

called 5/4/06 (M) no answer/no notice

BLOCK 827 LOT 27 QUALIFICATION CODE C-00-100461 ADDRESS (SITE) 1629 RT. 88 EAST PERMIT NO. 06-4121



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1629 RT. 88 EAST
2. Name of Owner in Fee: ERIC SCHMIDT T. [REDACTED]
Address 1629 RT. 88 EAST, BIRCK, NJ. 07025
street municipality zip code
3. Ownership in fee: Public Private
4. Principal Contractor: EXTERNE AIR Htg. + Ctg. Inc. (222) 214-2424
Address 215 ARLINGHEAD PL. DR. BRIDGE, N.J. 07221
License No. OR, if new home, Builder Reg. No. 13V A020P 800 Exp. Date 12/31/06
Federal Employee No. 55-0796374 FAX: (222) 214-2424
5. Architect or Engineer [REDACTED] Tel. () [REDACTED]
Address [REDACTED] Contact [REDACTED]
6. Responsible Person in Charge once Work has Begun WALTER LEFKOWITZ / EXTERNE
Tel. (222) 214-2424 FAX: (222) 214-2424

full care / AC Claff

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								
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☐ b. Alteration								
☐ c. Renovation								
☐ d. Reconstruction								
5. ☒ Fire Protection								
6. ☒ Plumbing								
7. ☒ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS								

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

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical	\$ 35	
3. Plumbing	\$ 50	
4. Fire Protection	\$ 90	
5. Elevator Devices		
6. Subtotal	\$	
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Fee Surcharge	\$	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ 205	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 1
2. Height of Structure 10 ft.
3. Area - Largest Floor 100 sq. ft.
4. New Building Area 100 sq. ft.
5. Volume of New Structure 1000 cu. ft.
6. Construction Classification 1
7. Total Land Area Disturbed 100 sq. ft.
8. Flood Hazard Zone 1 ft.
9. Base Flood Elevation 10 ft.
10. Wetlands yes no
11. Max. Live Load 10
12. Max. Occupancy Load 10

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:
Before Construction 1
After Construction 1
Net Gain or Loss 0
B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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 EXTREME AIR Htg. & Ctg., LLC

Address 215 ARROWHEAD PL. DR.
BRICK, NJ, 08724

Telephone (732) 218-2424

Signature [Signature]

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
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. 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
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ 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. _____	_____	_____	_____



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 827 Lot 27 Qualification Code _____
Work Site Location 1629 RT. 88 EAST
BRECK, N.J. 08724
Owner in Fee ELFC SCARFIDT
Address 1629 RT. 88 EAST
BRECK, N.J. 08724

Contractor EXTREME ENTER H7B. + CLO., LLC
Address 215 ARROWHEADS PL DR.
BRECK, N.J. 08724
Tel (732) 214-2424 FAX (732) 214-2424
Contractor License No. 13VH02017400
Federal Emp. No. 55-0796374

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 \$ 15

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:	Slab	Failure	Approval	Initial	
☐ No Plans Required					
Joint Plan Review Required:					
☐ Building	☐ Electric				
☐ Fire	☐ Elevator				
☒ Plumbing Plans Approved					
Date:	<u>4-28-06</u>				
Approved by:	<u>[Signature]</u>				
SUBCODE APPROVAL					
☐ CO	☐ CCO				
Date:	<u>12-15-07</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]
☐ Licensed Plumbing Contractor ☒ Exempt Applicant

U.C.C. F130
(rev 01/04)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

D. TECHNICAL SITE DATA (List of all fixtures.)

NO. 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 _____
LPG Gas Tank _____
Steam Boiler _____
Hot Water Boiler _____
Sewer Pump _____
Interceptor/Separator _____
Backflow Preventer _____
Greasetrap _____
Sewer Connection _____
Water Service Connection _____
Stacks _____
Other CONDENSATE DRAIN _____
Other _____

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

FEE (Office Use Only)
\$ _____

Date Issued _____
Control # _____
Permit # _____

12/27/04
06-4121



CONSTRUCTION PERMIT

Date Issued 12/27/2006
Control # C-06-100987
Permit # 06-4121

IDENTIFICATION Block: 827 Lot: 27 Qualifier _____
Work Site Location: 1629 ROUTE 88 Brick Township, NJ Contractor EXTREME AIR
Address 215 ARROWHEAD PARK DR BRICK NJ 08724-
Owner in Fee SCHMIDT, ERICH & BARBARA
Address P.O. BOX U BRICK NJ 08723 Telephone: 4.0+714-2424
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 35-0796374

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:

AIR CONDITIONER, FURNACE, GAS PIPING

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 \$115

Construction Official _____

Date _____

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	\$85
Plumbing	\$50
Fire Protection	\$90
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$225
Check No.	308
Cash	\$0
Credit	\$0
Collected By	Stephanie Capozzi

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.



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 827 Lot 27 Qualification Code _____

Work Site Location 1629 R.T. 22 EAST

Owner in Fee FRIC SCHWARTZ

Address 1629 R.T. 22 EAST

BRICK N.J. 08724

Contractor EXTENSIVE ALTHA INC. LLC

Address 915 ARLINGTON RD. DR.

BRICK N.J. 08724

Tel (732) 314-2424 FAX (732) 314-2424

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. 55-0796374

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 [] Solar

Type: [] Gas [] Oil [] Electric [] Other _____

Location: 1st FLOOR UNDER STAIRCASE

Fuel Storage Tank: _____

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

Total Cost of Fire Protection Work \$ 50

Location: 1st FLOOR UNDER STAIRCASE

Fuel Storage Tank: _____

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

Total Cost of Fire Protection Work \$ 50

Location: 1st FLOOR UNDER STAIRCASE

Fuel Storage Tank: _____

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

Total Cost of Fire Protection Work \$ 50

Location: 1st FLOOR UNDER STAIRCASE

Fuel Storage Tank: _____

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

Total Cost of Fire Protection Work \$ 50

Location: 1st FLOOR UNDER STAIRCASE

Fuel Storage Tank: _____

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

Total Cost of Fire Protection Work \$ 50

Location: 1st FLOOR UNDER STAIRCASE

Fuel Storage Tank: _____

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

Total Cost of Fire Protection Work \$ 50

Location: 1st FLOOR UNDER STAIRCASE

Fuel Storage Tank: _____

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

Total Cost of Fire Protection Work \$ 50

Location: 1st FLOOR UNDER STAIRCASE

Fuel Storage Tank: _____

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

Total Cost of Fire Protection Work \$ 50

Date Received

Control #

Date Issued

Permit #

Permit #

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's Signature/Contractor's Signature

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ELECTRIC TO EAS

CHANGE OUT. FURNACE R.A. 1st FLOOR

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110v Interconnected _____

[] CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

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

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

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

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 _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fired Appliances [] Gas or [] Oil _____

Fireplace Venting/Metal Chimney _____

Other FURNACE _____

Direct Vent _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

2. Canary = Office Copy

4. Gold = Applicant Copy

U.C.C. F140

(rev. 10/4)

1. White = Inspector Copy

3. Pink = Office Copy



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 827 Lot 27 Qualification Code _____
Work Site Location 1129 N. 8th St

Owner in Fee ESTIMOTE LLC
Address 1609 N. 22nd St
WILMINGTON, DE 19804

Contractor ESTIMOTE LLC
Address 215 N. 22nd St
WILMINGTON, DE 19804

Tel (302) 744-3424 FAX (302) 744-2404
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____
Federal Emp. No. 55-0296374

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
[] Other _____ Location of Main Control Valve: _____
Location: 1129 N. 8th St
WILMINGTON, DE 19804

Fuel Storage Tank: _____
Fuel Type: [] Flammable or [] Combustible Capacity _____
Total Cost of Fire Protection Work \$ 50

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Alarm System	Failure	Approval	Initial
[] No Plans Required	Suppression Sys.				
[] Building [] Plumbing	Standpipe				
[] Electric [] Elevator	Fire Pump				
[] Fire Plans Approved	Pre-Eng. System				
Date: <u>5-1-26</u>	Mechanical				
Approved by: <u>[Signature]</u>	Smoke Control				
SUBCODE APPROVAL		TCO			
[] CO [] CCO [] CA	Flam/Combust Tanks				
Date: _____	Fireplace Venting				
Approved by: _____	Final				
	Other				

U.C.C. F140 (rev. 1/04)
1 White = Inspector Copy
3 Pink = Office Copy

Date Received _____
Control # _____
Date Issued 2/27/06
Permit # 06-4121

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's Signature/Contractor's Signature _____
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: CHANGECUT FURNACE

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

FEE (Office Use Only)

NUMBER

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

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

2 Canary = Office Copy
4 Gold = Applicant Copy



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 827 Lot 2 Qualification Code _____
Work Site Location 1009 RT. 66, LOT 2

Owner in Fee 1-66 SCHMIDT

Address 1009 RT. 66, LOT 2

City NEW YORK

Address 1009 RT. 66, LOT 2

Tel (731) 214-2454 FAX (731) 214-2424

Contractor License No. 13VH03017400

Federal Emp. No. 58-0796374

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 \$ 15

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
☐ No Plans Required	Joint Plan Review Required:	Type:	Failure	Failure	Approval	Initial
☐ Building	☐ Electric	Slab	_____	_____	_____	_____
☐ Fire	☐ Elevator	Rough	_____	_____	_____	_____
☐ Plumbing Plans Approved	☐ Plumbing Plans Approved	Water	_____	_____	_____	_____
Date: <u>4/28/06</u>	Approved by: _____	Sewer	_____	_____	_____	_____
		Fixtures	_____	_____	_____	_____
		Gas Equipment	_____	_____	_____	_____
		Gas Piping	_____	_____	_____	_____
		LPGas Tank	_____	_____	_____	_____
		Fuel Oil Piping	_____	_____	_____	_____
		Solar	_____	_____	_____	_____
		TCO	_____	_____	_____	_____

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
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's Signature/Contractor's Seal and Signature
☐ Licensed Plumbing Contractor ☒ Exempt Applicant

Date Received
Control #

Date Issued
Permit #

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	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	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other <u>CONDENSATE DRAIN</u>	_____
_____	Other _____	_____
Administrative Surcharge \$ _____		
Minimum Fee \$ _____		
State Permit Surcharge Fee \$ _____		
TOTAL FEE \$ _____		



ELECTRICAL 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 827 Lot 27 Qualification Code _____

Work Site Location 1629 RT. 88 EAST

BRICK N.J. 0724

Owner in Fee CRSC SCH 1231

Address 1629 RT. 88 EAST

BRICK N.J. 0724

Contractor EXTREME A/E HTR. CLK, LLC

Address 315 ARDENHILL PK. DR.

BRICK N.J. 0724

Tel (732) 714-2424 FAX (732) 714-2424

Contractor License No. 13VH02017400

Federal Emp. No. 55-0796374

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required			Type:	Failure
Joint Plan Review Required:			Rough	Approval
[] Building [] Plumbing			Barrier-Free	Initial
[] Fire [] Elevator			Trench	
[] Elec. Plans Approved			Temp. Serv.	
Date: <u>4/19/06</u>			Constr. Serv.	
Approved by: <u>[Signature]</u>			TCO	
			Other	
			Service	
			Final	
			Barrier-Free	
			Temp. Cut-in-Card Date Issued	
			Final Cut-in-Card Date Issued	
			Annual Pool Inspection	
			Date of Grounding and Bonding Certification	

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

Date Received
Control #

Date Issued
Permit #

12/27/06
06-4121

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 Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit CHANEOUT

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FURNACE

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



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Block 827 Lot 27 Qualification Code _____

Work Site Location 1629 Rt. 99 East

Owner in Fee 65000 65000

Address 1629 Rt. 99 East

Contractor BRICK A.S. 0720

Address BRICK A.S. 0720

Tel (732) 714-2424 FAX (732) 714-2424

Contractor License No. 13VH02017400

Federal Emp. No. 55-0996374

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[] Elec. Plans Approved	Temp. Serv. _____	
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Approved by: _____	TCO _____	
	Other _____	
	Service _____	
	Final _____	
	Barrier-Free _____	
SUBCODE APPROVAL	Temp. Cut-in-Card Date Issued _____	
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued _____	
Date: _____	Annual Pool Inspection _____	
Approved by: _____	Date of Grounding and Bonding Certification _____	

Date Received
Control #

Date Issued
Permit #

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KW Elec. Dryer/Receptacle

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HP Garbage Disposal

KW Central A/C Unit CHANCELOT

HP/KW Space Heater/Air Handler

KW Baseboard Heat

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KW Transformer/Generator

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AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$