BLOCK 830 LOT 21.01 QUALIFICATION CODE _____ ADDRESS (SITE) 1659 Rt. 88 Unit D PERMIT NO. 12.1976

addition

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 (street) Harvey Cedars (municipality) NJ (zip code) 08008
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Kevin Thank Contractor Tel. (215) 300 0225
   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	$ 75. - ✓		
2. Electrical	130. - ✓		
3. Plumbing	40. - ✓	130 ✓	
4. Fire Protection	65. ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	14. -		
10. Subtotal	$	1	
11. Cert. of Occupancy	50. -		
12. Other			
13. TOTAL	$ 394. -	131	

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 ☐ 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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical					7/12/12				
☐ Plumbing					7-12-12	wcr	9/7/12		MH
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

FOR OFFICE USE ONLY (Optional)

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.

(X) Check if contractor.

Agent Name Kevin Thank Contractor

Address 710 Kelli Lane

Springfield PA 19064

Telephone (215) 300-1575

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:

David J. Newman Jr

Construction Official

Fee: $50.00
Check Number: 8657
Collected By: Kim Bogan

Date Printed: 9/18/2012 U.C.C. F260 (rev. 08/05)

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

Fee: $0.00
Check Number:
Collected By:

Date Printed: 9/7/2012

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

7/11/12

Ken approved on original packet but did not sign tech.

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

Owner in Fee SYNDALE CORP
PO BOX 3246 HARVEY CEDARS NJ 08008

Telephone

Contractor KEVIN THANK GENERAL CONTRACTORS
Address 710 Kelli Lane Springfield PA 19064

Telephone 2153001575
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

UCC F270 equiv.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12.1976

Date Issued / Permit # 7/16/12

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. Gonfinkel

Tel. (732) 505 0117 e-mail

Address P.O. Box 3246 Harvey Cedars NJ 08008
(street / municipality / zip code)

Contractor: F. J. Schmidt Tel. (856) 577-459

Address 2525 Rowell Ave. P e-mail
Beachwood N.J. 08116

Contractor License No. 1084 Exp. Date 6/13

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

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—

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: Francis J. Schmidt

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

COMMERCIAL

QTY	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
1	Lavatory
	Shower
	Floor Drain
6	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
~~1~~	Water Heater EXISTING
	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
~~1~~	Stacks
	Other

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 7-12-12

Approved by: JEW

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 9-18-12

Approved by: RJ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			8/16/12	MP
Rough	8/6/12		8/16/12	MP
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			8/31/12	MP
Final	8/29/12	8/31/12	9/13/12	MP

UPDATE MOP SINK

8/6/12 - MA

1. MOP SINK REQUIRED

8/29/12 - MA

1 - BACKFLOW PROTECTION REQUIRED PEDICURE TUBS OK
2 - MAX TEMP AT LAV 110° - MAX AT PEDICURE - 120° OK
3 - TANK HANDLE NOT ON OPEN SIDE - RE-CHECK

8/31/12 - MA

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 21-01 Qualification Code ____

Work Site Location 1659 D RT 88 Brick

Owner in Fee: Philip GARFinkel

Tel. (732) 505-0117 e-mail ____

Address PO Box 3246 Harvey Cedars NJ 08008
(street) (municipality) (zip code)

Contractor: Paul Minniti Tel. (732) 262-1350

Address 67 Channel dr. e-mail Cell 732 978-2330
Brick N.J. 08723

Contractor License No. BIO 7321 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 ____ 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
[ ] No Plans Required
[ ] 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:____
Approved by:____

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

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 Employee Hand Sink Sink Ejector Pump Replace H.W.H. 5 Pedicure STATIONS

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
____	Water Closet	$ ____
____	Urinal/Bidet	
____	Bath Tub	
1	Lavatory	
____	Shower	
____	Floor Drain	
____	Sink	
____	Dishwasher	
____	Drinking Fountain	
____	Washing Machine	
____	Hose Bibb	
1	Water Heater	
____	Fuel Oil Piping	
____	Gas Piping	
____	LPGas Tank	
____	Steam Boiler	
____	Hot Water Boiler	
1	Sewer Pump	
____	Interceptor/Separator	
1	Backflow Preventer	
____	Greasetrap	
____	Sewer Connection	
____	Water Service Connection	
____	Stacks ____	
5	Other Pedicure STATIONS	

COMMERCIAL

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

12-1976+A

PLUMBING SUBCODE
TECHNICAL SECTION

Update

Date Received
Control # 9-12-12

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 21.01 Qualification Code

Work Site Location 1659 Route 88

Syndale Corp.

Owner in Fee: P.O. Box 3246

Tel. ( ) e-mail HARVEY Cedars, NJ 08008

Address street municipality zip code

Contractor: F.J. Schmidt Tel. (856) 577-5159

Address 252 Powell Ave e-mail

Contractor License No. 1084 Exp. Date 6/13

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

Federal Emp. ID No. 222424819 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: 9/7/12

Approved by:

SUBCODE APPROVAL 9-11-12

[ ] CO [ ] CCO [ ] CA

Date:

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				
Final			9/13/12	

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's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
update permit #
12-1976

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink mop	
	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	
2	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Now Testable Backflows

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

Reorder From OCS Printing (609) 390-1400

U.C.C. F130 (rev. 10/06)