BLOCK 702.07 LOT 9 QUALIF /CODE ______ ADDRESS (SITE) ______ PERMIT NO. 12-1025

RECD MAR 2 2011

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I,II,II (optional). IV, VI, and VII C11-000741

I. IDENTIFICATION

1. Proposed Work Site at: 125 CHAMBERS BRIDGE Rd BRICK
2. Name of Owner in Fee: ENVIRE MICHAEL WARZBUK
   Te[redacted] e-mail ______
   Address: 125 CHAMBERS BRIDGE Rd BRICK (street / municipality / zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: DOCTOR ROOTER Tel. (732) 780 0992
   Address 331 FAIRFIELD RD #B10 FREEHOLD
   License No. OR, if new home, Builder Reg. No. 10240 Exp. Date ______
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______
   Federal Emp. ID No. 22-3162382 Fax ( ) ______
5. Architect or Engineer ______ Contact ______
   Address ______ e-mail ______
   Tel. ( ) ______ FAX ( ) ______
6. Responsible Person in Charge once Work has Begun CM JUPINSKI JR
   Tel. ( ) 780 0992 FAX ( ) ______

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing	60		
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	2		
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 62		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories ______
2. Height of Structore ______ 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 ______

CALLED 03/21/11 4/7/12 23

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)

		FOR OFFICE USE ONLY (Optional)							
Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☐ Electrical									
☑ Plumbing	9000				03.16.11	PA			
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	*Incom-restricted*
Before Construction		
After Construction		
Net Gain or Loss		

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

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

III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

FOLD

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.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 DOCTOR ROOTER

Address 331 FAIRFIELD Rd #86

FREEHOLD

Telephone (____) 780 0990

Signature _____

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

UCC/F-100
Professional Printing
(856) 468-7933

FOLD

04/17/12 | Lm for Contractor fl $62 xt | LS

FOLD

FOLD

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 4/27/2012
Control Number C-11-000741
Permit Number 12-1025
Permit Issue Date 4/24/2012
Certificate Number 12-1025

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 125 CHAMBERS BRIDGE RD. , NJ Block: 702.07 Lot: 9 Qual:

Owner in Fee: KOS, PETER E & JOHN T

Owner Address: 125 CHAMBERS BRIDGE RD. BRICK NJ 08723

Telephone: [redacted]

Contractor DOCTOR ROOTER

Address 331 Fairfield Road FREEHOLD NJ 07728-

Telephone: (732) 780-0992 Fax: (732) 780-0606

License Number or Builders Registration Number: 10240 Federal Emp. Number: 22-3662382

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: REPLACEMENT WATER HEATER

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:

CONSTRUCTION PERMIT

Date Issued 4/28/12
Control # C-11-000741
Permit # 12-1025

IDENTIFICATION Block: 702.07 Lot: 9 Qualifier
Work Site Location: 125 CHAMBERS BRIDGE RD, , NJ
Owner in Fee: KOS, PETER E & JOHN T
125 CHAMBERS BRIDGE RD, BRICK NJ 08723
Telephone: [redacted]

Contractor: DOCTOR ROOTER
Address: 331 Fairfield Road FREEHOLD NJ 07728-
Telephone: (732) 780-0992
Lic. No. or Bldrs. Reg. No. 10240
Federal Employee. No. 22-3662382

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:
REPLACEMENT WATER HEATER

Note: If constuction 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 $900

Construction Official

3-17-11
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$60
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$62
Check No.	3195
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

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.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 12-1025

Date Issued
Permit # 4/25/12

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

Block 702.07 Lot 9 Qualification Code

Work Site Location 125 CHAMBERS BRIDGE RD BRICK

Owner in Fee: MICHAEL WARZYBUR ECLIPSE

Tel. [redacted] e-mail

Address 125 CHAMBERS BRIDGE Rd BRICK (street / municipality / zip code)

Contractor: DOCTOR ROOTER Tel. (732) 780 0992

Address 331 FAIRFIELD Rd #B6 FREEHOLD (e-mail)

Contractor License No. 10240 Exp. Date

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

Federal Emp. ID No. 22-3606238?2 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 $ 900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 03.16.12 Approved by: PA
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 03.16.12
Approved by: PA

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 4-26-12
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			04.25.12 PA	

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

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace HWH

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

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

ACTION OFFICE SUPPLIES, INC (732) 534-3000

U.C.C. F130 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-1025
Date Issued / Permit # 4/25/12

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. 21000741

Block 702.07 Lot 9 Qualification Code

Work Site Location 125 CHAMBERS BRIDGE RD BRICK

Owner in Fee: MICHAEL WARZABUR & CLIRSE

Tel. [redacted] e-mail

Address 125 CHAMBERS BRIDGE RD BRICK (street / municipality / zip code)

Contractor: DOCTOR ROOTER Tel. (732) 780 0962

Address 331 FAIRFIELD RD #B10 FREEHOLD (e-mail)

Contractor License No. 10240 Exp. Date

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

Federal Emp. ID No. 22-3662382 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 $ 900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 03.16.11 Approved by: PA
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 03.16.11
Approved by: PA

SUBCODE APPROVAL for CERTIFICATE
[ ] 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				

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

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

MASTER PLUMBER 00800

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace HWH

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

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

ACTION OFFICE SUPPLIES, INC (732) 534-3000

U.C.C. F130 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12-1025
Control #
Date Issued 4/28/12
Permit #

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

Block 702.07 Lot 9 Qualification Code

Work Site Location 125 CHAMBERS BRIDGE RD BRICK

Owner in Fee MICHAEL WARZYBOK ECLIPSE

Tel. [redacted] e-mail

Address 125 CHAMBERS BRIDGE RD BRICK
street municipality zip code

Contractor: DOCTOR ROOTER Tel. (732) 720 0992

Address 331 FAIRFIELD RD #16 FREEHOLD e-mail

Contractor License No. 10240 Exp. Date

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

Federal Emp. ID No. 22-3662322 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 $ 900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 02.16.11 Approved by: PA

[ ] Plumbing Plans Approved

Date: ______ Approved by: ______

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 03.16.11

Approved by: PA

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

Dates (Month/Day)

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

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

GEORGE ... STATE OF NEW JERSEY LICENSED MASTER PLUMBER 10840

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace HWH

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	
1 ✓	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

ACTION OFFICE SUPPLIES, INC (732) 534-3000

U.C.C. F130 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 702.07 LOT 9 QUALIFICATION CODE _____ PERMIT #_____

WORK SITE ADDRESS 125 CHAMBERS BRIDGE Rd MANAHAWKIN

Applicant MICHAEL WARZYBUR ECLIPSE

Certifying Individual GMSUPINSKI JR Company DOCTOR ROOTER

Address 331 FAIRFIELD Rd #B6 FREEHOLD
City State Zip Code

Tel. [redacted]

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[✓] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[✓] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney – Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature 3/15/11
Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location 125 CHAMBERS BRIDGE RD
BRICK
Owner in Fee MICHAEL WARZYBUK ECLIPSE
Address 125 CHAMBERS BRIDGE RD
JOINT
Tel [redacted]
Contractor DOCTOR ROOTER
Address 331 FAIRFIELD RD #B6
FREEHOLD
Tel (732) 780 0992 FAX (_____)
Lic. No. 10240
Federal Emp. No. 22-3666382

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating System [ ] New [ ] Existing HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 900.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other _____				

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.

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replaced HWH

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Storage Tanks
Type: Flammable Liquid Combustible Liquid
LPG LNG Capacity ____ Fuel ____

Alarm Systems 110v Interconnected System **NUMBER**

		FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	____	
Supervisory Devices (i.e., tampers, low/high air)	____	
Signaling Devices (i.e., horn/strobes, bells)	____	
Other Devices _____	____	
TOTAL	____	
Suppression Systems		
Fire Pump ____ GPM Type ____	____	
Dry Pipe/Alarm Valves	____	
Pre-action Valves	____	
Sprinkler Heads (Dry and Wet)	____	
Standpipes	____	
Pre-engineered Systems		
Wet Chemical	____	
Dry Chemical	____	
CO_2 Suppression	____	
Foam Suppression	____	
Halon Suppression	____	
Other _____	____	
Kitchen Hood Exhaust System	____	
Smoke Control System	____	
Gas ✓ or Oil Fired Appliances	1	
Other _____	____	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F140
(rev. 3/96)