BLOCK 844 LOT 12 QUALIFICATION CODE ADDRESS (SITE) ~~93 CHESAPEAKE DRIVE~~ 1691 LAURELTON ST. PERMIT NO. 17-1466

CONSTRUCTION PERMIT APPLICATION C17-001799

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

I. IDENTIFICATION

1. Proposed Work Site at: 1691 LAURELTON ST BRICK, NJ 08724
2. Name of Owner in Fee: JEFFREY GABRIEL
   Tel. [redacted] e-mail
   Address 1691 LAURELTON ST (street) BRICK (municipality) 08724 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: JCS Lawn Sprinklers LLC Tel. (732) 840-0460
   Address 19 Red Maple Drive e-mail jcssprinklers@gmail.com
   Brick, NJ 08724
   License No. OR, if new home, Builder Reg. No. 217977 Exp. Date 03/31/2019
   Home Improvement Contractor Registration No. or Exemption Reason 13VH06604400
   Federal Emp. ID No. 454661541 FAX: (732) 840-0460
5. Architect or Engineer N/A Contact ____
   Address ____ e-mail ____
   Tel. ____ FAX: ____
6. Responsible Person in Charge once Work has Begun Christopher Salvato
   Tel. (732) 840-0460 FAX: (732) 840-0460

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		175	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		1 -	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	176 -	

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. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed ____ sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ____ ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat.-Subch.8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

Fix Meter + Backflow

IIb. SUBCODES

(Check all that apply)

	Est. Cost
☐ Building	
☐ Electrical	
☒ Plumbing	400
☐ Fire Protection	
☐ Elevator	
TOTAL COST	$400

FOR OFFICE USE ONLY (Optional)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
4/25/17							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s): ____

D. Construct. Classification: Present ____
Proposed ____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/26/2017
Control Number C-17-001799
Permit Number 17-1466
Permit Issue Date 5/5/2017
Certificate Number 17-1466

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1691 LAURELTON ST Brick Township, NJ Block: 844 Lot: 12 Qual:

Owner in Fee: GABRIEL, JEFFREY R & GRUSS, C A

Owner Address: 1691 LAURELTON ST BRICK NJ 08724

Telephone: [redacted]

Contractor JCS Lawn Sprinklers

Address 19 Red Maple Dr. Brick NJ 08724

Telephone: (732) 840-0460 Fax:

License Number or Builders Registration Number: 13VH06604400 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: AUXILIARY METER, BACKFLOW PREVENTER

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 5/26/2017

U.C.C. F260 (rev. 08/05)

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(f)1.ix:

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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. 5:23-2.15(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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

(X) Check if contractor.

Agent Name JCS Lawn Sprinklers LLC

Address 19 Red Maple Drive
Brick, NJ 08724

Telephone (732) 840-0460

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 5/5/17
Control #
Date Issued
Permit # 17-1466

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

Block 844 Lot 12 Qualification Code

Work Site Location 1691 Lawelton St
Brick NJ 08724

Owr [redacted] Gabriel

Tel. [redacted] e-mail

Address 1691 Lawelton St Brick 08724
street municipality zip code

Contractor: NJ problem plumbing Tel. (732) 581-2648

Address 3 Shady Court e-mail
Jackson NJ 08527

Contractor License No. 12507 H Exp. Date 6/17

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 262605287 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 8400

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.

Applicant sign/Contractor sign and seal here:

Print name here: Robert Yerko

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Run water to sprinkler / Backflow

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required MP
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5-17-17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
~~TCO~~ yoke			5-16-17	wd
Final			5-16-17	wd

QTY.	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	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Sprinkler Stub	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

Received Cert See Attached

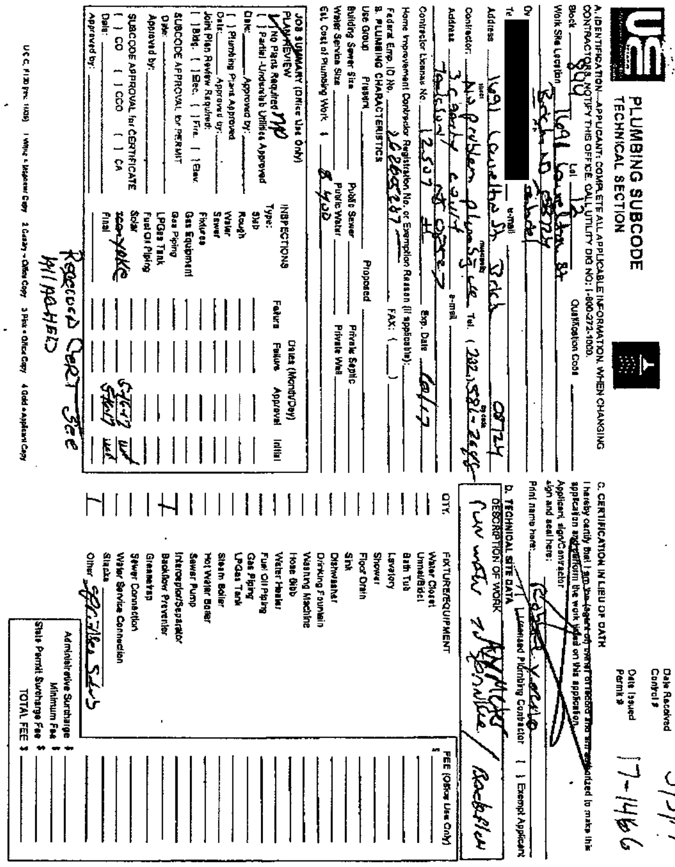
* * * Communication Result Report (May. 16. 2017 2:20PM) * * *

1)
2)

Date/Time: May. 16. 2017 2:19PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
9611	Memory TX	97324585378	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax



PLUMBING SUBCODE
TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
Block 844 Lot 12 Qualification Code
Work Site Location
Ov
Te [redacted] e-mail
Address
Contractor: Tel.
Address e-mail
Contractor License No. 12507 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX:
B. PLUMBING CHARACTERISTICS
Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underside Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS — Type: Slab, Rough, Water, Sewer, Fixtures, Gas Equipment, Gas Piping, LPGas Tank, Fuel Oil Piping, Solar, Final — Dates (Month/Day): Failure, Failure, Approval, Initial

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.
Applicant sign/Contractor sign and seal here:
Print name here:
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant
D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

QTY.	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	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Grease trap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

Date Received 5/5/17
Control #
Date Issued
Permit # 17-1466

U.C.C. F120 (rev. 1/05) 1 White • Inspector Copy 2 Canary • Office Copy 3 Pink • Office Copy 4 Gold • Applicant Copy

CONSTRUCTION PERMIT

5/5/17

Date Issued
Control # C-17-001799
Permit # 17-1466

IDENTIFICATION Block: 844 Lot: 12 Qualifier
Work Site Location: 1691 LAURELTON ST Brick Township, NJ
Owner in Fee GABRIEL, JEFFREY R & GRUSS, C A
1691 LAURELTON ST BRICK NJ 08724
Telephone: [redacted]

Contractor JCS Lawn Sprinklers
Address 19 Red Maple Dr. Brick NJ 08724
Telephone: (732) 840-0460
Lic. No. or Bldrs. Reg. No. 13VH06604400 13VH06604400
Federal Employee. No. 13VH06604400

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:
AUXILIARY METER, BACKFLOW PREVENTER

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 $400

D. Newman Jr/MP
Construction Official

4/27/17
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$175
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$176
Check No.	272
Cash	$0
Credit	$0
Collected By	

05/05/17 09:15AM 00155GH9347
XX03 SERV.003
#1466
PLUMBING $175.00
DCA $1.00
CHECK $176.00

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

NEWWA Backflow Prevention Device Assembly Test Report Form

Owner of Property Jeff Gabriel

Mailing Address 1691 Lawrence St

Brick (City, Town) 08724 (Zip)

Contact Person Same

Device Address and Location Same / Left Front House

Device Identification Number N/A

Date 3/8/17 Time 11:00 A.M.

Tested by: **Christopher Salvato**

Certificate #**0012240**

RPZ ☐ DCVA ☐ PVB ☒ SRVB ☐

Make Wilkins Model No. 720A

Size 1" Serial No. 136540

Test After Installation ☒

Test After Repairs ☐

Annual Test ☐

Other _____ ☐

Reduced Pressure Backflow Prevention Device Assembly (RPZ)

Check Valve No. 1	Check Valve No. 2 Tightness	Flow Condition Evaluated	Relief Valve DP Opening Point	Check Valve No. 2 DP
Closed Tight ☐ Leaked ☐ _____ PSID	Closed Tight ☐ Leaked ☐	Flow ☐ No-Flow ☐	Opened at PSID _____ Did Not Open ☐	_____ PSID

Pressure Vacuum Breaker (PVB)

Spill Resistant Vacuum Breaker (SRVB)

Check Valve DP	Flow Condition Evaluated
2.2 PSID	Flow ☐ No-Flow ☒

Double Check Valve Device Assembly (DCVA)

Backpressure Test TC#1 PSI	Backpressure Test TC#4 PSI	Check Valve No. 1 DP	Check Valve No. 2 DP	Flow Condition Evaluated
		_____ PSID	_____ PSID	Flow ☐ No-Flow ☐

Air Inlet Valve DP Opening Point

Opened at 2.0 PSID

Did Not Open ☐

At the time of the test, the downstream shut-off valve was: Closed Tight ☒ Leaked ☐ Not Tested ☐

Line Pressure 55 PSI

Protection Type: Service Line ☐ Fire Service Line ☐ Internal Domestic Plumbing System ☒

Signature of Certified Tester

PASS ☒ FAIL ☐ OTHER ☐

Test Witnessed by:

N/A
Water Works Official

N/A
Owner Agent

N/A
State Official

Remarks

New Install

Service Restored ☒

Allison Peltier

To: jcssprinklers@gmail.com
Subject: permit pick up

Good afternoon,

There is a permit application that has been approved and now ready for pick up. the address is as follows:

1691 Laurelton Street $176.00 total amount due

Permits are issued Monday - Friday 8-4

Check made payable to the Township of Brick

Thank you and
Good day.

Allison
Brick building dept.
04-28-2017

THE BRICK TOWNSHIP MUNICIPAL UTILTIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000 • FAX (732) 458-5378

CONTACT:
JCS LAWN SPRINKLERS
732-840-0460

APPLICATION FOR AUXILIARY WATER METER

Date: 4-25-17

Applicant's Name: Jeffrey Gabriel Telephone N [redacted]

Mailing Address: 1691 Laurelton St, Brick 08724

Service Location: - SAME -

Account Number: 12396805-0 Block: 844 Lot: 12

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

Applicant's Signature

Authority Representative

THIS APPLICATION IS VALID FOR 6 MONTHS 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 and applicable to water usage.

After completing this application the following steps must be taken:

1. Obtain a 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. A valve before and after the meter is required as well as a backflow preventer. Yoke must be within 4 feet of crawl space entrance.
3. Call the Township of Brick Plumbing Department (732-262-4627) for inspection.
4. After inspection by Brick Township Plumbing Department, 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 permit is issued, the inspection is approved, the meter is installed and that the water is not used prior to the meter being installed. Failure to comply 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 at the rate of $6.04 per 1,000 gallons for the first 18,000, thereafter; $7.59 per 1,000 gallons.