

BLOCK 828

LOT 19

QUALIFICATION CODE

ADDRESS (SITE) 1624 HARVARD AVE

PERMIT NO.

18-1395



# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work Site at: 1624 HARVARD AVE BRICK, NJ 08724

2. Name of Owner in Fee: CHARLES KAISER

Tel. [REDACTED] e-mail [REDACTED]

Address SAME

3. Ownership in Fee: street Public municipality Private X zip code

4. Principal Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3725

Address 11 Cotters Lane e-mail [REDACTED]

East Brunswick, NJ 08816

License No. OR, if new home, Builder Reg. No. 12777 Exp. Date [REDACTED]

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

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

5. Architect or Engineer [REDACTED] Contact [REDACTED] ✓

Address [REDACTED] e-mail [REDACTED]

Tel. [REDACTED] FAX: [REDACTED]

6. Responsible Person in Charge once Work has Begun Joe Todaro  
(732) 390-3725 FAX: (732) 390-3793

## V. FEE SUMMARY (for office use only)

|                                   |     | Update | Update |
|-----------------------------------|-----|--------|--------|
| 1. Building                       | \$  |        |        |
| 2. Electrical                     |     |        |        |
| 3. Plumbing                       |     |        |        |
| 4. Fire Protection                |     |        |        |
| 5. Elevator Devices Mechanical    | 125 |        |        |
| 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                         | \$  | 127    |        |

## 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)

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

## FOR OFFICE USE ONLY (Optional)

| Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Rejection | Re-viewer |
|-----------|----------------|------------|----------------|---------------|-----------|-----------------------------|-----------|-----------|
|           |                |            |                |               |           |                             |           |           |
|           |                |            |                |               |           |                             |           |           |
| 800       |                |            |                |               |           |                             |           |           |
| 500       |                |            |                |               |           |                             |           |           |
|           |                |            |                |               |           |                             |           |           |

TOTAL COST \$1,300

## III. PLAN REVIEW (optional)

## DO YOU WANT:

- ☐ Partial Releases  
☐ Prototype Processing

## IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks  
☐ Refrigeration Systems  
☐ Smoke Control Systems in Open Wells  
☐ Fire Alarm  
☐ High Pressure Boilers  
☐ Cross-Connections/Backflow Preventers  
☐ Underground Storage Tanks  
☐ Swimming Pools, Spas and Hot Tubs  
☐ Pressure Vessels  
☐ Hazardous Uses/Places of Assembly  
☐ LPGas Tanks  
☐ Sprinklers/Standpipes

## 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 \_\_\_\_\_

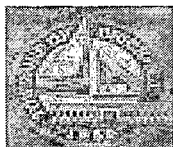
## B. NON-RESIDENTIAL (primary use)

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 \_\_\_\_\_

 RECEIVED  
 MAY 10 2010



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723

Date Issued 1/17/2019  
Control Number C-18-001704  
Permit Number 18-1395  
Permit Issue Date 5/18/2018  
Certificate Number 18-1395

## Certificate

Construction Code Division

(Certificate of Approval)

### Identification

Work Site Location: 1624 HARVARD AVE. Brick Township, NJ Block: 828 Lot: 19 Qual: \_\_\_\_\_  
Owner in Fee: KAISER, CHARLES A.  
Owner Address: 1624 HARVARD AVE BRICK NJ 08724  
Telephone: [REDACTED]  
Contractor GOLD MEDAL PLUMBING HEATING/COOLING ELECTRIC INC  
Address 11 COTTERS LN EAST BRUNSWICK NJ 08816  
Telephone: (732) 390-3725 Fax: (732) 390-3791  
License Number or Builders Registration Number: \_\_\_\_\_ Federal Emp. Number: 830-357354

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

Date Printed: 1/17/2019

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

Fee: \$0.00

Check Number: \_\_\_\_\_

Collected By: \_\_\_\_\_

Page 1

## 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 Gold Medal Plumbing Heating Cooling Electrc, Inc

Address 11 Cotters Lane

East Brunswick, NJ 08816

Telephone (732) 390-3725

Signature \_\_\_\_\_

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



# PLUMBING SUBCODE TECHNICAL SECTION



Date Received  
Control #

5/18/18

Date Issued  
Permit #

18 1395

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

Block 828 Lot 19 Qualification Code \_\_\_\_\_

Work Site Location 1624 HARVARD AVE  
BRICK, NJ 08724

Owner in Fee: CHARLES KAISER

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address SAME

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc Tel. (732) 390-3725

Address 11 Cotters Lane e-mail \_\_\_\_\_  
East Brunswick, NJ 08816

Contractor License No. 12777 Exp. Date \_\_\_\_\_

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

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

## 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 \$ 800

### JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                |                                 | DATES (Month/Day) |         |          |         |
|--------------------------------------------|---------------------------------|-------------------|---------|----------|---------|
|                                            |                                 | Failure           | Failure | Approval | Initial |
| [ ] 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: <u>1-11-18</u>                       | Approved by: <u>[Signature]</u> |                   |         |          |         |
| INSPECTIONS                                |                                 |                   |         |          |         |
| Type:                                      |                                 |                   |         |          |         |
| Slab                                       |                                 |                   |         |          |         |
| Rough                                      |                                 |                   |         |          |         |
| Water                                      |                                 |                   |         |          |         |
| Sewer                                      |                                 |                   |         |          |         |
| Fixtures                                   |                                 |                   |         |          |         |
| 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:

Print name here: Joseph Todaro

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

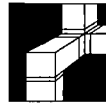
DESCRIPTION OF WORK  
**REPLACE WATER HEATER**

| 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                | _____                 |
| <u>1</u> | 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                    | _____                 |

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



# MECHANICAL INSPECTION TECHNICAL SECTION



Date Received  
Control #

Date Issued  
Permit #

5/18/18

18-1395

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

Block 828 Lot 19 Qualification Code \_\_\_\_\_  
Work Site Location 1624 Harvard Ave.

Owner in Fee: Charles Kaiser  
Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address S. A. A.  
street municipality zip code

Contractor: Gold Medal Tel. 732 390-3725

Address 11 Cotters Lane e-mail \_\_\_\_\_  
East Brunswick, NJ 08816

Contractor License No. 1277 Exp. Date \_\_\_\_\_

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

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

## B. MECHANICAL CHARACTERISTICS

**Use Group** Present: R-3, R-4, or R-5 (circle one) Proposed: R-3, R-4, or R-5 (circle one)

**Heating System work:** ☐ New OR ☐ Modification to Existing OR ☐ Conversion OR ☒ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other \_\_\_\_\_

Estimated Cost of Mechanical Work \$ 800

| JOB SUMMARY (Office Use Only)                                                                                               |                       |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------|
| PLAN REVIEW                                                                                                                 | INSPECTIONS           |
| <input type="checkbox"/> No Plans Required                                                                                  | Type: _____           |
| <input type="checkbox"/> Mechanical Plans Approved                                                                          | Gas Piping _____      |
| Date: _____ Approved by: _____                                                                                              | Appliance _____       |
| Joint Plan Review Required:                                                                                                 | Chimney/Vent _____    |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire | Oil Piping _____      |
| <input type="checkbox"/> Elev.                                                                                              | Oil Tank _____        |
| SUBCODE APPROVAL for PERMIT                                                                                                 | LPG Tank _____        |
| Date: _____                                                                                                                 | Hydronic Piping _____ |
| Approved by: _____                                                                                                          | Fireplace _____       |
| SUBCODE APPROVAL for CERTIFICATE                                                                                            | Chimney Cert. _____   |
| <input checked="" type="checkbox"/> CA <input type="checkbox"/> CCO                                                         | Other _____           |
| Date: _____                                                                                                                 |                       |
| Approved by: _____                                                                                                          |                       |

## 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.

Sign here: SEE Plumbing Tech

Print name here: For Signature & Seal

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

Water Heater

| NO.      | FIXTURE/EQUIPMENT           |
|----------|-----------------------------|
| <u>1</u> | Water Heater                |
| _____    | Fuel Oil Piping Connections |
| _____    | Gas Piping Connections      |
| _____    | Steam Boiler                |
| _____    | Hot Water Boiler            |
| _____    | Hot Air Furnace             |
| _____    | Oil Tank                    |
| _____    | LPG Tank                    |
| _____    | Fireplace                   |
| _____    | Generator                   |

### FEE (Office Use Only)

|                               |       |
|-------------------------------|-------|
| Administrative Surcharge \$   | _____ |
| Minimum Fee \$                | _____ |
| State Permit Surcharge Fee \$ | _____ |
| <b>TOTAL FEE \$</b>           | _____ |



# 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 828 Lot 19 Qualification Code \_\_\_\_\_

Work Site Location 1624 HARVARD AVE  
BRICK, NJ 08724

Owner in Fee: CHARLES KAISER

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address SAME

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc Tel. (732) 390-3725

Address 11 Cotters Lane e-mail \_\_\_\_\_  
East Brunswick, NJ 08816

Contractor License No. 12777 Exp. Date \_\_\_\_\_

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

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

## 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 \$ 800

| JOB SUMMARY (Office Use Only)            |              |                 |         |         |          |
|------------------------------------------|--------------|-----------------|---------|---------|----------|
| PLAN REVIEW                              |              | INSPECTIONS     |         |         |          |
| [ ] No Plans Required.                   |              | Type:           | Failure | Failure | Approval |
| [ ] Partial Underslab Utilities Approved |              | Slab            |         |         | Initial  |
| Date:                                    | Approved by: | Rough           |         |         |          |
| [ ] Plumbing Plans Approved              |              | Water           |         |         |          |
| Date:                                    | Approved by: | Sewer           |         |         |          |
| Joint Plan Review Required:              |              | Fixtures        |         |         |          |
| [ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.  |              | Gas Equipment   |         |         |          |
| SUBCODE APPROVAL for PERMIT              |              | Gas Piping      |         |         |          |
| Date:                                    | Approved by: | LPGas Tank      |         |         |          |
| SUBCODE APPROVAL for CERTIFICATE         |              | Fuel Oil Piping |         |         |          |
| [ ] CO [ ] CCO [ ] CA                    |              | Solar           |         |         |          |
| Date:                                    | Approved by: | 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:

Print name here: Joseph Todaro

☒ Licensed Plumbing Contractor [ ] Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK  
**REPLACE WATER HEATER**

| 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                | _____                 |
| <u>1</u> | 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                    | _____                 |

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
**TOTAL FEE \$ \_\_\_\_\_**



# 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 828 Lot 19 Qualification Code \_\_\_\_\_

Work Site Location 1624 HARVARD AVE  
BRICK, NJ 08724

Owner in Fee: CHARLES KAISER

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address SAME

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc Tel. (732) 390-3725

Address 11 Cotters Lane e-mail \_\_\_\_\_  
East Brunswick, NJ 08816

Contractor License No. 12777 Exp. Date \_\_\_\_\_

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

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

## 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 \$ 800

### JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                                                |  | INSPECTIONS     |         |         |          | Dates (Month/Day) |  |
|----------------------------------------------------------------------------------------------------------------------------|--|-----------------|---------|---------|----------|-------------------|--|
|                                                                                                                            |  | Type:           | Failure | Failure | Approval | Initial           |  |
| <input type="checkbox"/> No Plans Required                                                                                 |  | Slab            |         |         |          |                   |  |
| <input type="checkbox"/> Partial Underslab Utilities Approved                                                              |  | Rough           |         |         |          |                   |  |
| Date: _____ Approved by: _____                                                                                             |  | Water           |         |         |          |                   |  |
| <input type="checkbox"/> Plumbing Plans Approved                                                                           |  | Sewer           |         |         |          |                   |  |
| Date: _____ Approved by: _____                                                                                             |  | Fixtures        |         |         |          |                   |  |
| Joint Plan Review Required:                                                                                                |  | Gas Equipment   |         |         |          |                   |  |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire <input type="checkbox"/> Elev. |  | Gas Piping      |         |         |          |                   |  |
| SUBCODE APPROVAL for PERMIT                                                                                                |  | LPGas Tank      |         |         |          |                   |  |
| Date: _____                                                                                                                |  | Fuel Oil Piping |         |         |          |                   |  |
| Approved by: _____                                                                                                         |  | Solar           |         |         |          |                   |  |
| SUBCODE APPROVAL for CERTIFICATE                                                                                           |  | TCO             |         |         |          |                   |  |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                       |  | Final           |         |         |          |                   |  |
| Date: _____                                                                                                                |  |                 |         |         |          |                   |  |
| Approved by: _____                                                                                                         |  |                 |         |         |          |                   |  |

## 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: Joseph Todaro

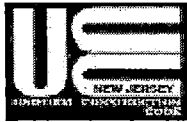
☒ Licensed Plumbing Contractor ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK REPLACE WATER HEATER

| 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                | _____                 |
| <u>1</u> | 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                    | _____                 |

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



# CONSTRUCTION PERMIT

Date Issued: 5/18/18  
Control # C-18-001704  
Permit # 18-1395

IDENTIFICATION Block: 828 Lot: 19 Qualifier  
Work Site Location: 1624 HARVARD AVE. Brick Township, NJ Contractor GOLD MEDAL PLUMBING HEATING/COOLING  
Owner in Fee KAISER, CHARLES A. Address 11 COTTER ST. EAST BRUNSWICK NJ 08816  
1624 HARVARD AVE. BRICK NJ 08724 Telephone: (732) 390-3725  
Telephone: [REDACTED] Lic. No. or Bids. Reg. No. 13VH02738600 19HC00169400 11918  
Federal Employee No. 830357354 13VH02738600

## 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 if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$800

Construction Official [Signature]

Date 5/18/18

U.C.C. F170  
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |                       |
|------------------|-----------------------|
| Building         | \$0                   |
| Electrical       | \$0                   |
| Plumbing         | \$0                   |
| Fire Protection  | \$0                   |
| Elevator Devices | \$0                   |
| Other            | \$125.00              |
| DCA Training Fee | \$2                   |
| CO Fee           |                       |
| Other            | \$0                   |
| Total            | \$127                 |
| Check No.        | <u>1943</u>           |
| Cash             | \$0                   |
| Credit           | <u>001958W774 \$0</u> |
| Collected By     | <u>[Signature]</u>    |

## 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.





# COMMERCIAL-GRADE RESIDENTIAL GAS WATER HEATERS

## PROLINE® ATMOSPHERIC VENT COMMERCIAL-GRADE RESIDENTIAL

### INTELLIGENT CONTROL LOGIC

- The internal microprocessor provides enhanced operating parameters and tighter differentials for precise sensing and faster heating response to optimize performance.
- Uses a thermopile to generate the power needed to operate the electronic gas control without requiring an external power source.
- The electronic gas control incorporates an LED status indicator that monitors system operation and service diagnostics.
- \*Not available on 60,000 BTU input models (G62-50T60 and G62-55T60).

### HIGH UNIFORM ENERGY FACTORS (UEF)

- Eco-friendly non-CFC foam insulation, external heat traps and specially designed combustion chamber combine to produce a high Energy Factor for maximum savings on operating costs.

### GREEN CHOICE® GAS BURNER

- Patented eco-friendly burner design reduces NOx emissions by up to 33% and complies with Low-NOx emission requirements of less than 40 ng/J.

### SELF-CLEANING DIP TUBE

- Reduces lime and sediment buildup and maximizes hot water output. Made from long-lasting PEX cross-linked polymer.

### COREGARD™ ANODE ROD

- Our anode rods have a stainless steel core that extends the life of the anode rod allowing superior tank protection far longer than standard anode rods.

### PUSH-BUTTON PIEZO IGNITOR

- Makes lighting the pilot fast and easy with one-hand push-button spark ignition.

### HEAT TRAP NIPPLES

- Factory-installed for faster installation.

### BLUE DIAMOND® GLASS COATING

- Provides superior corrosion resistance compared to industry standard glass lining.
- **ENHANCED-FLOW BRASS DRAIN VALVE**
  - Our residential water heaters have a solid brass, tamper resistant, enhanced-flow, ball type, drain valve.
  - Uses a standard female hose fitting that allows for fast and easy draining during maintenance.
  - Designed for easy operation, this valve includes an integral screwdriver slot that features a 1/4 turn (open/close) radius, which not only permits full straight-through water flow but also a quick and positive shut off.

### CODE COMPLIANCE

- Meets UBC, CEC and HUD National Codes.
- Meets the thermal efficiency and standby loss requirements of the U. S. Department of Energy and current edition of ASHRAE/IES 90.1
- Complies with the Federal Energy Conservation Standards effective April 16, 2015, in accordance with the Energy Policy and Conservation Act (EPCA), as amended.

### CSA CERTIFIED AND ASME RATED T&P RELIEF VALVE

### MAXIMUM HYDROSTATIC WORKING PRESSURE 150 PSI

### 6-YEAR LIMITED TANK AND PARTS WARRANTY

- For complete information, consult written warranty or go to [americanwaterheater.com](http://americanwaterheater.com).





# COMMERCIAL-GRADE RESIDENTIAL GAS WATER HEATERS

| Model Number | Nominal Gallon Capacity | Rated Storage Volume | First Hour Rating (Gallons) | UEF  | BTU Input Natural Gas | BTU Input Propane Gas | Recovery 90°F Rise Gallon Per Hour | Dimensions in Inches |        |        |        |   |        |        |        |            | Approx. Shipping Weight (lbs) |
|--------------|-------------------------|----------------------|-----------------------------|------|-----------------------|-----------------------|------------------------------------|----------------------|--------|--------|--------|---|--------|--------|--------|------------|-------------------------------|
|              |                         |                      |                             |      |                       |                       |                                    | A                    | B      | C      | D      | E | F      | G      | H      | Draft Hood |                               |
| Tall Models  |                         |                      |                             |      |                       |                       |                                    |                      |        |        |        |   |        |        |        |            |                               |
| †GB61-30T35  | 30                      | 29                   | 69                          | 0.61 | 35,500                | 32,000                | 37                                 | 60-1/2               | 58     | 16     | 12     | 8 | 51-3/4 | N/A    | N/A    | 3 or 4     | 132                           |
| G62-30T30    | 30                      | 29                   | 52                          | 0.55 | 30,000                | 29,000                | 31                                 | 60                   | 56 1/2 | 17 3/4 | 11-1/4 | 8 | 49 1/4 | N/A    | N/A    | 3 or 4     | 108                           |
| G62-40T34    | 40                      | 39                   | 66                          | 0.57 | 34,000                | 33,000                | 36                                 | 60-1/2               | 57     | 19 3/4 | 11-1/4 | 8 | 50 1/4 | N/A    | N/A    | 3 or 4     | 125                           |
| †GB61-40T40  | 40                      | 38                   | 78                          | 0.65 | 40,000                | 36,000                | 42                                 | 61-3/4               | 58-1/4 | 18     | 12     | 8 | 52     | N/A    | N/A    | 3 or 4     | 158                           |
| G62-40T40    | 40                      | 38                   | 67                          | 0.55 | 40,000                | 36,000                | 42                                 | 62                   | 58-1/2 | 19 3/4 | 11-1/4 | 8 | 51-3/4 | N/A    | N/A    | 3 or 4     | 132                           |
| G61-50T40    | 50                      | 48                   | 76                          | 0.65 | 40,000                | 36,000                | 43                                 | 61                   | 57-1/2 | 21     | 11-1/4 | 8 | 50 1/2 | N/A    | N/A    | 3 or 4     | 161                           |
| G62-50T40    | 50                      | 48                   | 74                          | 0.55 | 40,000                | 36,000                | 43                                 | 61                   | 57-1/2 | 22     | 11-1/4 | 8 | 50-1/2 | N/A    | N/A    | 3 or 4     | 161                           |
| G62-50T50    | 50                      | 48                   | 89                          | 0.61 | 50,000                | 45,000                | 54                                 | 60-3/4               | 57-1/4 | 22     | 12     | 8 | 50-1/2 | N/A    | N/A    | 4          | 165                           |
| †G62-50T60*  | 50                      | 49                   | 99                          | 0.61 | 60,000                | 54,000                | 65                                 | 65-1/2               | 61     | 22     | 13-1/2 | 8 | 54-1/4 | 14-1/4 | 54-1/4 | 4          | 182                           |
| G62-55T60*   | 55                      | 55                   | 83                          | 0.62 | 60,000                | 54,000                | 65                                 | 59-3/4               | 55-1/4 | 24     | 13-1/2 | 8 | 48     | 14-1/4 | 48     | 4          | 185                           |
| Short Models |                         |                      |                             |      |                       |                       |                                    |                      |        |        |        |   |        |        |        |            |                               |
| †GB61-30S35  | 30                      | 28                   | 68                          | 0.58 | 35,500                | 32,000                | 37                                 | 50                   | 48-1/2 | 18     | 12     | 8 | 40     | N/A    | N/A    | 3 or 4     | 110                           |
| G62-30S30    | 30                      | 28                   | 52                          | 0.60 | 30,000                | 29,000                | 31                                 | 49 1/4               | 45 3/4 | 19 3/4 | 11 1/4 | 8 | 39     | N/A    | N/A    | 3 or 4     | 116                           |
| †GB61-40S40  | 40                      | 38                   | 68                          | 0.57 | 40,000                | 36,000                | 41                                 | 51-1/2               | 48     | 20     | 12     | 8 | 41-1/4 | N/A    | N/A    | 3 or 4     | 134                           |
| G62-40S40    | 40                      | 38                   | 70                          | 0.58 | 40,000                | 36,000                | 41                                 | 52-1/2               | 49     | 22     | 11-1/4 | 8 | 42     | N/A    | N/A    | 3 or 4     | 146                           |
| G62-50S40    | 50                      | 50                   | 81                          | 0.62 | 40,000                | 40,000                | 43                                 | 53-1/4               | 49-3/4 | 24     | 13-1/4 | 8 | 41-1/4 | N/A    | N/A    | 3 or 4     | 177                           |

Water connection is 3/4" on all models. All models available in propane (LP) gas.

†Models ship with supplied insulation blanket.

Extended tank warranties available.

For 10-year tank & 10-year parts limited warranty, change "6" to "10" in the model number. Example: G102-40T40.

\*Optional side-mounted recirculating taps.

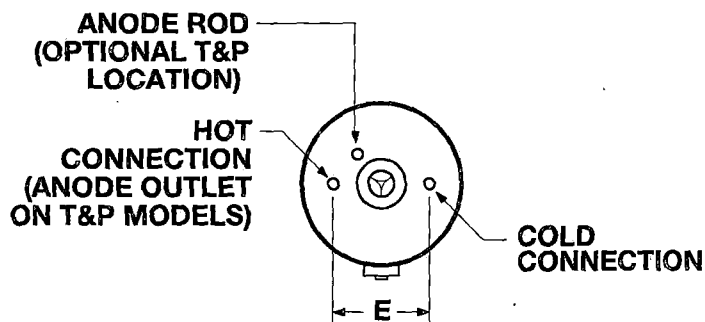
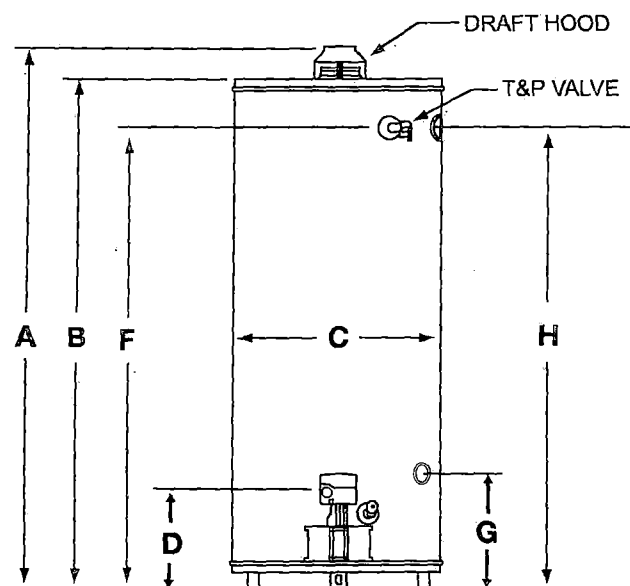
All models approved for installation from sea level to 10,100 ft. elevation.

Dimensions and specifications subject to change without notice in accordance with our policy of continuous product improvement.

## FLAMMABLE VAPOR IGNITION RESISTANT (FVIR) WATER HEATERS

American FVIR design meets the American National Standards Institute Standards (ANSI Z21.10.1-CSA 4.1) that deal with the accidental or unintended ignition of flammable vapors, such as those emitted by gasoline.

Features a sealed combustion chamber with intake air filter and a flame arrestor built into the water heater base. In addition, a thermal cutoff (TCO) device, is designed to shut off gas flow to the burner and pilot if poor combustion is detected.



For technical information call (800) 999-9515. American Water Heaters reserves the right to make product changes or improvements without prior notice.



Welcome to

# Ocean County, New Jersey

Government Online

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## Tax List Details - Current Year

|                  |                    |                    |          |
|------------------|--------------------|--------------------|----------|
| Municipality:    | Brk                | Deed date:         | 6/5/1990 |
| Owner:           | KAISER, CHARLES A. | Block:             | 828      |
| Mailing address: | 1624 HARVARD AVE   | Lot:               | 19       |
| City/State:      | BRICK, NJ 08724    | Qual:              |          |
| Location:        | 1624 HARVARD AVE.  |                    |          |
| Prop class:      | 2                  | Land val:          | 111,700  |
| Bldg desc:       | 1SF 0544           | Improvement val:   | 52,500   |
| Land desc:       | 50X150             | Exemption 1:       |          |
| Addtl lots:      |                    | Exemption 2:       |          |
| Zone:            | R75                | Exemption 3:       |          |
| Map:             | 45.2               | Exemption 4:       |          |
| Year blt:        | 1940               | Net value:         | 164,200  |
| Book/page:       | 4840/877           | Last yr taxes:     | 3617.33  |
| Sale price:      | 92,000             | Prev block:        | 00828 17 |
| Nonusable code:  |                    | Prev lot:          | 00019    |
| Spcl tax codes:  | F02, , ,           | Prev qual:         |          |
| Exmt Prop Code   | 000                | Init/Fur file date | NA / NA  |
| Statue:          |                    | Facility:          |          |

## Assessment History

| Year | Prop cls | Land Value | Imprv Val | Net Val |
|------|----------|------------|-----------|---------|
| 2017 | 2        | 111,700    | 52,500    | 164,200 |
| 2016 | 2        | 111,700    | 52,500    | 164,200 |
| 2015 | 2        | 111,700    | 52,500    | 164,200 |
| 2014 | 2        | 111,700    | 52,500    | 164,200 |

## Cama Details

|               |                                    |                |              |
|---------------|------------------------------------|----------------|--------------|
| Type/use:     | One Family                         | Story hgt:     | 1 Story      |
| Design:       | Ranch                              | Roof type:     | Gable        |
| Roof mtrl:    | Asphalt Shingle                    | Ext Finish:    | Wood Shingle |
| Foundation:   | Block/Concrete                     | Basement:      | 76           |
| Heating src:  | Gas                                | Heat system:   | HotWtr BB    |
| Electric:     | Adequate                           | A/C:           | None         |
| Plumbing:     |                                    |                |              |
| Fireplace:    | 1 Story(1)                         | SFLA:          | 544          |
| Attic area:   | 0                                  | Unf area:      | 0            |
| # bedrooms:   | 1                                  | # bathrooms:   | 1            |
| Attchd items: | Open Porch, Encl Porch, Open Porch | Total # rooms: | 4            |
| Detchd items: |                                    |                |              |

## Sr1a Details

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# CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 828 LOT 19 QUALIFICATION CODE \_\_\_\_\_ PERMIT # \_\_\_\_\_  
WORK SITE ADDRESS 1624 Kaiser Ave Brick NJ 08724  
Owner in Fee Charles Kaiser  
Verifying Individual Joseph Todaro Company Gold Medal PHCE  
Address 11 Cotters Lane East Brunswick NJ 08816  
Street City State Zip Code  
Tel: ( 732 ) 390-3725 Fax: ( 732 ) 390-3793

## Check the Appropriate Box(es):

### Type of Replacement:

- ☐ Oil to Gas Conversion  
☐ Gas to Oil Conversion  
☒ Gas Appliance Replacement  
☐ Oil to Oil Replacement  
☐ Other \_\_\_\_\_

### Existing Vent/Chimney:

- ☐ "B" Label Vent  
☐ "L" Label Vent  
☐ Flexible Liner  
☐ Power Vent/Exhauster

- Size 8"  
☐ Chimney-Interior  
☒ Chimney-Exterior  
☒ Masonry Chimney-Tile Lined  
☐ Masonry Chimney-Unlined  
☐ Other \_\_\_\_\_

Type \_\_\_\_\_ Fuel Type \_\_\_\_\_ BTU Rating (input/hour) \_\_\_\_\_  
Appliance 1: boiler Oil ☒ Gas / Other: \_\_\_\_\_ 100 K  
Appliance 2: water heater Oil ☒ Gas / Other: \_\_\_\_\_ 40 K  
Appliance 3: \_\_\_\_\_ Oil / Gas / Other: \_\_\_\_\_

## CHIMNEY LINER

*If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.*

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ UL Listing: \_\_\_\_\_  
Material of Liner: Stainless Steel Aluminum  
Size of Appliance Vent: \_\_\_\_\_ Size of Liner: \_\_\_\_\_ Height of Chimney: \_\_\_\_\_  
Length of Connector: \_\_\_\_\_ Vent Connector Rise: \_\_\_\_\_  
How does the appliance vent? ☐ Natural Draft ☐ Fan-assisted ☐ Other: \_\_\_\_\_

## PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

### For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature \_\_\_\_\_ Date 5/8/18

### Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Verification Not Submitted:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

*All applicable information requested on this form must be supplied.  
This form may not be submitted by a homeowner in lieu of the required inspection.*



# CONSTRUCTION PERMIT

Date Issued \_\_\_\_\_

Permit # \_\_\_\_\_

IDENTIFICATION Block 828 Lot 19 Qualification Code \_\_\_\_\_  
Work Site Location 1624 HARVARD AVE Contractor GOLD MEDAL SERVICE  
BRICK, NJ 08724 Address 11 COTTERS LANE  
Owner in Fee CHARLES KAISER EAST BRUNSWICK, NJ 08816  
Address SAME Tel. ( 732 ) 390-3725  
Tel. (                      ) Lic. No. or Bldrs. Reg. No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT  
☐ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION  
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER \_\_\_\_\_  
(Subchapter 8 only)

DESCRIPTION OF WORK:

replace water heater

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 \$ \$1300.00

Construction Official \_\_\_\_\_

Date \_\_\_\_\_

## PAYMENTS (Office Use Only)

Building \_\_\_\_\_  
Electrical \_\_\_\_\_  
Plumbing \_\_\_\_\_  
Fire Protection \_\_\_\_\_  
Elevator Devices \_\_\_\_\_  
Other \_\_\_\_\_  
DCA State Permit Fee \_\_\_\_\_  
Cert. of Occupancy \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_  
Check No. \_\_\_\_\_  
Cash \_\_\_\_\_  
Collected by \_\_\_\_\_

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT