BLOCK 831 LOT 37 QUALIFICATION CODE _____ ADDRESS (SITE) 1643 West Princeton Ave PERMIT NO. 98-1349

RECEIVED
MAY 1 1 1998

# CONSTRUCTION PERMIT APPLICATION

DIV. OF INSPECTION

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

## I. IDENTIFICATION

1. Propsed Work Site at: 1643 West Princeton Ave
2. Name of Owner in Fee: Karl + Annamarie Rex Tel. [redacted]
   Address 1643 West Princeton Ave (street) Brick (municipality) [redacted] (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Mark Hibbard Tel. (732) 458-2880
   Address 1446 Larchwood Ave
   License No. OR, if new home, Builder Reg. No. 15968 Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (_____) _____ FAX (_____) _____

AUX METER
SPRINKLER SYS

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ | | |
| 2. Electrical | | 104 | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | $ | | |
| 7. Less 20% for State Plan Review | | | |
| 8. Subtotal | $ | 1 | |
| 9. DCA Training Fee | | | |
| 10. Subtotal | | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | 105 | |
| 13. TOTAL | $ | | |

## VI. BUILDING/SITE CHARACTERISTICS

| | (office use only) |
|---|---|
| 1. Number of Stories | |
| 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. 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 | |

## II. PROPOSED WORK

| | Est. Cost | OPTIONAL (for office use only) Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| 1. ☐ Minor Work | | | | | | | | | |
| 2. ☐ New Building | | | | | | | | | |
| 3. ☐ Addition | | | | | | | | | |
| 4. ☐ Alteration | | | | | | | | | |
| 5. ☐ Fire Protection | | | | | | | | | |
| 6. ☒ Plumbing | | | | | 5/11/98 | | 9/18/97 | | |
| 7. ☐ Electrical | | | | | | | | | |
| 8. ☐ Elevator Devices | | | | | | | | | |
| 9. ☐ Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. ☐ Lead Hazard Abatement | | | | | | | | | |
| 11. ☐ Demolition | | | | | | | | | |
| TOTAL COSTS | 1400.00 | | | | | | | | |

## 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

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
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:

LDS BR 10103488

**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.

X Signature Mark W. Lep Date 4-30-98

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 MARK HIBBARD

Address 1446 CARRIAGE DRIVE
BRICK

Telephone (732) 458-2986

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 | | Other | |
| 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. | | | | |

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/12/98
Control #
Permit # 98-1349

# UCC NEW JERSEY
# CONSTRUCTION
# PERMIT

IDENTIFICATION Block 831 Lot 37

Work Site Location 1643 WEST PRINCETON AVE
AUX METER/SPRINKLER SYS
Owner in Fee REX, KARL & ANNAMARIE
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor MARK HIBBARD
Address 1441 LAKEWOOD AVE
BRICK, NJ 08724-
Telephone (908)458-2986
Lic. No. or Bldrs. Reg. No. _____ Exp. Date / /
Federal Emp. No. 45-82986
or Social Security No. _____

Is hereby granted permission to perform the following work:
[ ] BUILDING [X] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

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 $ 1,400

J Cuneazza 5/12/98
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 0 |
| Electrical | 0 |
| Plumbing | 104 |
| Fire Protection | 0 |
| Elevator Devices | 0 |
| Other | |
| DCA Training Fee | 1 |
| Cert. of Occ. | 0 |
| Other | |
| Total | 105 |
| Check No. | #1674 |
| Cash | |
| Collected By: | |

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/12/98
Date Issued 05/12/98
Control #
Permit # 98-1349

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

Block 831 Lot 37
Work Site Location 1643 WEST PRINCETON AVE
AUX METER/SPRINKLER SYS
Owner in Fee REI, KARL & ANNAMARIE
Address SAME
BRICK, NJ 08724-
Tele. [redacted]
Contractor MARK HIBBARD
Address 1441 LAKEWOOD AVE
BRICK, NJ 08724-
Tele.(908)458-2986
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 45-82986
or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [/] CA
Approved By:
Date: 5-18-98

| INSPECTIONS Type | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equip. | | | | |
| Gas Piping | | | | |
| Solar | | | | |
| TCO | | | 5-18-98 | DW |

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-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| 0 | Water Closet | 0 |
| 0 | Urinal / Bidet | 0 |
| 0 | Bath Tub | 0 |
| 0 | Lavatory | 0 |
| 0 | Shower | 0 |
| 0 | Floor Drain | 0 |
| 0 | Sink | 0 |
| 0 | Dishwasher | 0 |
| 0 | Drinking Fountain | 0 |
| 0 | Washing Machine | 0 |
| 0 | Hose Bib | 0 |
| 0 | Water Heater | 0 |
| 0 | Fuel Oil Piping | 0 |
| 0 | Gas Piping | 0 |
| 0 | Steam Boiler | 0 |
| 0 | Hot Water Boiler | 0 |
| 0 | Sewer Pump | 0 |
| 0 | Interceptor / Separator | 0 |
| 1 | Backflow Preventer- | 35 |
| 0 | Grease Trap | 0 |
| 0 | Water Cooled A/C or Refrigeration Unit | 0 |
| 0 | Sewer Connection | 0 |
| 0 | Water Service Connection | 0 |
| 0 | Active Solar System | 0 |
| | Other AUX METER | 15 |
| | Other 12 HEADS | 54 |

| | | |
|---|---|---|
| Administrative Surcharge | $ | 0 |
| Minimum Fee | $ | 0 |
| TOTAL FEE | $ | 104 |
| DCA Training Fee | $ | 1 |

Paid [ ] Check #
Collected by:

Copy sent to MUA

U.C.C. Form F-130B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/12/98
Date Issued 05/12/98
Control #
Permit # 98-1349

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

Block 831 Lot 37
Work Site Location 1643 WEST PRINCETON AVE
AUX METER/SPRINKLER SYS
Owner in Fee REX, KARL & ANNAMARIE
Address SAME
BRICK, NJ 08724-
Tel [redacted]
Contractor HOBB HARROW
Address 1441 LAKEWOOD AVE
BRICK, NJ 08724-
Tele.(908)458-2986
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 45-82986
or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

| INSPECTIONS Type | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equip. | | | | |
| Gas 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-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| 0 | Water Closet | 0 |
| 0 | Urinal / Bidet | 0 |
| 0 | Bath Tub | 0 |
| 0 | Lavatory | 0 |
| 0 | Shower | 0 |
| 0 | Floor Drain | 0 |
| 0 | Sink | 0 |
| 0 | Dishwasher | 0 |
| 0 | Drinking Fountain | 0 |
| 0 | Washing Machine | 0 |
| 0 | Hose Bib | 0 |
| 0 | Water Heater | 0 |
| 0 | Fuel Oil Piping | 0 |
| 0 | Gas Piping | 0 |
| 0 | Steam Boiler | 0 |
| 0 | Hot Water Boiler | 0 |
| 0 | Sewer Pump | 0 |
| 0 | Interceptor / Separator | 0 |
| 1 | Backflow Preventer | 35 |
| 0 | Grease Trap | 0 |
| 0 | Water Cooled A/C or Refrigeration Unit | 0 |
| 0 | Sewer Connection | 0 |
| 0 | Water Service Connection | 0 |
| 0 | Active Solar System | 0 |
| | Other AUX METER | 15 |
| | Other 12 HEADS | 54 |

| | | |
|---|---|---|
| | Administrative Surcharge | $ 0 |
| Paid [ ] Check # | Minimum Fee | $ 0 |
| Collected by: | TOTAL FEE | $ 104 |
| | DCA Training Fee | $ 1 |

U.C.C. Form F-130B

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
1551 Highway 88 West, Brick, New Jersey 08724-2399
(908)458-7000 • FAX (908)458-7725

# APPLICATION FOR AUXILIARY WATER METER

DATE: 4-29-98

Applicant's Name: Karl & Annamarie Rex Telephone N [redacted]

Mailing Address: 1643 W. Princeton Ave.

Service Location: _____

Account Number: L328014 Block: 831 Lot: 37

Size of Existing Service: 3/4" Size of Existing Meter: 3/4"

Annamarie Rex
Applicant's Signature

Rose Kennedy
Authority Representative

THIS APPLICATION IS VALID FOR 30 DAYS FROM DATE OF APPLICATION.

**Please note the following:**

At the customer's option, a separate account may be established, subject to all conditions of the rate schedule as applicable to water usage.

After completing this application, the following steps must be taken:

1. Obtain special device permit from the Township of Brick Plumbing Department.
2. A licensed plumber or homeowner must cut into the pipe BEFORE the existing yoke and install a second meter yoke.
3. Call the Township of Brick Plumbing Department (262-1000) for inspection.
4. Call Brick Utilities for installation of the meter. A copy of the completed permit, showing inspection approval, will be required before the meter is installed.
5. It is the customer's responsibility to insure that the meter is installed and the permit was approved. Failure to do so may result in a tampering fee of $250.00 and service will be terminated.
6. A charge for cost of the meter will be applied to the first billing. Quarterly bills for usage only will be issued.

9:00

BRICK UTILITIES
The Brick Township Municipal Utilities Authority
1551 Highway 88 West, Brick, N.J. 08724
Phone: (908) 458-7000
Fax: (908) 458-7725

# INSTRUCTIONS FOR INSTALLATION OF WATER METER

The water meter will be installed by Brick Utilities once all the following requirements are met:

1. The Township of Brick Plumbing Department has inspected and approved the internal plumbing.

2. The meter yoke assembly is properly installed, including the valve before and after the meter.

3. The curb box valve is accessible, at final grade, and straight.

4. If slab construction, an electrical wire is installed to the front of the house for the remote reader.

5. The unit must be open and accessible upon arrival of the Brick Utilities field representative.

6. Water supply should be on to the fixtures within the unit (tub, sink, etc.)

7. Property is final graded.

8. Sewer cleanouts are at final grade. Sewer cleanout caps must be metal, not plastic.

9. Sidewalks and curbs are installed, if applicable.

Please call our Customer Accounts Division to make an appointment for the meter to be installed.

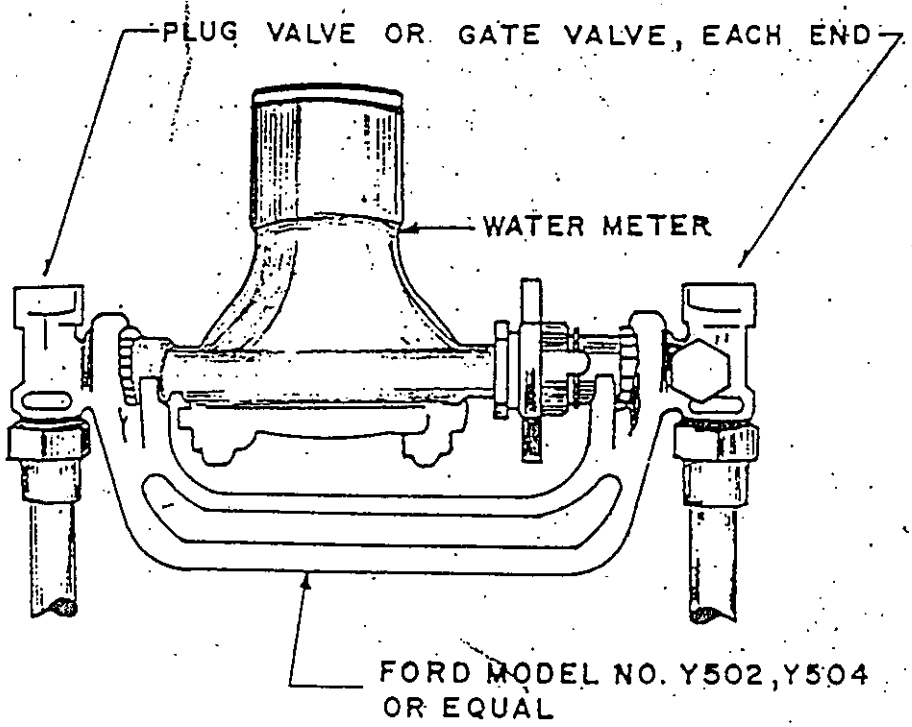
Please note that if it is necessary for more than one visit to be made due to the absence of any of the listed requirements, a fee will be charged for each additional visit.

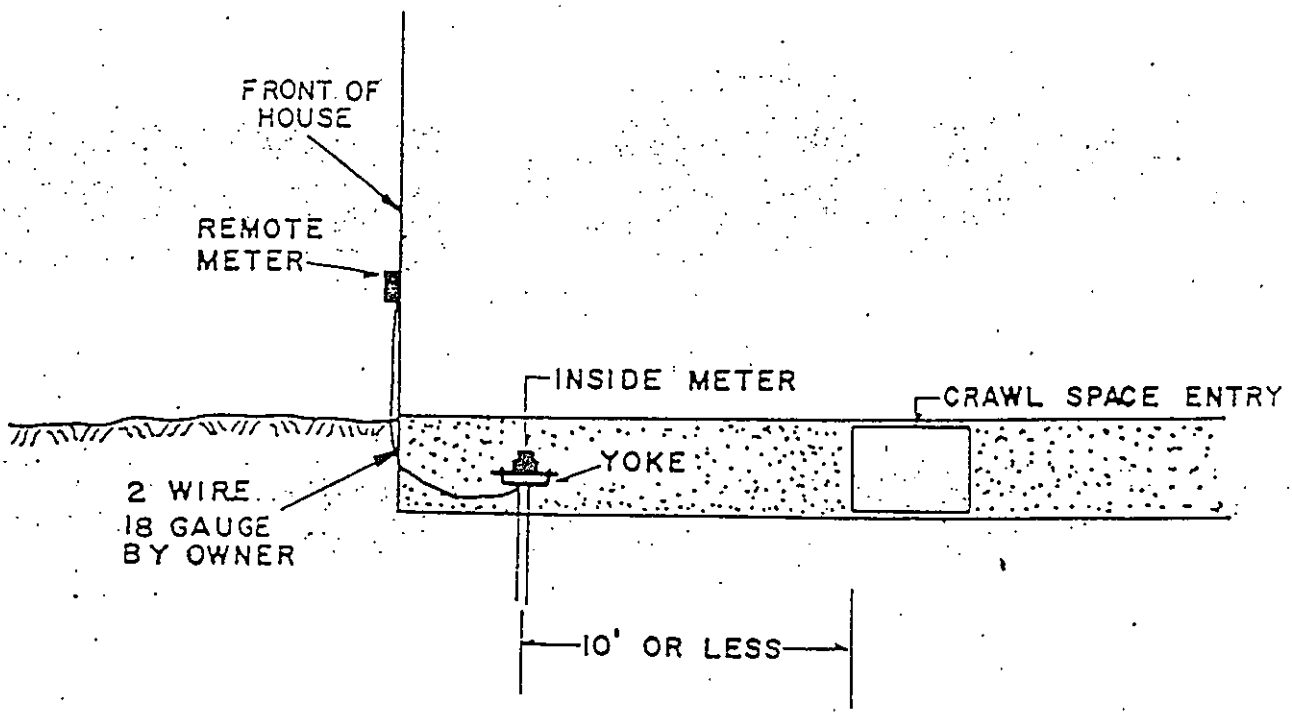
Once the meter has been installed, a "Certificate of Compliance" will be issued upon request. Charges as shown on the current rate schedule will apply and are payable (cash, certified check, or money order only) at the time the Certificate is issued.

Water usage is permitted only upon payment of applicable charges and issuance of the Certificate of Compliance. Should prior usage be reported, service will be terminated until such time as all fees are paid and the Certificate is issued.

1446 Lakewood Ave

2nd meter:
Cheryl
Mark Hebbard
458-2986




# Water Meter Yoke Assembly and Installation

SCALE: NONE

BLOCK 831 LOT 37 SITE LOCATION 1643 West Princeton Ave

OWNER IN FEE: ADDRESS: 1643 West Princeton Ave Brick NJ 08724

## BUILDING INSPECTION

Contractor

Address Phone ( )

Town State Zip

LIC # FEDERAL EMP. NO.(or SSN#)

**ESTIMATED COST OF BUILDING WORK**

NEW BUILDING (1) $ ALTERATION (2) $

ADDITION (3) $ TOTAL (1+2+3) $

**BUILDING CHARACTERISTICS**

ADDITION or SINGLE FAMILY DWELLING

| | | |
|---|---|---|
| USE GROUP | PRESENT | PROPOSED |
| CONSTRUCTION CLASS | PRESENT | PROPOSED |
| NO. OF STORIES | HT. OF STRUCTURE | FT. |
| AREA: LARGEST FLOOR | | SQ. FT. |
| TOTAL BLDG. AREA: ALL FLOORS | | SQ. FT. |
| VOLUME OF STRUCTURE | | CU. FT. |
| TOTAL LAND AREA DISTURBED | | SQ. FT. |

**TYPE OF WORK**

| TYPE OF WORK | | COST | MISC. | | COST |
|---|---|---|---|---|---|
| NEW BLDG. | | | FENCE Ht. | | |
| ADDITION | | | SIGN Sq. Ft. | | |
| ALTERATION | | | POOL | | |
| ROOFING | | | ASBESTOS ABATEMENT | | |
| SIDING | | | DCA | | |
| DEMOLITION | | | TOTAL | | |

**DESCRIPTION OF WORK**

COMMENTS

Plan Review:
Date : Approved By:

**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.
SEAL &
SIGNATURE

## PLUMBING INSPECTION

Contractor MARK HIBBARD

Address 1446 LAKEWOOD AVE Phone (732) 458-2586

Town BRICK State NJ Zip 08724

LIC # 5968 FEDERAL EMP. NO. (or SSN#)

**ESTIMATED COST OF PLUMBING WORK:** $ 385.00

Sewer Size Water Size 3/4"

**TECHNICAL SITE DATA (List all Fixtures)**

| NO. | FIXTURE/EQUIPMENT | | NO. | FIXTURE/EQUIPMENT | |
|---|---|---|---|---|---|
| | Water Closet | | | Steam Boiler | |
| | Urinal / Bidet | | | Hot Water Boiler | |
| | Bath Tub | | | Sewer Pump | |
| | Lavatory | | | Interceptor/Separator | |
| | Shower | | 1 | Backflow Preventer | 35 |
| | Floor Drain | | | Grease Trap | |
| | Sink | | | Water Cooled A/C or Refrigeration Unit | |
| | Dishwasher | | | Sewer Connection | |
| | Drinking Fountain | | | Water Service Connection | |
| | Washing Machine | | | Active Solar System | |
| | Hose Bibb | | | Other AUX/MTR | 15 |
| | Water Heater | | 1 | Other Heads 10 | 54 |
| | Fuel Oil Piping | | | Other | |
| | Gas Piping | | | | |

**DESCRIPTION OF WORK** $104.00

COMMENTS

Plan Review:
Date: 5/11/98 Approved by:

**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.
SEAL &
SIGNATURE (Contractor's Seal)

## FIRE INSPECTION

Contractor

Address Phone ( )

Town State Zip

LIC # FEDERAL EMP. NO. (or SSN#)

**ESTIMATED COST OF FIRE PROT. WORK:** $

Heating Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar

Heating System: ☐ New ☐ Existing

Location of Furnace / Boiler

**TECHNICAL SITE DATA (Description of Work)**

WATER SUPPLY SOURCE

METHOD OF VALVE SUPERVISION

LOCAL ALARM SUPERVISION

CENTRAL SUPERVISION

PROPRIETARY SUPERVISION

Flammable Liquid Storage Tanks ☐ Capacity Fue

Combustible Liquid Storage Tanks ☐ Capacity Fue

L.P.G. Storage Tanks ☐ Capacity Fue

L.N.G. Storage Tanks ☐ Capacity Fue

| NO. | ITEM | NO. | ITEM |
|---|---|---|---|
| | Wet Sprinkler Heads | | Pre-Engineered Sys |
| | Dry Sprinkler Heads | | $CO_2$ Suppression |
| | TOTAL | | Halon Suppressior |
| | | | Foam Suppression |
| | Smoke Detectors | | Dry Chemical |
| | Heat Detectors | | Wet Chemical |
| | TOTAL | | Gas or Oil Fired A |
| | | | Other |
| | Stand Pipes | | |
| | Kitchen Hood Exhaust System | | |

**DESCRIPTION OF WORK**

COMMENTS

Plan Review:
Date: Approved by:

**CERTIFICATION IN LIEU OF OATH**

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WOI ON THIS APPLICATION.
SEAL &
SIGNATURE (Contractor's Seal)