

BLOCK 830 LOT 21.01 QUALIFICATION CODE _____ ADDRESS (SITE) 1659 Rt. 88 Unit D PERMIT NO. 12-1976



CONSTRUCTION PERMIT APPLICATION

C12-001282

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

I. IDENTIFICATION

1. Proposed Work Site at: 1659 Route 88 - Unit D
2. Name of Owner in Fee: Philip S. Garfinkel
Tel. (732) 505 0117 e-mail _____
Address P.O. BOX 3246 Harvey Cedars NJ 08008
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Kevin Thank Contractor Tel. (215) 300 0235
Address 710 Kelli Lane e-mail _____
Springfield PA 19064
License No. OR, if new home, Builder Reg. No. 1307199 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 20-8526950 FAX: (____) _____
5. Architect or Engineer Steven Lane Contact Steven
Address 761 Palmer Ave. Holmdel e-mail _____
Tel. (732) 778 8539 FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Kevin Thank
Tel. (215) 300 1575 FAX: (610) 338 0231

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>75.-</u>		
2. Electrical	\$ <u>130.-</u>		
3. Plumbing	\$ <u>40.-</u>		
4. Fire Protection	\$ <u>65.-</u>		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>14.-</u>		
10. Subtotal	\$		
11. Cert. of Occupancy	\$ <u>50.-</u>		
12. Other	\$		
13. TOTAL	\$ <u>374.-</u>	<u>131</u>	

VI. BUILDING SITE CHARACTERISTICS

1. Number of Stories _____ ft.
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 ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ Building
☐ Electrical
☒ Plumbing
☐ Fire Protection
☐ Elevator

TOTAL COST

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
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: _____
3. Change in Use Group, Indicate Present: _____

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

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 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. 5:23-2.15(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 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 Kevin Thank Contractor

Address 710 Kelli Lane
Springfield PA 19064

Telephone (215) 300-1575

Signature [Signature]

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/18/2012
Control Number C-12-001282
Permit Number 12-1976
Permit Issue Date 7/16/2012
Certificate Number 12-1976

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 1659 ROUTE 88 Unit D Nail Salon Brick Township, NJ Block: 830 Lot: 21.01 Qual: _____
Owner in Fee: SYNDALE CORP
Owner Address: PO BOX 3246 HARVEY CEDARS NJ 08008
Telephone: _____
Contractor: KEVIN THANK GENERAL CONTRACTORS
Address: 710 Kelli Lane Springfield PA 19064
Telephone: 2153001575 Fax: 6103380231
License Number or Builders Registration Number: 1307199 Federal Emp. Number: 20-8526950

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP Angie's Nails

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:

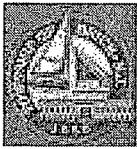
Daniel Newman Jr

Construction Official

Fee: \$50.00

Check Number: 8657

Collected By: Kim Bogan



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/7/2012
Control Number C-12-001282
Permit Number 12-1976
Permit Issue Date 7/16/2012
Certificate Number 12-1976

Certificate

Construction Code Division
(Temporary Certificate of Occupancy)

Identification

Work Site Location: 1659 ROUTE 88 Unit D Nail Salon Brick Township, NJ Block: 830 Lot: 21.01 Qual: _____
Owner in Fee: SYNDALE CORP
Owner Address: PO BOX 3246 HARVEY CEDARS NJ 08008
Telephone: _____
Contractor: KEVIN THANK GENERAL CONTRACTORS
Address: 710 Kelli Lane Springfield PA 19064
Telephone: 2153001575 Fax: 6103380231
License Number or Builders Registration Number: 1307199 Federal Emp. Number: 20-8526950

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL, TENANT FIT UP Nail Salong

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

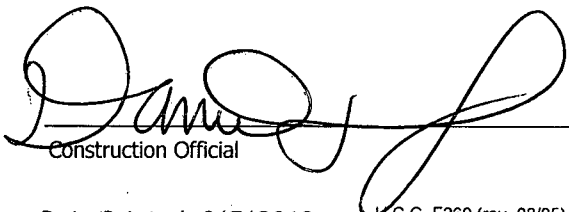
☒ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: 11/9/2012 or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of: 11/9/2012

Conditions to be met:

Final Plumbing



Construction Official

Date Printed: 9/7/2012

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1

7/11/12

Ken approved on original
packet but did not sign
them.

Have him sign tech



APPLICATION FOR CERTIFICATE

Date Received 4/18/2012
Date Permit Issued 7/16/2012
Control # C-12-001282
Permit # 12-1976
Date Issued 9/7/2012

IDENTIFICATION

Block 830 Lot 21.01 Qualifier _____
Work Site Location 1659 ROUTE 88 Unit D Nail Salon Brick Township, NJ Contractor KEVIN THANK GENERAL CONTRACTORS
Owner in Fee SYNDALE CORP Address 710 Kelli Lane Springfield PA 19064
PO BOX 3246 HARVEY CEDARS NJ 08008 Telephone 2153001575
Telephone _____ Lic. No. or Bldrs. Reg. No. 1307199
Federal Employee No. 20-8526950

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☒ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ B Current _____

FINAL COST OF CONSTRUCTION: \$ 8600

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

Pending updated permits & Subcode Approval

DESCRIPTION OF WORK/USE:

Alteration ALTERATION - -COMMERCIAL TENANT FIT UP Nail Salong

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____

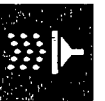
Owner/Agent

☐ OWNER

☒ AGENT



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 830 Lot 21.01 Qualification Code _____
Work Site Location 1659 Route 88-Unit D

Owner in Fee: Philip S. Gontfink

Tel. (732) 505 0117 e-mail _____

Address P.O. Box 3246 Harvey Cedars NJ 08008

Contractor: E. J. Schwing Municipality Harvey Cedars Tel. (856) 577-455

Address 2525 Russell Ave. P e-mail _____

Contractor License No. 1084 Exp. Date 6-30-2008

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

Federal Emp. ID No. 22-2524819 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 \$ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Approval	Initial
☐ No Plans Required		Slab			
☐ Partial - Under-slab Utilities Approved		Rough	<u>8/6/12</u>	<u>8/6/12</u>	<u>MS</u>
Date: _____	Approved by: _____	Water			
☒ Plumbing Plans Approved		Sewer			
Date: _____	Approved by: _____	Fixtures			
Joint Plan Review Required:		Gas Equipment			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping			
SUBCODE APPROVAL for PERMIT		LP Gas Tank			
Date: _____	Approved by: <u>MS</u>	Fuel Oil Piping			
SUBCODE APPROVAL for CERTIFICATE		Solar			
☐ CO ☐ CCO ☒ CA		TCO			
Date: <u>9-18-12</u>		Final	<u>8/6/12</u>	<u>8/6/12</u>	<u>MS</u>
Approved by: <u>MS</u>					

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: E. J. Schwing

Print name here: E. J. Schwing

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater EXISTING

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other _____

Date Received 12.1976
Control # 7/16/12
Date Issued
Permit #

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

8/6/12 - ml

① MOP SINK RECOVERED

8/29/12 - ml

- ① BACKFLOW PREVENTION RECOVERED 2000 OK
- ② MOP TAMP AT LOW 110° - MOP AT PREVIOUS - 120° OK
- ③ TANK HANDLINE NOT ON OPEN SIDE - RE-CHECK

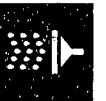
8/31/12 - ml

① OK FOR T.C.O

② UPDATE FOR MOP SINK



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

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

Block 830 Lot 81-01 Qualification Code Brick
Work Site Location 1659 D RT 88

Owner in Fee: Philip Garfinkel

Tel. (732) 505-0117 e-mail _____
Address PO Box 3246 Hanover Cedars NJ-08008

Contractor: Paul Minniti Municipality _____ Tel. (732) 262-1350
Address 67 Channel dr. e-mail cell 732 978-2330

Contractor License No. BIO 73321 Exp. Date 6-2013

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (_____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present 4 Proposed ✓
Building Sewer Size 4" Public Sewer ✓ Private Septic _____
Water Service Size 3/4" Public Water ✓ Private Well _____
Est. Cost of Plumbing Work \$ 2100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)				
	Type:	Slab	Failure	Failure	Approval	Initial
☐ No Plans Required						
☐ Partial - Under/Slab Utilities Approved						
Date: <u>_____</u> Approved by: <u>_____</u>						
☐ Plumbing Plans Approved						
Date: <u>_____</u> Approved by: <u>_____</u>						
Joint Plan Review Required:						
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.						
SUBCODE APPROVAL for PERMIT						
Date: <u>_____</u>						
Approved by: <u>_____</u>						

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: Paul Minniti

Print name here: Paul Minniti

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Sink Ejector Employee Hand Sink
5 Pedicure Stations

QTY.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

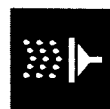
QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>1</u>	Water Closet	<u>_____</u>
<u>1</u>	Uninhabited	<u>_____</u>
<u>1</u>	Bath Tub	<u>_____</u>
<u>1</u>	Levatory	<u>_____</u>
<u>1</u>	Shower	<u>_____</u>
<u>1</u>	Floor Drain	<u>_____</u>
<u>1</u>	Sink	<u>_____</u>
<u>1</u>	Dishwasher	<u>_____</u>
<u>1</u>	Drinking Fountain	<u>_____</u>
<u>1</u>	Washing Machine	<u>_____</u>
<u>1</u>	Hose Bibb	<u>_____</u>
<u>1</u>	Water Heater	<u>_____</u>
<u>1</u>	Fuel Oil Piping	<u>_____</u>
<u>1</u>	Gas Piping	<u>_____</u>
<u>1</u>	LP Gas Tank	<u>_____</u>
<u>1</u>	Steam Boiler	<u>_____</u>
<u>1</u>	Hot Water Boiler	<u>_____</u>
<u>1</u>	Sewer Pump	<u>_____</u>
<u>1</u>	Interceptor/Separator	<u>_____</u>
<u>1</u>	Backflow Preventer	<u>_____</u>
<u>1</u>	Greasetrap	<u>_____</u>
<u>1</u>	Sewer Connection	<u>_____</u>
<u>1</u>	Water Service Connection	<u>_____</u>
<u>1</u>	Stacks	<u>_____</u>
<u>1</u>	Other <u>Pedicure Stations</u>	<u>_____</u>

COMMERCIAL

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



PLUMBING SUBCODE
TECHNICAL SECTION



Update

Date Received
Control #
Date Issued
Permit #

9-12-12

12-1976 + A

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

Block 830 Lot 2101 Qualification Code 88

Work Site Location 1659 Route 88

Owner in Fee: Synadale Corp.

Tel () P.O. BOX 3340

Address Harvey Cedars, NJ 08008

Contractor: E.T. Schmitt Municipality Harvey Cedars, NJ Zip code 08008

Address 2325 Boulevard 803 Tel. () 846 5775759

Contractor License No. 1584 Exp. Date 6-13

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

Federal Emp. ID No. 222914819 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 \$ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 9/11/12

Approved by: [Signature]

SUBCODE APPROVAL 9-11-12

☐ CO ☐ CCO ☐ CA

Date: 9/13/12

Approved by: [Signature]

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

Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

UPDATE PERMIT

12-1976

QTY:

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink map

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

FEE (Office Use Only)

\$