



Borough of Allendale
500 West Crescent Avenue
Allendale, NJ 07401
(201) 818-4400

CERTIFICATE IDENTIFICATION

Date Issued: 07/13/2017

Control # C-17-00369

Permit # 20170247

Block: 1701 Lot: 23 Qual: _____

Work Site Location: 49 DALE AVE

Owner in Fee: BUCKLEY MICHAEL D AND SARA B

Address: 49 DALE AVE

ALLENDALE, NJ 07401

Telephone: [REDACTED]

Agent/Contractor ED JONES PLUMBING AND HEATING

Address: 82 FOREST LAKE DR

HEWITT, NJ 07421

Telephone: 2013274214

Lic. No./Bldrs. Reg. No.: 8573 Federal Emp No.: _____

Social Security No.: _____

Home Warranty No.: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Maximum Live Load: 0

Construction Classification: _____

Maximum Occupancy Load: 0

Certificate Exp Date: _____

Description of Work Use: _____

Water Service Connection

☐ 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.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

ANTHONY HACKETT Construction Official

☐ CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

☐ 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 _____



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(201) 818-4400

Permit Number 20170247
Update Number
Control Number C-17-00369
Application Date: 07/11/2017
Permit Date: 07/12/2017

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 1701	Lot: 23	Qualification Code:	
Work Site Location: 49 DALE AVE ALLENDALE, NJ 07401		Contractor: ED JONES PLUMBING AND HEATING	
Owner In Fee: BUCKLEY MICHAEL D AND SARA B		Address: 82 FOREST LAKE DR HEWITT, NJ, 07421	
Address: 49 DALE AVE ALLENDALE, NJ 07401		Telephone: 2013274214	
Telephone: [REDACTED]		Lic. No./Bldrs. Reg No.:	
Use Group(s): R-5		Federal Emp. No.:	

is hereby granted permission to perform the following work:

- | | | |
|--|--|-------------------------------------|
| ☐ BUILDING | ☒ PLUMBING | ☐ DEMOLITION |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ OTHER |
| ☐ ELEVATOR DEVICES | ☐ MECHANICAL | |
| ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ LEAD HAZARD ABATEMENT | |

DESCRIPTION OF WORK:

WATER SERVICE CONNECTION

PAYMENTS	(Office Use Only)
Building	\$0.00
Electrical	\$0.00
Plumbing	\$80.00
Fire Protection	\$0.00
Elevator Devices	\$0.00
Mechanical	\$0.00
DCA Fees	\$2.00
Other Fees	\$0.00
Certificate Fees	\$0.00
TOTAL	\$82.00

Amount to be Paid: \$82.00

ESTIMATED COST OF WORK:

Cost of Construction:	\$800.00
Cost of Rehabilitation:	\$800.00
Cost of Demolition:	\$0.00
Total Cost:	\$1,600.00

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.

Collected By Carol Savoy

Total Cash Amount

Total CC Amount

Total Check Amount \$82.00

Check # 1316

Receipt # PMT-17-1252

Grand Total \$82.00

ANTHONY HACKETT
Construction Official

07/12/2017

Date



PLUMBING SUBCODE TECHNICAL SECTION



Date Received 7/11/2017
Control # C-17-00369

Date Issued 7/12/2017
Permit # 20170247

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

Block 1701 Lot 23 Qualification Code _____

Work Site Location 49 DALE AVE

ALLENDALE, NJ 07401

Owner in Fee: BUCKLEY MICHAEL D AND SARA B

Tel. [REDACTED] e-mail _____

Address 49 DALE AVE, ALLENDALE, NJ 07401

Contractor: ED JONES PLUMBING AND HEATING Tel. (201) 327-4214

Address 82 FOREST LAKE DR

HEWITT, NJ, 07421

Contractor License No. 8573 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-5

Building Sewer Size 0 Public Sewer _____ Private Septic _____

Water Service Size 0 Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

☐ Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS		Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial	
Slab	_____	_____	_____	_____	_____
Rough	_____	_____	_____	_____	_____
Water	_____	_____	_____	_____	_____
Sewer	_____	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____	_____
LPGas Tank	_____	_____	_____	_____	_____
Fuel Oil Piping	_____	_____	_____	_____	_____
Solar	_____	_____	_____	_____	_____
TCO	_____	_____	_____	_____	_____
Final	_____	_____	_____	_____	_____

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: _____

Print name here: _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK WATER SERVICE CONNECTION

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	\$ 0.00
0	Urinal/Bidet	0.00
0	Bath Tub	0.00
0	Lavatory	0.00
0	Shower	0.00
0	Floor Drain	0.00
0	Sink	0.00
0	Dishwasher	0.00
0	Drinking Fountain	0.00
0	Washing Machine	0.00
0	Hose Bibb	0.00
0	Water Heater	0.00
0	Fuel Oil Piping	0.00
0	Gas Piping	0.00
0	LPGas Tank	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Sewer Pump	0.00
0	Interceptor/Separator	0.00
0	Backflow Preventer	0.00
0	Greasetrap	0.00
0	Sewer Connection	0.00
1	Water Service Connection	80.00
0	Stacks	0.00
0	Other	0.00

Administrative Surcharge	\$ 0.00
Minimum Fee	\$ 0.00
State Permit Surcharge Fee	\$ 2.00
TOTAL FEE	\$ 82.00