

05-0808



Charles of Commerce

1. Proposed Work Site at: 270 Chambers Bridge Rd., Cullen Pa
2. Name of Owner in Fee: Village of Brew Tel. (233) 451-4078
Address 401 Chambers Bridge Rd, Brew, N.J. 08123
street municipality zip code
3. Ownership in fee: Public ☒ Private ☒
4. Principal Contractor: X Jay's Plumbing Service - Tel. (233) 840-9341
Address 25A 22nd Ave Brick N.J. 08724
License No. OR, if new home, Builder Reg. No. 10495 Exp. Date 6/65
Federal Employee No. 22-3629271 FAX: (733) 840-9341
5. Architect or Engineer _____ Tel. () _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
Tel. () _____ FAX: () _____

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

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ a. Repair
☐ b. Alteration
☐ c. Renovation
☐ d. Reconstruction
5. ☐ Fire Protection
6. ☒ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Re-viewer

3. Change in Use Group, Indicate Former:

- ☐ Partial Releases
- ☐ Prototype Processing

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/17/2009
Control Number C-05-133483
Permit Number 05-0808
Permit Issue Date 03/23/2005
Certificate Number 05-0808

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 270 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 701.29 Lot: 1 Qual: _____
Owner in Fee: TOWNSHIP OF BRICK
Owner Address: 401 CHAMBERSBRIDGE RD BRICK NJ 08723
Telephone: _____
Contractor JAY'S PLUMBING SERVICE
Address 252 22ND AVENUE BRICK NJ 08724
Telephone: (732) 840-9391 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U 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: _____

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1 vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

Agent Name X *Louise*

Address _____

Telephone (_____) _____

Signature _____

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



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 101.89

Lot 1

Work Site Location

370 Charlotte Street

Owner in Fee

City of Charlotte

Address

401 Charlotte Street

Tele. (732) 451-4078

Contractor

Joe's Plumbing Service

Address

1252 22nd Ave.

Tele. (732) 840-9391

Fax (732) 840-9391

Lic. No. 10493

Federal Emp. No. 22-3629291

Est. Cost of Plumbing Work \$

Use Group Present

Building Sewer Size

Water Service Size

Public Sewer

Public Water

Private Septic

Private Well

Est. Cost of Plumbing Work \$

Use Group Present

Building Sewer Size

Water Service Size

Public Sewer

Public Water

Private Septic

Private Well

Est. Cost of Plumbing Work \$

Use Group Present

Building Sewer Size

Water Service Size

Public Sewer

Public Water

Private Septic

Private Well

Est. Cost of Plumbing Work \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 3/23/05

Approved by: [Signature]

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Solar

TCO

Final

Dates (Month/Day)

Failure

Failure

Approval

Initial

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.

FIXTURE/EQUIPMENT

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

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

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FEE (Office Use Only)

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Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

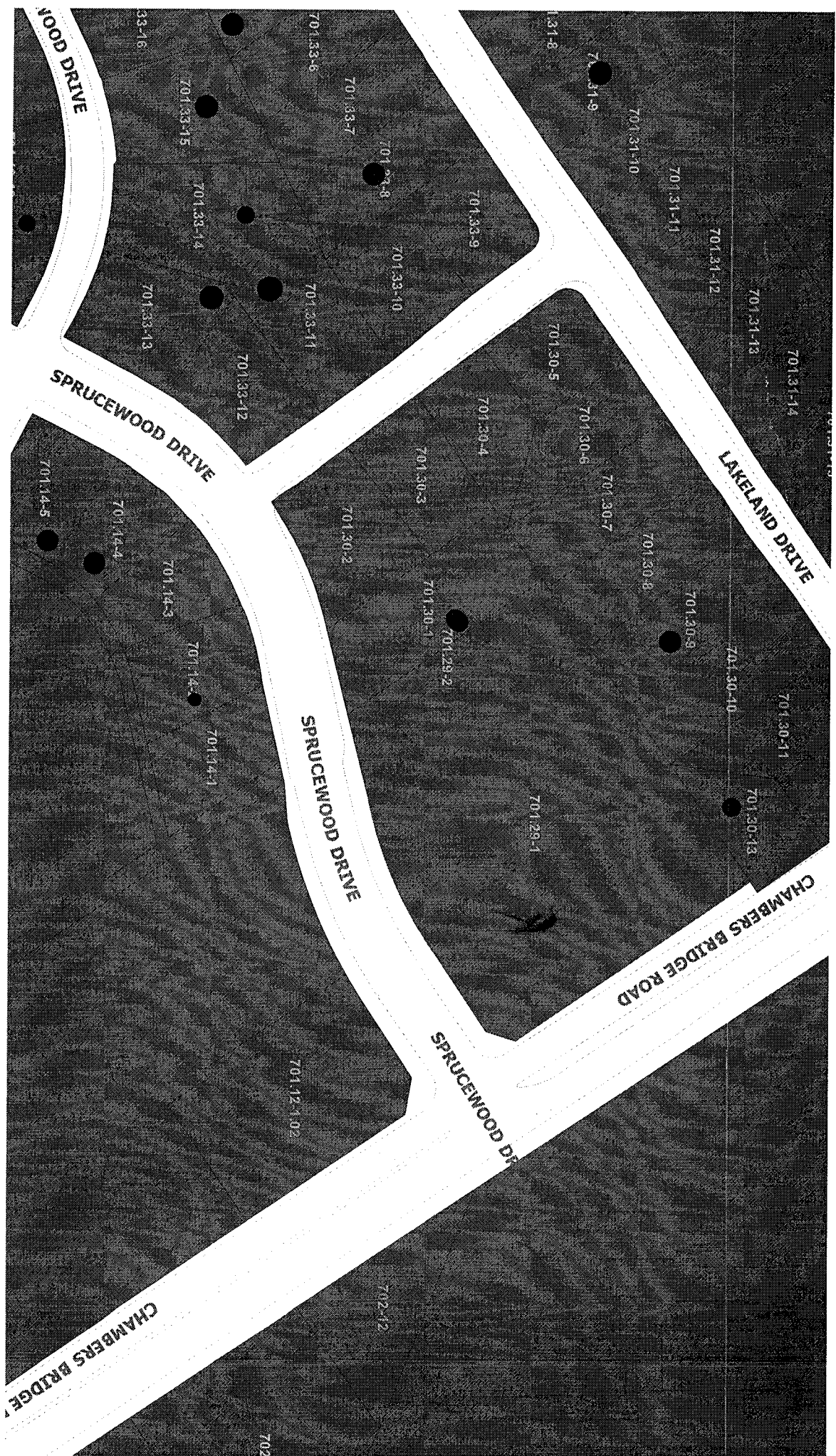
C. CERTIFICATION/IN LIEU OF OATH

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.

Signature — Contractor's Seal

[] Licensed Plumbing Contractor

[] Exempt Applicant



WOOD DRIVE

SPRUCEWOOD DRIVE

LAKELAND DRIVE

CHAMBERS BRIDGE ROAD

SPRUCEWOOD DRIVE

CHAMBERS BRIDGE

701.33-16

701.33-15

701.33-14

701.33-13

701.33-12

701.33-6

701.33-7

701.33-8

701.33-10

701.33-11

701.14-5

701.14-4

701.14-3

701.14-2

701.14-1

701.12-1.02

702-12

702

701.31-8

701.31-9

701.31-10

701.31-11

701.31-12

701.31-13

701.31-14

701.30-5

701.30-6

701.30-7

701.30-8

701.30-9

701.30-10

701.30-11

701.30-13

701.29-1

701.30-4

701.30-3

701.30-2

701.30-1

701.29-2



CONSTRUCTION PERMIT

Date Issued 03/23/2005
Control # C-05-133483
Permit # 05-0808

IDENTIFICATION Block: 701.29 Lot: 1 Qualifier _____
Work Site Location: 270 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor JAY'S PLUMBING SERVICE
Address 252 22ND AVENUE BRICK NJ 08724
Owner in Fee TOWNSHIP OF BRICK
Address 401 CHAMBERSBRIDGE RD BRICK NJ 08723 Telephone: (732) 840-9391
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee. No. _____

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 construction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$100

[Signature]
Construction Official

03/23/2005
Date

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

APPLICANT COPY

PAYMENTS (Office Use Only)

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

6.23.09 PA
NO ENTRY

⑥ tech