



CONSTRUCTION PERMIT APPLICATION C-14-003578

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

I. IDENTIFICATION

1. Proposed Work Site at: 979 Wabash

2. Name of Owner in Fee: ICare Urgent

Tr [REDACTED] mail _____

Address [REDACTED] street _____ municipality _____ zip code _____

3. Ownership in Fee: Public _____ Private _____

NJR Plumbing Services
 1415 Wyckoff Rd, Wall NJ 07719
 License No. 9692 Exp. Date 6/2021
 Federal Employee No. 22-3609806

Edward B. Glashan
 Tel. 732-919-8172 Fax. 732-938-3010

5. Architect or Engineer _____

Address _____ e-mail _____

Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun _____

Tel. () _____ FAX: () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical	\$		
3. Plumbing <u>M</u>	\$		
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 _____	(office use only)
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 Approval	Rejection	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

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

NJR Plumbing Services
1415 Wyckoff Rd, Wall NJ 07719
License No. 9692 Exp. Date 6/2021
Federal Employee No. 22-3609806
Edward B. Glashan
Tel. 732-919-8172 Fax. 732-938-3010

Edward B. Glashan

III. ☐ **LEAD HAZARD ABATEMENT:** Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/7/2019
Control Number C-19-003578
Permit Number 19-2570
Permit Issue Date 10/3/2019
Certificate Number 19-2570

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 979 WABASH AVE, Brick Township, NJ Block: 528 Lot: 11 Qual: _____
Owner in Fee: NUGENT, KAREN T

Owner Address: 979 WABASH AVE, BRICK NJ 08723

Telephone: [REDACTED]
Contractor NJR PLUMBING SERVICES

Address 1415 WYCKOFF RD, WALL NJ 07719

Telephone: (732) 919-8172 Fax: (732) 938-3010

License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3609806

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: 11/7/2019

U.C.C. F260 (rev. 08/05)

Page 1



MECHANICAL INSPECTION TECHNICAL SECTION



Date Received
Control #

10/3/19

Date Issued
Permit #

19-2570

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

Block 528 Lot 11 Qualification Code _____

Work Site Location 979 Wabash Av
Brick

Owner in Fee: Karen Nugent

Tel. _____ e-mail _____

Address _____

Contractor: NJR PLUMBING SERVICES Tel. 732 938-1155

Address 1415 WYCKOFF RD
WALL NJ 07719 e-mail _____

Contractor License No. 9692 Exp. Date 6/21

Home Improvement Contractor Registration No. or Exemption Reason 13VH00361500

Federal Emp. ID No. 22-3609806 FAX: 732 938-3010

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5 Proposed: R-3-or R-5

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

Type: ☐ Hydronic ☐ Hot Air

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

Estimated Cost of Mechanical Work \$ 1255.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		DATES	
PLAN REVIEW		Type:	Failure	Failure	Approval Initial
☐ No Plans Required		Gas Piping			
☐ Mechanical Plans Approved		Appliance			
Date _____ Approved by: _____		Chimney/Vent			
Joint Plan Review Required:		Oil Piping			
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire		Oil Tank			
☐ Elev.		LPG Tank			
SUBCODE APPROVAL for PERMIT		Hydronic Piping			
Date _____		Fireplace			
Approved by: _____		Chimney Cert.			
SUBCODE APPROVAL for CERTIFICATE		Other <u>Final</u>			
Date <u>10-25-19</u>					
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.

Sign here: Ed B Gluck

Print name here: Ed B Gluck

☒ Licensed Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF GAS WATER HEATER

NO.
1

FIXTURE/EQUIPMENT

Water Heater
Fuel Oil Piping Connections
Gas Piping Connections
Steam Boiler
Hot Water Boiler
Hot Air Furnace
Oil Tank
LPG Tank
Fireplace
Generator

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



CONSTRUCTION PERMIT

IDENTIFICATION Block 528 Lot 11

Work Site Location: 979 WABASH AVE. Brick Township, NJ

Owner in Fee

NUGENT, KAREN T
979 WABASH AVE BRICK NJ 08723

Telephone:

Qualifier

Contractor
Address

NJR PLUMBING SERVICES
1415 WYCKOFF RD. WALL NJ 07719

Telephone: (732) 919-8172

Lic. No. or Bldrs. Reg. No. 13/H00361500 36B100989200

Federal Employee No. 22-3609806

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 \$1,255

Construction Official

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

Date

9/30/19

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$125.00
DCA Training Fee	\$2
CO Fee	\$0
Other	\$0
Total	\$127
Check No.	52218
Cash	\$0
Credit	\$0

Collected By: [Signature]
[Stamp]

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.

Christopher Winters

From: Christopher Winters
Sent: Tuesday, October 01, 2019 10:09 AM
To: NJRHS Permits
Subject: Permit Pickup

Good morning,

You have 4 permits ready

Permit 1
979 Wabash Ave
Block 528 Lot 11
Total permit fee is \$127.00

Permit 2
351 Dogwood Drive
Block 383.30 Lot 92
Total permit fee is \$127.00

Permit 3
491 Fairfield Ave
Block 579 Lot 17
Total permit fee is \$128.00

Permit 4
1242 Isadora Court
Block 1429.02 Lot 2
Total permit fee is \$128.00

Checks can be made payable to the Township of Brick
Permits are issued Monday through Friday, 8 – 4

Thank you,
Chris Winters
Brick Buildings Department
10/1/19



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK S28 LOT 11 QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 979 Washburn Ave
Owner in Fee Karen August
Verifying Individual Edward Glashan Company NJR Plumbing Services
Address 1415 Wyckoff Rd Wall NJ Zip Code 07719
Tel: (732) 938-1155 City Wall State NJ Zip Code 07719

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 5"

☒ "B" Label Vent
☐ "L" Label Vent
☐ Flexible Liner
☐ Power Vent/Exhauster
☐ Other _____

Type

Appliance 1: 1st
Appliance 2: 1st
Appliance 3: _____

Fuel Type

Oil / Gas / Other: Gas
Oil / Gas / Other: Gas
Oil / Gas / Other: _____

BTU Rating (input/hour)

4400
5500

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.

Signature Edward Glashan Date 9/2/19

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.

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED
BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

NJR HOME SERVICES COMPANY
Frank Casey, Manager-NJRHS Operations
1415 Wyckoff Road
Wall NJ 07719

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

02/11/2019 TO 03/31/2020

VALID

Frank Casey
Signature of Licensee/Registrant/Certificate Holder

13VH00361500

LICENSE/REGISTRATION/CERTIFICATION #

Paul Rodriguez
ACTING DIRECTOR