

RECEIVED

MAR 11 1997

DIV. OF INF

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



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. IDENTIFICATION
1. Proposed Work-site at: 11657 West Princeton Ave Brick
2. Name of Owner Abel [REDACTED]
- Address _____
street municipality zip code
3. Ownership Public _____ Private ☒
4. Principal Contractor: RICHARD SUTCH INC. Tel. (____) _____
PO BOX 355
Address LEONARDO, NJ 07737
License No. OR, if new home, Builder Reg. No. 808-291-8614 Exp. Date _____
Federal Emp. No. LIC. # 7654 Social Security No. _____
22-2786990
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 | \$ 35- | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | \$ | | |
| 7. Less 20% for
State Plan Review | | | |
| Subtotal | \$ | | |
| DCA Training Fee | | | |
| 10. Subtotal | \$ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | \$ 35.00 | | |

VI. BUILDING/SITE CHARACTERISTICS

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 _____ sq. ft.
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

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. ☐ Elevator Devices
 10. ☐ Asbestos Abatement
 11. ☐ Demolition
- TOTAL COSTS**

Est. Cost

500 -

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 | 4. ☐ Refrigeration Systems | 7. ☐ Sprinklers |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow
Preventers | 8. ☐ Smoke Control Systems in Open Wells |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 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 _____ RICHARD SUTCH INC.
PO BOX 355
Address _____ LEONARDO, NJ 07737
908-291-8614
LIC. # 7654
22-2786990

Telephone (_____) _____

Signature *Richard Sutch* _____ Date _____

OFFICE DATE RECEIVED _____

VIA PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Petition Initial	Final Date	Petition Initial	Final Date	Petition Initial	Final Date	Petition Initial	Final Date	
☐ Zoning Officer									
☐ 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.									
☐									
☐									

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 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. _____	_____	_____	_____

Oxford[®]

NO. 752 1/3

MADE IN U.S.A.

⊗ ESSELTE

○

○

○

○

Township of



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

3-17-97
508-97

IDENTIFICATION Block 831 Lot 10

Work Site Location 11657 West Quinnton Ave

Contractor RICHARD SUTCH INC.

Owner in Fee Abel

Address PO BOX 355

Address _____

Address LEONARDO, NJ 07737

Tele. () _____

Tele. () 908-291-8614 #000029X

Lic. No. or Bldrs. Reg. No. HC.#7654 Exp. Date 508X#

Federal Emp. No. 22-2786990 Bldg. # _____

or Social Security No. 831 #

is hereby granted permission to perform the following work:

[] BUILDING [☒] PLUMBING [] OTHER _____
[] ELECTRICAL [] FIRE PROTECTION

DESCRIPTION OF WORK:

**Emergency Replacement Water Heater
Ready For Inspection**

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 \$ 500 -

[Signature]
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

PAYMENTS (Office Use Only)		10 #
Building		
Plumbing	<u>35</u>	5.00
Electrical		5.00
Fire Protection		5.00
Other		0.00
Other		5.15
DCA Training Fee		
Cert. of Occ.		
Other		
Total	<u>35</u>	
Check No.	<u>2869</u>	
Cash		
Collected By:		

(see reverse side)

MTBD 1

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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #
3-17-97
508-97

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

Block 831 Lot 10
Work Site Location 1657 West Connection Ave Brook
Owner in Fee Albel
Address _____
Tele. (____) RICHARD SUICH INC.
Contractor PO BOX 355
Address LEONARDO, NJ 07737
Tele. (____) 908-291-8614
Lic. No. LIC. # 7654
Federal Emp. No. 22-2786990 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS			
		Type:	Failure	Dates (Month/Day)	Initial
☐ No Plans Required		Slab	_____	_____	_____
☐ Joint Plan Review Required:		Rough	_____	_____	_____
☐ Bldg. ☐ Elec.		Water	_____	_____	_____
☐ Fire ☐ Elevator		Sewer	_____	_____	_____
☐ Plumb. Plans Approved		Fixtures	_____	_____	_____
Date: <u>3-17-97</u>		Gas Equipment	_____	_____	_____
Approved by: <u>[Signature]</u>		Gas Piping	_____	_____	_____
SUBCODE APPROVAL:		Solar	_____	_____	_____
☐ CO ☐ CCO ☐ CA		TCO	_____	_____	_____
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

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	_____
_____	Water Heater <u>gac</u>	<u>35</u>
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Water Cooled A/C or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Active Solar System	_____
_____	Other	_____

Paid ☐ Check # _____	Administrative Surcharge \$ _____
_____	Minimum Fee \$ _____
DCA Training Fee \$ _____	TOTAL \$ <u>35.00</u>
Collected by: _____	



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

11-17-17
11-17-17

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

Block 824
Work Site Location 1657 West Connetquot Ave
Owner in Fee Due
Address _____
Tele. (____) RICHARD SUTCH INC.
Contractor PO BOX 355
Address LEONARDO, NJ 07737
Tele. (____) 908-291-8614
Lic. No. LIC. # 7654
Federal Emp. No. 22-2786990 or Social Security No. _____
B. PLUMBING CHARACTERISTICS
Use Group Present Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Slab	_____
☐ Bldg. ☐ Elec.	Rough	_____
☐ Fire ☐ Elevator	Water	_____
☐ Plumb. Plans Approved	Sewer	_____
Date: _____	Fixtures	_____
Approved by: _____	Gas Equipment	_____
SUBCODE APPROVAL:	Gas Piping	_____
☐ CO ☐ CCO ☐ CA	Solar	_____
Approved By: _____	TCO	_____
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	_____
	Water Heater <u>gas</u>	_____
	Fuel Oil Piping	_____
	Gas Piping	_____
	Steam Boiler	_____
	Hot Water Boiler	_____
	Sewer Pump	_____
	Interceptor/Separator	_____
	Backflow Preventer	_____
	Greasetrap	_____
	Water Cooled A/C	_____
	or Refrigeration Unit	_____
	Sewer Connection	_____
	Water Service Connection	_____
	Active Solar System	_____
	Other	_____

Paid ☐ Check # _____	Administrative Surcharge \$ _____
	Minimum Fee \$ _____
	DCA Training Fee \$ _____
Collected by: _____	TOTAL \$ _____



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location 1657 West Princeton Ave
Owner in Fee Chel
Address _____
Tele. (____) RICHARD SUTCH INC.
Contractor PO BOX 355
Address LEONARDO, NJ 07737
Tele. (____) 908-291-8614
Lic. No. LLC.# 7654
Federal Emp. No. 22-2786990 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
☐ No Plans Required
Joint Plan Review Required:
☐ Bldg. ☐ Elec.
☐ Fire ☐ Elevator
☐ Plumb. Plans Approved
Date: _____
Approved by: _____
SUBCODE APPROVAL:
☐ CO ☐ CCO ☐ CA
Approved By: _____
Date: _____

INSPECTIONS	Dates (Month/Day)				
	Type:	Failure	Failure	Approval	Initial
Slab	_____	_____	_____	_____	_____
Rough	_____	_____	_____	_____	_____
Water	_____	_____	_____	_____	_____
Sewer	_____	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____	_____
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 _____

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	_____
_____	Water Heater <u>gas</u>	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Active Solar System	_____
_____	Other	_____

Paid ☐ Check # _____ Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL \$ _____

BLOCK: 831LOT: 10

PERMIT#: _____

WORKSITE ADDRESS: 1657 West Princeton Ave Brick

Certifying Individual(Print Name)

Name: Anna Abel

Company

Name: _____

Address

Street: 1657 West Princeton Ave City: _____State: Brick

Zip: _____

Phone# () _____

RICHARD SUTCH INC

PO BOX 355

LEONARDO, NJ 07731

908-231-8714

LIC. # 7654

22-2784000

Check The Appropriate Box

Type of replacement:

- ☐ Oil to Gas Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other (describe): _____

Existing vent/chimney:

- ☐ B label vent
☐ L label vent
☐ Masonry chimney-Tile lined
☐ Flexible liner
☐ Power vent/exhauster
☐ Other (describe): _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATIONFor Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature

Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify the the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature

Date

Direct Vent Appliance:

No certification required:

Signature

Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.