

BLOCK 821 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 1606 W. Princeton Ave PERMIT NO. 11-3400



CONSTRUCTION PERMIT APPLICATION

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

C-11-003827

I. IDENTIFICATION

1. Proposed Work Site at: 1606 W Princeton Ave
2. Name of Owner in Fee: Garlic
Address 1606 W Princeton Ave Princeton 08540
3. Ownership in Fee: Public Private
4. Principal Contractor: Dover Co LLC Tel. (732) 349 1551
Address 239 Dover Rd
License No. OR, if new home, Builder Reg. No. 9064 Exp. Date _____
Federal Employee No. 210623744 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Causey Johnson
Tel. (732) 349 1551 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing	<u>50</u> ✓		
4. Fire Protection	<u>55</u> ✓		
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$	<u>2</u>	
11. Cert. of Occupancy		<u>107</u>	
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. 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	
	no	
11. Max. Live Load		
12. Max. Occupancy Load		

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☐ Minor Work							Approval	Rejection
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☐ b. Alteration								
☐ c. Renovation								
☐ d. Reconstruction								
5. ☒ Fire Protection	<u>375</u>				<u>10-19-11</u>	<u>DM</u>		
6. ☒ Plumbing	<u>375</u>				<u>10/17/11</u>	<u>DM</u>		
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS	<u>750</u>							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: All Units Income-restricted
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:

III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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 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 Dover Oil Co
Address 239 Dover Rd
30 Toms River NJ 08757
Telephone (732) 349-1551
Signature Casey Barton

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

☐ Temporary Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/07/2011
Control Number C-11-003827
Permit Number 11-3400
Permit Issue Date 11/09/2011
Certificate Number 11-3400

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1606 W. PRINCETON AVE. Brick Township, NJ Block: 821 Lot: 7 Qual: _____
Owner in Fee: GARCIA, BRUCE & MAUREEN
Owner Address: 1606 W PRINCETON AVE BRICK NJ 08724
Telephone: _____
Contractor: DOVER OIL COMPANY
Address: 239 DOVER RD SO TOMS RIVER NJ 08757-
Telephone: (732) 349-1551 Fax: (732) 286-1693
License Number or Builders Registration Number: 13VH01811100 Federal Emp. Number: 21-0023744

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: TANK INSTALLATION in basement

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: _____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

11/9/11
0-11-003827
11-3400

IDENTIFICATION Block: 821 Lot: 7 Qualifier _____
Work Site Location: 1606 W. PRINCETON AVE. Brick Township, NJ Contractor DOVER OIL COMPANY
Address 239 DOVER RD SO TOMS RIVER NJ 08757-
Owner in Fee GARCIA, BRUCE & MAUREEN
1606 W PRINCETON AVE BRICK NJ 08724 Telephone: (732) 349-1551
Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH01811100
Federal Employee. No. 21-0023744

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TANK INSTALLATION in basement

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 \$750

Construction Official [Signature]

Date 10-17-11

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	_____	\$0
Electrical	_____	\$0
Plumbing	_____	\$50
Fire Protection	_____	\$55
Elevator Devices	_____	\$0
Other	_____	\$0.00
DCA Training Fee	_____	\$2
CO Fee	_____	
Other	_____	\$0
Total	_____	\$107
Check No.	<u>3174</u>	
Cash	_____	\$0
Credit	_____	\$0
Collected By	_____	

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.



PLUMBING SUBCODE
TECHNICAL SECTION



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

Block 821 Lot 1 Qualification Code 1
Work Site Location 1111 W Princeton Ave
Owner In Fee 1111 W Princeton Ave

Tel. 732-349-1557

Address 1111 W Princeton Ave Princeton NJ 08723

Contractor: James J. O'Connell Tel. 732-349-1557

Address 234 100th Rd e-mail

Contractor License No. 9066 Exp. Date

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

Federal Emp. ID No. 010623744 FAX: ()

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 \$ 25

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☒ Partial - Under-slab Utilities Approved

Date 10/17/11 Approved by [Signature]

☒ Plumbing Plans Approved

Date 10/17/11 Approved by [Signature]

Joint Plan Review Required

☒ Bldg. ☒ Elec. ☒ Fire ☒ Elev.

SUBCODE APPROVAL FOR PERMIT

Date 10-15-11

Approved by [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

☒ CO ☒ CCO ☒ CA

Date 12-6-11

Approved by [Signature]

INSPECTIONS	Failure	Failure	Approval	Initial
Type				
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LP Gas Tank				
Fuel Oil Piping				
Solar				
TCO				

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]
Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install Steel A51 1275
gallons in basement

Date Received
Control #

Date Issued
Permit #

11/9/11
11-3400

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		
Water Heater		
Fuel Oil Piping		
Gas Piping		
LP Gas Tank		
Steam Boiler		
Hot Water Boiler		
Sewer Pump		
Interceptor/Separator		
Backflow Preventer		
Greasetrap		
Sewer Connection		
Water Service Connection		
Stacks		
Other		
Other		

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION

Other 11564

11/9/11

ative Surch

TOTAL FEE \$



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 821 Lot 1 Qualification Code 11000
Work Site Location BRICK NJ 08723
Owner In Fee: 11000

Tel. 11000

Address 11000

Contractor 11000 Tel. 11000

Address 11000 e-mail 11000

Contractor License No. 11000 Exp. Date 11000

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 11000

Federal Emp. ID No. 11000 FAX: ()

B. PLUMBING CHARACTERISTICS

Use Group Present 11000 Proposed 11000

Building Sewer Size 11000 Public Sewer 11000

Water Service Size 11000 Public Water 11000

Est. Cost of Plumbing Work \$ 11000

JOB SUMMARY (Office Use Only)

PLAN RENEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date 11000 Approved by: 11000

☐ Plumbing Plans Approved

Date 11000 Approved by: 11000

Joint Plan Review Required: 11000

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 11000

Approved by: 11000

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 11000

Approved by: 11000

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's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Inside Steel HSI (375
gallons) in basement

Date Received

11/9/11

Control #

11-3400

Date Issued

11-3400

Permit #

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

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

Other

Administrative Surcharge \$

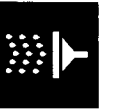
Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 221 Lot 1 Qualification Code 1

Work Site Location 1000 10th St. N. Jersey City, NJ 07310

Owner in Charge 1000 10th St. N. Jersey City, NJ 07310

Tel. [REDACTED] mail [REDACTED]

Address 1000 10th St. N. Jersey City, NJ 07310 zip code 07310

Contractor: 1000 10th St. N. Jersey City, NJ 07310 Tel. (201) 341-1117

Address 1000 10th St. N. Jersey City, NJ 07310 e-mail [REDACTED]

Contractor License No. 1000 10th St. N. Jersey City, NJ 07310 Exp. Date [REDACTED]

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): [REDACTED]

Federal Emp. ID No. 1000 10th St. N. Jersey City, NJ 07310 FAX: ()

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed [REDACTED]

Building Sewer Size [REDACTED] Public Sewer [REDACTED] Private Septic [REDACTED]

Water Service Size [REDACTED] Public Water [REDACTED] Private Well [REDACTED]

Est. Cost of Plumbing Work \$ 275

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 <u>11/11/11</u> Approved by <u>[Signature]</u>		Water			
☐ Plumbing Plans Approved		Sewer			
Date <u>11/11/11</u> Approved by <u>[Signature]</u>		Fixtures			
Joint Plan Review Required:		Gas Equipment			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping			
SUBCODE APPROVAL FOR PERMIT		LP Gas Tank			
Date: <u>11/11/11</u>		Fuel Oil Piping			
SUBCODE APPROVAL FOR CERTIFICATE		Solar			
☐ CO ☐ CCO ☐ CA		TCO			
Date: <u>11/11/11</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's Signature/Contractor's Seal and Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Thick Steel 11-11-11
(plumbing)

Date Received
Control #

11/9/11

Date Issued
Permit #

11-3400

QTY.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

FEE (Office Use Only)

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

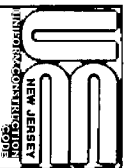
Other

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 841 Lot 7 Qualification Code 0000

Work Site Location 1000 W. 10th St. #111

Owner in Fee: all

Tel. () 201-261-1111 all 201-261-1111 zip code 07033

Address 1000 W. 10th St. #111 municipally all Tel. () 201-261-1111 zip code 07033

Contractor: John J. Cicco e-mail john@jccico.com

Address 1000 W. 10th St. #111 e-mail john@jccico.com

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 0000

Fire Alarm Contractor No. 0000 Exp. Date 01/01/00

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): None

Federal Emp. ID No. 0000000000 FAX: () 0000

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [] New or [] Existing

Constr. Class: Present Proposed Location of Panel: 0000

Heating System: [] New or [] Existing Fire Suppression/Standpipe System: 0000

Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing

Location: [] Other Location of Main Control Valve: 0000

Fuel Storage Tank: 0000

Fuel Type: [] Flammable or [] Combustible Capacity 0000

Total Cost of Fire Protection Work \$ 0000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Joint Plan Review Required:

[] Building [] Plumbing

[] Electric [] Elevator

[] Fire Plans Approved

Date: 10/1/00

Approved by: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: 10/1/00

Approved by: [Signature]

Date Received 11-3400
Control # 11/9/11
Date Issued 11/9/11
Permit # 0000

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. [Signature]

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 1100 W. 10th St. #111

Water Supply Source City of Newark

Method of Alarm/Suppression System Supervision 0000

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110v Interconnected

[] CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, waterflow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horn/strobes, bells)

Other Devices 0000

TOTAL 0000

Suppression Systems

Fire Pump 0000 GPM Type 0000

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other 0000

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fired Appliances [] Gas or [] Oil

Fireplace Venting/Metal Chimney

Other 0000

Administrative Surcharge \$ 0000

Minimum Fee \$ 0000

State Permit Surcharge Fee \$ 0000

TOTAL FEE \$ 0000

1 White = Inspector Copy

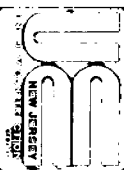
2 Canary = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy

U.C.C. F140 (rev. 7/06)

ACTION OFFICE SUPPLIES, INC. (800) 298-1000



FIRE PROTECTION SUBCODE
TECHNICAL SECTION



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

Block _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee: _____

Tel. () _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. () _____ e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System: _____

Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank: _____

Fuel Type: [] Flammable or [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required: _____

[] Building [] Plumbing

[] Electric [] Elevator

[] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
Alarm System					
Suppression Sys.					
Standpipe					
Fire Pump					
Pre-Eng. System					
Mechanical					
Smoke Control					
TCO					
Flam/Combust Tanks					
Fireplace Venting					
Final					
Other					

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. _____

[] Certified Contractor [] Exempt Applicant

Applicant's Signature/Contractor's Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

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Flammable/Combustible Tanks

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TOTAL

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Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Date Received
Control # 11-3400
Date Issued 11/9/11
Permit #

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

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
Division of Consumer Affairs

HAS REGISTERED

Dover Oil Company
Susan Boynton
239 Dover Road
Toms River NJ 08757

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

10/20/2010 TO 12/31/2011
VALID

13VH01811100
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Dover Oil Company
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

10/20/2010 TO 12/31/2011

VALID

SIGNATURE

13VH01811100

License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE