



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

CERTIFICATE IDENTIFICATION

Date Issued: 04/11/2014

Control # 19551

Permit # 20140068

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: _____

Agent/Contractor E. R. JONES PLG AND HTG

Address: 82 FOREST LAKE DR

HEWITT, NJ 07421

Telephone: 2013274214

Lic. No./Bldrs. Reg. No.: 0 Federal Emp No.: 22-2692788

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:
Replace Water Heater

☐ 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 20140068
Update Number
Control Number 19551
Application Date: 03/07/2014
Permit Date: 03/07/2014

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 1701	Lot: 23	Qualification Code:	
Work Site Location: 49 DALE AVE ALLENDALE, NJ 07401		Contractor: E. R. JONES PLG AND HTG	
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:		Lic. No./Bldrs. Reg No.:	
Use Group(s): R-5		Federal Emp. No.: 22-2692788	

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:

REPLACE WATER HEATER

PAYMENTS	(Office Use Only)
Building	\$0.00
Electrical	\$0.00
Plumbing	\$50.00
Fire Protection	\$40.00
Elevator Devices	\$0.00
Mechanical	\$0.00
DCA Fees	\$2.00
Other Fees	\$0.00
Certificate Fees	\$0.00
TOTAL	\$92.00

Amount to be Paid: \$92.00

Collected By JS

Total Cash Amount

Total CC Amount

Total Check Amount \$92.00

Check # 7986

Receipt # PMT-16-16697

Grand Total \$92.00

ESTIMATED COST OF WORK:

Cost of Construction: \$920.00

Cost of Rehabilitation: \$920.00

Cost of Demolition: \$0.00

Total Cost: \$1,840.00

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.

ANTHONY HACKETT
Construction Official

03/07/2014

Date



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received 3/7/2014
Control # 19551

Date Issued 3/7/2014
Permit # 20140068

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. _____ e-mail _____

Address 49 DALE AVE, ALLENDALE, NJ 07401

Contractor: E. R. JONES PLG AND HTG street municipality Tel. (201) 327-4214 zip code

Address 82 FOREST LAKE DR e-mail _____
HEWITT, NJ, 07421

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

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

Fire Alarm Contractor No. 0 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 22-2692788 FAX: (973) 728-3108

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed R-5

Constr. Class: Present _____ Proposed _____

Heating System: ☐ New OR ☐ Modification to Existing
OR ☐ Conversion OR ☐ Replacement

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____

Location: _____

Total Cost of Fire Protection Work \$ 20.00

Fuel Storage Tank:

Fuel Type: ☐ Flammable OR ☐ Combustible
Capacity 0

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.

Applicant/Contractor
sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

☐ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK: REPLACE WATER HEATER

Water Supply Source

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	<u>0</u>	\$ <u>\$0.00</u>
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	<u>0</u>	<u>\$0.00</u>
Supervisory Devices (i.e., tampers, low/high air)	<u>0</u>	<u>\$0.00</u>
Signaling Devices (i.e., horn/strobes, bells)	<u>0</u>	<u>\$0.00</u>
Other Devices	<u>0</u>	<u>\$0.00</u>
TOTAL	<u>0</u>	<u>\$0.00</u>
Suppression Systems		
Fire Pump _____ GPM Type _____	<u>0</u>	<u>\$0.00</u>
Dry Pipe/Alarm Valves	<u>0</u>	<u>\$0.00</u>
Pre-action Valves	<u>0</u>	<u>\$0.00</u>
Sprinkler Heads (Dry and Wet)	<u>0</u>	<u>\$0.00</u>
Standpipes	<u>0</u>	<u>\$0.00</u>
Pre-engineered Systems		
Wet Chemical	<u>0</u>	<u>\$0.00</u>
Dry Chemical	<u>0</u>	<u>\$0.00</u>
CO ₂ Suppression	<u>0</u>	<u>\$0.00</u>
Foam Suppression	<u>0</u>	<u>\$0.00</u>
FM200 Suppression	<u>0</u>	<u>\$0.00</u>
Other _____	<u>0</u>	<u>\$0.00</u>
Other Systems		
Kitchen Hood Exhaust System	<u>0</u>	<u>\$0.00</u>
Smoke Control System	<u>0</u>	<u>\$0.00</u>
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid	<u>0</u>	<u>\$0.00</u>
Fireplace Venting/Metal Chimney	<u>0</u>	<u>\$0.00</u>
Other _____	<u>0</u>	<u>\$0.00</u>

Administrative Surcharge \$ 0.00
Minimum Fee \$ 40.00
State Permit Surcharge Fee \$ 0.00
TOTAL FEE \$ 40.00

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)
PLAN REVIEW	Type:	Failure Failure Approval Initial
☐ No Plans Required	Alarm System	_____
☐ Partial -Underslab Utilities Approved	Suppression Sys.	_____
Date: _____ Approved by: _____	Standpipe	_____
☐ Fire Protection Plans Approved	Fire Pump	_____
Date: _____ Approved by: _____	Pre-Eng. System	_____
Joint Plan Review Required:	Mechanical	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.	Smoke Control	_____
SUBCODE APPROVAL for PERMIT	TCO	_____
Date: _____	Flam/Combust Tanks	_____
Approved by: _____	Fireplace Venting	_____
SUBCODE APPROVAL for CERTIFICATE	Final	_____
☐ CO ☐ CCO ☐ CA	Other _____	_____
Date: _____		
Approved by: _____		



PLUMBING SUBCODE TECHNICAL SECTION



Date Received 3/7/2014
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Work Site Location 49 DALE AVE

ALLENDALE, NJ 07401

Owner in Fee: BUCKLEY MICHAEL D AND SARA B

Tel. _____ e-mail _____

Address 49 DALE AVE, ALLENDALE, NJ 07401

Contractor: E. R. JONES PLG AND HTG Tel. (201) 327-4214

Address 82 FOREST LAKE DR

HEWITT, NJ, 07421

Contractor License No. 0 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 22-2692788 FAX: (973) 728-3108

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 \$ 900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS				Dates (Month/Day)	
		Type:	Failure	Failure	Approval	Initial	
☐ 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		LP Gas Tank	_____	_____	_____	_____	
Date: _____		Fuel Oil Piping	_____	_____	_____	_____	
Approved by: _____		Solar	_____	_____	_____	_____	
SUBCODE APPROVAL for CERTIFICATE		TCO	_____	_____	_____	_____	
☐ CO ☐ CCO ☐ CA		Final	_____	_____	_____	_____	
Date: _____			_____	_____	_____	_____	
Approved by: _____			_____	_____	_____	_____	

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 REPLACE WATER HEATER

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
1	Water Heater	25.00
0	Fuel Oil Piping	0.00
0	Gas Piping	0.00
0	LP Gas 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
0	Water Service Connection	0.00
0	Stacks	0.00
0	Other	0.00

Administrative Surcharge	\$ 0.00
Minimum Fee	\$ 50.00
State Permit Surcharge Fee	\$ 2.00
TOTAL FEE	\$ 52.00