

2224-93

819

5

ADDRESS (SITE)

PERMIT NO.

RECEIVED

AUG 17 1957



CONSTRUCTION PERMIT APPLICATION

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

IDENTIFICATION

1. Proposed Work-site at: 1506 Larsen St.

2. Name of Owner in Fee: Wendy Weiner Tel. ()
Address same
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: William Coby Tel. ()
Address 450 University Ct. Brick, N.J.
License No. OR, if new home, Builder Reg. No. 3429 Exp. Date _____
Federal Emp. No. _____ Social Security No. _____

5. Architect or Engineer _____ Tel. ()
Address _____

6. Responsible Person
In Charge of Work _____ Tel. ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing		15-	
4. Fire Protection			
5. Other			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy		20-	
12. Other			
13. TOTAL	\$	35-	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors _____ sq. ft.
5. Volume of 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 _____ sq. ft.
 no _____
11. Fire Grading _____
12. Max. Live Load _____
13. Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

1. ☐ Minor Work
(single trade)
2. ☐ Small Job (\$5,000
and no prior
approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☒ Plumbing
8. ☐ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

TOTAL COSTS

Est. Cost

OPTIONAL (for office use only)[illegible]

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:

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 New Jersey 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 William Rody

Address _____

Telephone (____) _____

Signature _____ Date _____

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protection									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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)

	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____
☐ Certificate of Approval	No. _____
☐ None	



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

9-21-93

2224-93

IDENTIFICATION Block 419 Lot 5

Work Site Location 1586 LARSEN ST

Contractor _____

Owner in Fee WEINER

Address _____

Address _____

Tele. (____) _____

Tele. (____) 477 0111

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. _____

or Social Security No. ***0002**

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK: AUX WATER
METER

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 \$ 200

A. J. C...
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	<u>010 11</u>	0.00
Plumbing	<u>15 - 10T</u>	1.00
Electrical	<u>3 4</u>	
Fire Protection	<u>04 100TND</u>	1.00
Other	<u>0 / 0</u>	0.00
Other	<u>TOTAL</u>	0.00
DCA Training Fee	<u>CHECK</u>	0.00
Cert. of Occ.	<u>20 - CHANCE</u>	0.00
Other	<u>21/93 NO 5 0030A005</u>	1.14
Total	<u>35</u>	
Check No.	<u>19665</u>	
Cash		
Collected By:		



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

9-21-93
2224-93

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

Block 819 Lot 6
Work Site Location 1586 KARSON ST

Owner in Fee WENDY WEINER
Address 1586 KARSON ST

Tele. () 477-0111
Contractor W.M. COBY
Address 450 UNIVERSITY ST BAKEN, NJ

Lic. No. 573429
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present Residential Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:			
		Type:	Failure	Failure	Approval
☐ No Plans Required		Slab			
☐ Joint Plan Review Required:		Rough			
☐ Bldg. ☐ Elec. ☐ Fire		Water			
☐ Plumb. Plans Approved		Sewer			
Date: <u>8-18-93</u>		Fixtures			
Approved by: <u>[Signature]</u>		Gas Equipment			
		Gas Final			
		Solar			
		TCO			
SUBCODE APPROVAL:					
☐ CO ☐ CCO ☐ CA					
Approved by: _____					
Date: _____					

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]
Signature-Contractor Seal

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List 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	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other <u>any meter</u>	<u>15-</u>

Administrative Surcharge \$ _____
Paid ☐ Check # 1406 Minimum Fee \$ _____
Collected by: _____ TOTAL \$ 15-



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

9-21-93
2224-93

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

Block 819 Lot 5
Work Site Location 1586 KARRINGTON
Owner in Fee W. ANDY MEINER
Address 1586 KARRINGTON
Tele. () 477-0111
Contractor W.A. CODY
Address 450 UNIVERSITY CT PARK HILL
Tele. () 477-0111
Lic. No. 2429
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present Electric Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)			
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Slab				
☐ Joint Plan Review Required:	Rough				
☐ Bldg. ☐ Elec. ☐ Fire	Water				
☐ Plumb. Plans Approved	Sewer				
Date: <u>8-15-93</u>	Fixtures				
Approved by: <u>[Signature]</u>	Gas Equipment				
	Gas Final				
	Solar				
SUBCODE APPROVAL:	TCO				
☐ CO ☐ CCO ☐ CA					
Approved by: _____					
Date: _____					

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.

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA (List 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	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other <u>any other</u>	
	Administrative Surcharge	\$
	Paid ☐ Check # <u>19665</u> Minimum Fee	\$
	Collected by: _____ TOTAL	\$ <u>15.00</u>

The Brick Township Municipal Utilities Authority

COMMISSIONERS

JOHN C. EKARIUS
CHAIRMAN

THOMAS G. MAIORINE
VICE-CHAIRMAN

MICHAEL THULEN
SECRETARY

WILLIAM MILLER
TREASURER

ALAN COHEN
ASS'T. SEC/TREAS

1551 HIGHWAY 88 WEST • BRICK, NEW JERSEY 08724-2399

PHONE: (908) 458-7000 • FAX: (908) 458-7725

KEVIN F. DONALD
Executive Director

APPLICATION FOR AUXILIARY METER

DATE: 6-14-93

APPLICANT'S NAME Weimer, Wendy TELEPHONE # 840-4082

MAILING ADDRESS: 1586 Larsen St.

SERVICE LOCATION: 1586 Larsen St.

ACCOUNT#: _____ BLOCK: 819 LOT: 5

SIZE OF EXISTING SERVICE: 3/4" SIZE OF EXISTING METER: 3/4"

Wendy Weimer

APPLICANT'S SIGNATURE

J. Ewan
AUTHORITY REPRESENTATIVE

At the customer's option, a separate account may be established for this usage, subject to all conditions of the rate schedule as applicable 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 Township of Brick Plumbing Dept. for inspection (477-3000).
- 4- Upon approval from the plumbing inspector a second meter will be installed. A copy of the completed permit will be required before the meter is installed. Contact the BTMUA for the meter installation.
- 5- A charge for the cost of the meter will be applied to the first billing. Bills for water only will be sent on this account quarterly.