

BRICK, TOWNSHIP
OF
(BUILDING DEPT.)

PERMIT WITHOUT
A JACKET

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Previously archived
subject

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 12/04/98
Date Issued 01/01/99
Control # 1-11-99
Permit # 98-4155+A

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN COMPLETED, RETURN TO THE TOWNSHIP OF BRICK, 401 CHAMBERS BRIDGE RD, BRICK, NJ 08724-1000.

D. TECHNICAL SITE DATA (List all fixtures.)

Block 736 Lot 1 Sublot 0
Work Site Location CHAMBERS BRIDGE RD
Owner in Fee BRICK RD OF EDUCATION
Address 101 HENRICKSON RD
BRICK, NJ 08724-
Tele. (732) 493-1787 Fax (732) 493-3213
Contractor ALDARELLI ENTERPRISES
Address 1 POLLACK AVE
OCEAN, NJ 07712-
Tele. (732) 493-1787
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-2888662

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed 4-5
Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic
Water Sewer Size _____ ☐ Public Water ☐ Private Well
Estimated Cost of Plumbing Work \$ 51,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☐ No Plans Required
Joint Plan Review Required:
☐ Bldg ☐ Elect
☐ Fire ☐ Elevator
☐ Plumb. Plans Approved
Date: 1-6-99
Approved By: [Signature]
SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Approved By: _____
Date: _____

C. CERTIFICATION IN LIEU OF DATA

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.

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet	0
Urinal / Bidet	0
Bath Tub	0
Lavatory	0
Shower	0
Floor Drain	0
Sink	0
Dishwasher	0
Drinking Fountain	0
Washing Machine	0
Hose Bib	0
Water Heater	0
Fuel Oil Piping	0
Gas Piping	0
Steam Boiler	0
Hot Water Boiler	0
Sewer Pump	0
Interceptor / Separator	0
Backflow Preventer	0
Greasetrap	0
Sewer Connection	0
Water Service Connection	0
Stacks	0
Other <u>220 HEADS</u>	<u>470</u>
Other _____	0

Administrative Surcharge \$ _____
Minimum fee \$ _____
TOTAL FEE \$ _____
Paid ☐ Check # _____
Collected by: _____
OCA Training fee \$ _____

* Update to the last two
permitted.

Signature/Contractor Seal
☐ Licensed Plumbing Contractor ☐ Exam Applicant

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 12/30/98
Date Issued 01/05/99
Control # 1-11-98
Permit # 98-4155+B

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. TECHNICAL SITE DATA (List all fixtures.)
CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 736 Lot 1 Sublot _____
Work Site Location CHAMBERS BRIDGE RD
Backflow Preventers _____
Owner in fee BRICK RD OF EDUCATION
Address 101 HENORICKSON RD
BRICK, NJ 08724-
Tele. (732) 988-0856 Fax () _____
Contractor RUSSELL P EAGEN P & H
Address 107 GREENWOOD PL
NEPTUNE, NJ
Tele. (732) 988-0856
Lic. No. or Bldrs. Reg. No. 7994
Federal Emp. No. 22-2922030

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed A-5
Building Sewer Size _____ [] Public Sewer [] Private Septic
Water Sewer Size _____ [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Fire [] Elevator
[] Plumb. Plans Approved
Date: 1-6-99
Approved By: *[Signature]*
SUBCODE APPROVAL
[] CO [] CCO [] CA
Approved By: _____
Date: _____

INSPECTIONS	Dates (Month/Day)
Slab	Failure Approval Initial
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.

NO.

FIXTURE/EQUIPMENT	FEE (Office Use Only)
Water Closet	0
Urinal / Bidet	0
Bath Tub	0
Lavatory	0
Shower	0
Floor Drain	0
Sink	0
Dishwasher	0
Drinking Fountain	0
Washing Machine	0
Hose Bib	0
Water Heater	0
Fuel Oil Piping	0
Gas Piping	0
Steam Boiler	0
Hot Water Boiler	0
Sewer Pump	0
Interceptor / Separator	0
Backflow Preventer	70
Greasetrap	0
Sewer Connection	0
Water Service Connection	0
Stacks	0
Other	0
Other	0

Paid [] Check # _____
Collected by: _____
Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 0
DCA Training fee \$ 0

* Update the two apartment heaters.