
Date: <u>8-3-16</u>					
Approved by: <u>[Signature]</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.

Applicant sign/Contractor sign and seal here: [Signature]

Print name here: Leonard Gerardo

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

**Replacement
Hot Water Heater**

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
<u>1</u>	Water Heater <u>GAS</u>	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____

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

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(f)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 1 800 Heaters Inc

Address 2 Gourmet Lane, Unit G & H
Edison, NJ 08837

Telephone (732) 970-8074

Signature _____

L. Guardo

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

IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



CONSTRUCTION PERMIT

IDENTIFICATION Block: 382.04 Lot: 13 Qualifier
Work Site Location: 234 HAWAII DR. Brick Township, NJ Contractor 1. 800 Heaters Inc
Owner in Fee SKURAT, JOHN A 27 VARNUM LANE MANALAPAN, NJ 07726 Address 2. Gourmet Lane Unit G & H Edison NJ 08837
Telephone: [REDACTED] Telephone: (732) 970-8074
Lic. No. or Bldrs. Reg. No. 12352 13VH05509300 12352
Federal Employee No. 204483889

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:

REPLACEMENT WATER HEATER

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 \$999

[Signature] Date 5/26/16
Construction Official

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

DEC 4 GOLD - APPLICANT \$2,000

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.

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$150
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	\$0
Other	\$0
Total	\$152
Check No. 8144	
Cash 06/07/16 3141PM 001584099	\$0
Credit #13001	\$0
Collected By [Signature]	\$0

U.C.C. F170 equiv (rev 1/04)

DEC 4 GOLD - APPLICANT \$2,000

Date Issued
Control #
Permit #

6/7/16

C-16-002363

16-1860



NATURAL GAS



PROPANE GAS



The new degree of comfort™

PERFORMANCE PLATINUM™

[illegible]

PERFORMANCE PLUS™

Performance Index: Gas-Powdered Thermally Stable - High Efficiency								
50	3/3.5	84	\$283	0.62	50-1/4	3 or 4	X850T04H-E-400D	1000303246
40	2/2.4	70	\$263	0.62	60-1/4	3 or 4	X840T04H-E-400D	1000303200
40	2/2.4	70	\$263	0.62	50-1/4	3	X840S04H-E-300D	1000303197
50	3/3.5	84	\$638	0.62	50-1/4	3 or 4	XP80T04H-E-300D	1001310611
40	2/2.4	70	\$638	0.62	60-1/4	3 or 4	XP80T04H-E-300D	1001310608
40	2/2.4	70	\$638	0.62	50-1/4	3	XP40S04H-E-300D	1000303584

PERFORMANCE™

Performance - Self-Powered Diagnostic - Normal - High Efficiency							
50	3 to 5	83	\$253	21-1/2	3 or 4	X360TD4HE40U	1000034818
40	2 to 4	66	\$253	50-1/4	3	X360TD4HE38J2	Special Order
50	3 to 5	83	\$338	21-1/2	3 or 4	XP30TC6E354U	Special Order
40	2 to 4	66	\$338	50-1/4	3	XP30TC6E38J2	Special Order
Performance - Self-Powered Diagnostic - Normal							
50	3 to 5	82	\$272	50-1/4	3 or 4	X360TD4HE38J1	1001300139
40	2 to 4	67	\$263	51	3 or 4	X360TD4HE40U1	1001300186
50	3 to 5	82	\$263	50-1/2	3 or 4	X360TD4HE38J1	1001300147
40	2 to 4	67	\$263	18	3 or 4	X360TD4HE38J1	1001300161
50	3 to 5	82	\$263	48-1/4	3 or 4	X360TD4HE38J1	1001300161
40	2 or Less	50	\$259	19-3/4	3 or 4	X360TD4HE38J1	1001300169
50	3 to 5	82	\$259	56-1/2	3 or 4	X360TD4HE38J1	1001300166
40	2 or Less	29	\$259	56-1/2	3 or 4	X360TD4HE38J1	1001300166
50	3 to 5	80	\$338	50-1/4	3 or 4	XP30TC6E38J1	1001296910
40	2 to 4	67	\$338	56-1/2	3 or 4	XP30TC6E38J1	1001296910
50	3 to 5	82	\$338	56-1/2	3 or 4	XP30TC6E38J1	1001296910
40	2 or Less	29	\$338	56-1/2	3	XP30TC6E38J1	1001296910

Concrete - High Density

Natural Gas	98	5+	115	N/A	64	27-1/4	4	X036T06S76U0	100T300421	
Natural Gas	75	5+	113	N/A	60-1/4	26-1/4	4	X035T06S76U0	100T300190	
Natural Gas	55	5+	96	\$277	0.59	50	23-3/4	3 or 4	X035T06E56U0	100T300105
Liquid Propane	58	5+	115	N/A	64	27-1/4	4	XP06T06S76U0	Special Order	
Liquid Propane	75	5+	113	N/A	60-1/4	26-1/4	4	XP75T06S76U0	100T289118	
Liquid Propane	55	5+	96	\$670	0.59	50	23-3/4	3 or 4	XP75T06E46U0	Special Order

Natural Gas

[illegible]

Example - Power Vent

	76	54	120	N/A	WA	60 1/4	28 1/4	3 or 4		
Normal Gas									X8750HPV16U	100T266B1
Normal Gas	50	3 to 5	68	\$244	0.67	58	21-34	2 or 3	X8300HPM42U	100O35144
Normal Gas	50	2 to 4	68	\$244	0.67	59	19-34	2 or 3	X8400HPM40U	100O35158
Liquid Propane	40	3 to 5	68	\$580	0.67	58	21-34	2 or 3	XPH00HPM42U	100O35147
Liquid Propane	40	2 to 4	68	\$580	0.67	59	19-34	2 or 3	XPH00HPM38U	100O35141


WIFI
compatible

★ ENERGY STAR® compliant

- Check dimensions on cartons at time of purchase. Dimensions and specifications are subject to change without notice in accordance with our policy of continuous product improvement.
- Some models may not be available in all markets.
- All residential gas models have 3/4" NPT water connections, excluding 75 and 90 gallon tanks which have 1" water connections.
- See written warranty for complete details.

* Available hot water refers to the water heaters first hour delivery rating as required by the Department of Energy test procedure.

⁴⁴ Estimated energy cost based on a national average fuel cost of \$1.00/Btu for natural gas and \$2.40/gallon for LP. Before purchasing this appliance, read important information about its estimated annual energy consumption, yearly operating cost, or energy efficiency rating that is available from our retail or regional energy suppliers or utility and producers.

Call 1-800-HOMEDEPOT

(1-800-466-3337) before 12PM or ask an Associate for details.

**GET IT
INSTALLED**

Pacchetto servizi. con un solo prezzo



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 38-64 LOT 13 QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 234 Hawaii Dr.
Owner in Fee John Skaret
Verifying Individual Leonard Gerardo Company 1 800 Heaters Inc
Address 2 Gourmet Lane, Unit G & H Edison NJ 08837
State Zip Code

Tel: (732) 970-8074 Fax: (732) 417-0695

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas to Oil Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney: Size 7" x 7"

- ☐ "B" Label Vent ☒ Chimney-Interior
☐ "L" Label Vent ☐ Chimney-Exterior
☐ Flexible Liner ☒ Masonry Chimney-Tile Lined
☐ Power Vent/Exhauster ☐ Masonry Chimney-Unlined
☐ Other _____

Type

Fuel Type

Appliance 1: Water Heater Oil / Gas / Other: _____
Appliance 2: Furnace (Exterior) Oil / Gas / Other: _____
Appliance 3: _____ Oil / Gas / Other: _____

BTU Rating (input/hour)

40,000
700,000

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____
Material of Liner: Stainless Steel _____ Aluminum _____
Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____
Length of Connector: _____ Vent Connector Rise: _____
How does the appliance vent? ☐ Natural Draft ☐ Fan-assisted ☐ Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature _____ Date _____

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature L. Gerardo Date _____

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____ Date _____

Signature _____ Date _____

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 382.04 LOT 13 QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 234 HAWAII DR.
Owner in Fee JOHN SKURAT
Verifying Individual Leonard Gerardo Company 1 800 Heaters Inc
Address 2 Gourmet Lane, Unit G & H Edison NJ 08837
Tel: (732) 970-8074 Fax: (732) 417-0695

Check the Appropriate Box(es):

Type of Replacement:	Existing Vent/Chimney:	Size	7" X 7"
☐ Oil to Gas Conversion	☐ "B" Label Vent		☒ Chimney-Interior
☐ Gas to Oil Conversion	☐ "L" Label Vent		☐ Chimney-Exterior
☒ Gas Appliance Replacement	☐ Flexible Liner		☒ Masonry Chimney-Tile Lined
☐ Oil to Oil Replacement	☐ Power Vent/Exhauster		☐ Masonry Chimney-Unlined
☐ Other _____			☐ Other _____

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: <u>WATER HEATER</u>	Oil / Gas / Other: <u>Oil</u>	<u>40,000</u>
Appliance 2: <u>FURNACE (EXISTING)</u>	Oil / Gas / Other: <u>Oil</u>	<u>150,000</u>
Appliance 3: _____	Oil / Gas / Other: _____	_____

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____
Material of Liner: Stainless Steel _____ Aluminum _____
Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____
Length of Connector: _____ Vent Connector Rise: _____
How does the appliance vent? ☐ Natural Draft ☐ Fan-assisted ☐ Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature _____ Date _____

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature Leonard Gerardo Date _____

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____ Date _____

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION.
FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.

U.C.C. F370 (rev. 04/12)

To register call: 800-362-1420 NJGSA 36233333 - Permit Mail

9/18/16
VIA MAIL
RCPV001 1021222

Allison Peltier

To: Ilse Nandor
Subject: 234 Hawaii Drive
Attachments: chimney cert.pdf

Good afternoon,

We are in receipt of a permit application that was mailed into our office. The work to be done is replacement gas hot water heater.

It is missing a chimney certification form. Attached is a copy for your convenience. Please complete and email back to me. Once received, the permit processing will begin.

Thank you and
Good day.

Allison
Brick building dept.
05-17-2016

5-17-16 Missing chimney rest = emailed Charlotte w/ that attachment = ~~see~~
see enclosed copy -
5-18-16 Received chimney rest via email - it to go - ~~see~~
3-11-16 Called Ready for P/L

