



CONSTRUCTION PERMIT APPLICATION

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

136610

I. IDENTIFICATION

1. Proposed Work Site at: 1676 West Princeton Ave.

2. Name of Owner in Fee: Gallagher Tel. [REDACTED]
Address S. A A street municipality zip code

3. Ownership in Fee: Public _____ Private ☒

4. Principal Contractor: Thomas Garon Tel. (732) 920 5721
Address 409 crestview terr. Back
License No. OR, if new home, Builder Reg. No. 7677 Exp. Date 6/08
Federal Employee No. 72-3767502 FAX: (732) 920 0334

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

6. Responsible Person in Charge of Work Thomas Garon
Tel. (732) 920 5721 FAX 732 920 0334

*Emergency
New water service*

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing	<u>50</u>		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	<u>3</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>53</u>		

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 _____
no _____

11. Max. Live Load _____

12. Max. Occupancy Load _____

(office use only)

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	<u>2200.</u>								
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Mechanical									
11. ☐ Demolition									
TOTAL COSTS									

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: _____

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

2. ☐ Prototype Processing

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 Thomas Guran

Address 409 crestview terr

Brick NJ 08723

Telephone (732) 920-5721

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
	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. 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	Other
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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued 07/11/2005
Control # C-05-136610
Permit # 05-2695

IDENTIFICATION Block: 835 Lot: 11 Qualifier
Work Site Location: 1676 W. PRINCETON AVE. Brick Township, NJ Contractor THOMAS GARON
Address 409 CRESTVIEW TERR BRICK NJ
Owner in Fee GALLAGHER, BRIAN & APRIL
Address 1676 W. PRINCETON AVE BRICK NJ 08724 Telephone: 732/920-5721
Lic. No. or Bldrs. Reg. No.
Telephone: Federal Employee No. 22-3767562

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:

WATER SERVICE CONNECTION

Note: If construction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$2,100

D.F. Naim
Construction Official

07/11/2005
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	\$0
Plumbing	\$50
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$53
Check No.	4374
Cash	\$0
Credit	\$0
Collected By	Allison Peltier

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.



PLUMBING SUBCODE
TECHNICAL SECTION



Date Received 01/11/2005
Control # C-05-136610
Date Issued 12/31/09
Permit # 05-2695

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

Block 835 Lot 11 Qualification Code
Work Site Location: 1676 W. PRINCETON AVE. Brick Township, NJ

Owner in Fee: GALLAGHER, BRIAN & APRIL
Address 1676 W. PRINCETON AVE. BRICK NJ

Tel. _____
Contractor: THOMAS GARON
Address 409 CRESTVIEW TERR BRICK NJ

Tel. 732/920-5721 Fax _____
Contractor License No. _____
Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____ R-5
Building Sewer Size 0 _____
Water Service Size 0 _____
Estimated Cost of Plumbing Work \$2,100

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS	
		Type:	Dates (Month/Day)
☒ No Plan Required			
☐ Joint Plan Review Required			
☐ Building	☐ Electrical	Slab	
☐ Fire	☐ Elevator	Rough	
☐ Plumbing Plans Approved		Water	7/1/05
Date: 7-11-05		Sewer	
		Fixtures	
		Gas Equipment	
		Solar	
		TCO	
SUBCODE APPROVAL			
☐ CO	☐ CE		
Date: 7-11-05			
Approved by: [Signature]			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the 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

D. TECHNICAL SITE DATA (List of 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 Bibb	\$0
0	Water Heater	\$0
0	Fuel Oil Piping	\$0
0	Gas Piping	\$0
0	LP Gas Tank	\$0
0	Steam Boiler	\$0
0	Hot Water Boiler	\$0
0	Sewer Pump	\$0
0	Interceptor/Separator	\$0
0	Backflow Preventor	\$0
0	Greasetrap	\$0
0	Sewer Connector	\$0
0	Water Service Connection	\$50
0	Stacks	\$0
0	Other	\$0
0	Other	\$0
0	Other	\$0
0	Administrative Surcharge	\$0
0	Minimum Fee	\$0
0	State Permit Surcharge Fee	\$3
0	TOTAL FEE	\$53



PLUMBING SUBCODE
TECHNICAL SECTION



Date Received U/1/12/05
Control # C-05-136610
Date Issued 12/31/1899
Permit # 15-2415

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

Block 835 Lot 11 Qualification Code

Work Site Location: 1676 W. PRINCETON AVE. Brick Township, NJ

Owner in Fee: GALLAGHER, BRIAN & APRIL

Address 1676 W. PRINCETON AVE. BRICK NJ

Tel. Contractor: THOMAS GARON

Address 409 CRESTVIEW TERR. BRICK NJ

Tel. 732/920-5721 Fax

Contractor License No.

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5
Building Sewer Size 0 Public Sewer Private Septic
Water Service Size 0 Public Water Private Well
Estimated Cost of Plumbing Work \$2,100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☒ No Plan Required
☐ Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator
☐ Plumbing Plans Approved
Date: 12-11-05
Approved by: [Signature]
SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS		Type:		Failure		Dates (Month/Day)		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 the 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

D. TECHNICAL SITE DATA (List of 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 Bibb	\$0
0	Water Heater	\$0
0	Fuel Oil Piping	\$0
0	Gas Piping	\$0
0	LP Gas Tank	\$0
0	Steam Boiler	\$0
0	Hot Water Boiler	\$0
0	Sewer Pump	\$0
0	Interceptor/Separator	\$0
0	Backflow Preventor	\$0
0	Greasetrap	\$0
0	Sewer Connector	\$0
1	Water Service Connection	\$50
0	Stacks	\$0
0	Other	\$0
0	Other	\$0

Administrative Surcharge \$0
Minimum Fee \$0
State Permit Surcharge Fee \$3
TOTAL FEE \$53

18701 11/11/00
Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 1676 West Princeton Ave.
Block: 835 Lot: 11
Owner's Name: Brian Gallagher
Owner's Mailing Address: AA
Phone: [REDACTED]

BUILDING

ELECTRICAL

Contractor: _____
Address: _____
Phone #: _____
Lic #: _____
Federal Emp # or SSN: _____

Contractor: _____
Address: _____
Phone #: _____
Lic #: _____
Federal Emp # or SSN: _____

Technical Data

Technical Data

Description of Work: _____

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Type of Work

☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Asbestos Abatement
☐ Fireplace wd/gas
☐ Siding
☐ Fence
☐ Pool
☐ Demolition
☐ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot-Tub/Storable Pool _____
Electric Range _____ KW
Oven/Surface Unit _____ KW
Electric Water Heater _____ KW
Electric Dryer _____ KW
Dishwasher _____ KW
Garbage Disposal _____ HP
A/C Unit-Central Air _____ KW
Space Heater/Air Handler _____ KW
Baseboard Heating _____ KW
Motors 1+ HP _____ KW
Transformer/Generator _____ KW
Light Stander _____ AMP
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
Furnace _____
Steam Boiler _____
Other: _____

Cost of Alteration: \$ _____
Cost of New Building: \$ _____
Cost of Site Work \$ _____
Total Cost of New Building Work: \$ _____

Estimated Cost of Electrical Work: _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____
Please Print Name _____

Signature: _____
Please Print Name _____

CONTRACTOR'S SEAL

Counter Form

PLEASE PRINT

PLUMBING

FIRE

Contractor: Thomas Garon
 Address: 409 Crestview Terr
Rich 1 CT 06723
 Phone #: [REDACTED]
 Lis #: 9671
 Federal Emp # or SSN: 22-3767362

Contractor: _____
 Address: _____
 Phone #: _____
 Lis #: _____
 Federal Emp # or SSN: _____

Technical Data

Fixtures

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Grease trap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other: <u>New water service</u>	

Estimated Cost of Plumbing Work 2,200.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Thomas Garon
 Please Print Name: Thomas Garon

CONTRACTOR'S SEAL

Technical Data

Description of Work:

Heating Type: Gas Oil Electric Solar
 Heating System is New Existing
 Location of Furnace/Boiler: _____
 Water Supply Source: _____
 Method of Valve Supervision: _____
 Local Alarm Supervision: _____
 Central Supervision: _____
 Proprietary Supervision: _____
 Flammable Storage Tanks _____ capacity _____ fuel
 Combustible Storage Tanks _____ capacity _____ fuel
 LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	

Smoke Detectors _____
 Heat Detectors _____
 Total _____

Stand Pipes _____
 Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
 CO2 Suppression _____
 Halon Suppression _____
 Foam Suppression _____
 Dry Chemical _____
 Wet Chemical _____

Gas/ Oil Fired Appliances:
 Gas Stove _____
 Gas Dryer _____
 Furnace (Gas or Oil) _____
 Gas Fireplace _____
 Gas Logs _____
 Total Appliances _____

Wood Burning Stove _____
 Wood Fireplace _____
 Other: _____

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____
 Print Name: _____