BLOCK 828 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 3945-97

RECEIVED
DEC 10 1997
DIV. OF INSPECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1632 HARVARD AVE
2. Name of Owner in Fee: MR&MRS GALANTE Te [redacted]
   Address 1632 HARVARD AVE (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: MICHAEL P PRISCO Tel. (732) 458-8347
   Address _____
   License No. OR, if new home, Builder Reg. No. 6476 Exp. Date 6/30/99
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work MICHAEL P PRISCO
   Tel. (732) 458-8347 FAX (____) _____

gas pipe x logs

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		25	
4. Fire Protection		46	
5. Elevator Devices			
6. Subtotal	$	71	
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal		1	
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	72	

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. 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	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work	
2. ☐ New Building	
3. ☐ Addition	
4. ☐ Alteration	
5. ☐ Fire Protection	
6. ☑ Plumbing GAS PIPE	
7. ☐ Electrical	
8. ☐ Elevator Devices	
9. ☐ Asbestos Abat. Subch. 8	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	
TOTAL COSTS	1270.00

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
[illegible]	12/10/97						
			12-23-97	[illegible]	1/9/98		[illegible]
			12-23-97	[illegible]	1/9/98		[illegible]

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

12/26/97 called

LDS BR 10103478

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.

(X Check if contractor.

Agent Name MICHAEL P PRISCO

Address 2 JEFFERS CT

BRICK N.J 08724

Telephone (732) 458-8347

Signature Michael P Prisco

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

CONSTRUCTION PERMIT

Date Issued 12-26-97
Control #
Permit # 3945-97

IDENTIFICATION Block 828 Lot 1

Work Site Location 1632 Harvard Ave

Owner in Fee Navarro

Address Same

Tele. ( ) [redacted]

Contractor Michael Prisco

Address

Tele. ( ) 458-8347

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No:

or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] OTHER

[ ] ELECTRICAL [X] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Gas pipe & Cap

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 $ 1270.

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	25 -
Electrical	
Fire Protection	46 -
Other	
Other	
DCA Training Fee	1 -
Cert. of Occ.	
Other	
Total	72 -
Check No.	505
Cash	
Collected By:	MS

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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 Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

1-04

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 12-26-97
Date Issued
Control #
Permit # 3945-97

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

Block 828 Lot 1
Work Site Location 1632 HARVARD AVE
BRICK N.J 08724
Owner in Fee MR+MRS GALANTE
Address 1632 HARVARD AVE
BRICK NJ 08724
Tele [redacted]
Contractor MICHAEL P PRISCO
Address 2 JEFFERS CT
BRICK NJ 08724
Tele. (732) 458 8347
Lic. No. 6476
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [/] Existing FIRE PLACE TO GAS LOGS VENTED
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ _____ [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[X] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 12/29/97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] [illegible]
Date:
Approved by:

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other			1/9/98	

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.

Michael P Prisco
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Install proper log set for fireplace hearth See manufacture specs

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks	( ) Capacity	_____	Fuel _____
Combustible Liquid Storage Tanks	( ) Capacity	_____	Fuel _____
L.P.G. Storage Tanks	( ) Capacity	_____	Fuel _____
L.N.G. Storage Tanks	( ) Capacity	_____	Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		46
OTHER GAS PIPE FOR FIRE PLACE LOGS - VENTED	1	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 12-26-97
Date Issued 1-12-98
Control #
Permit # 3945-97

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

Block 828 Lot 1
Work Site Location 1632 HARVARD AVE
BRICK N.J 08724
Owner in Fee MR+MRS GALANTE
Address 1632 HARVARD AVE
BRICK N.J. 08724
Tel [redacted]
Contractor MICHAEL PPRISCO
Address 2 JEFFRES CT
BRICK N.J 08724
Tele. (732) 458 8347
Lic. No. 6476
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating Systems [ ] New [/] Existing FIRE PLACE TO GAS LOGS VENTED
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ _____ [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[X] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 12/29/97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO			12-30-97	
Other				
Other				
Other				

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.

Michael P Prisco
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Install proper log set for fireplace hearth (See manufacture specs)

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks	1	( ) Capacity	Fuel
Combustible Liquid Storage Tanks		( ) Capacity	Fuel
L.P.G. Storage Tanks		( ) Capacity	Fuel
L.N.G. Storage Tanks		( ) Capacity	Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		46
OTHER GAS PIPE FOR FIRE PLACE LOG = VENTED	1	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-140B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 12-26-97
Date Issued
Control #
Permit # 3945-97

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

Block 828 Lot 1
Work Site Location 1632 HARVARD AVE
BRICK NJ 08724
Owner in Fee MR+MRS GALANTE
Address 1632 HARVARD AVE
BRICK NJ 08724
Tele. [redacted]
Contractor MICHAEL PRISCO
Address 2 JEFFRES CT
BRICK N.J 08724
Tele. (732) 458347 Fax ( )
Lic. No. 6476
Federal Emp. No.

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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 12-29-97
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1-9-98
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			1-9-98	
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.

Michael P Prisco
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1 SET	Gas Piping (25 FT OF GAS PIPE FOR GAS FIRE PLACE	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other WORK FOR EXISTING	
	Other FIRE PLACE	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	25

U.C.C. F130 (rev. 3/96)

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 12-26-97
Date Issued
Control #
Permit # 3945-97

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

Block 828 Lot 1
Work Site Location 1632 HARVARD AVE.
BRICK NJ 08724
Owner in Fee MR+MRS GALANTE
Address 1632 HARVARD AVE.
BRICK N.J 08724
Tele. ([redacted]
Contractor MICHAEL PRISCO
Address 2 JEFFRES CT
BRICK N.J 08724
Tele. (732) 458 8347 Fax ( ) _____
Lic. No. 6476
Federal Emp. No. _____

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 $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 12-23-97
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures	11			
Gas Equipment				
Gas 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.

Michael A Prisco
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	11
	Drinking Fountain	
	Washing Machine	11
	Hose Bibb	11
	Water Heater	
	Fuel Oil Piping	
1 SET	Gas Piping (25 FT OF GAS PIPE FOR GAS FIRE PLACE	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other WORK FOR EXISTING	
	Other FIRE PLACE	
	Other	

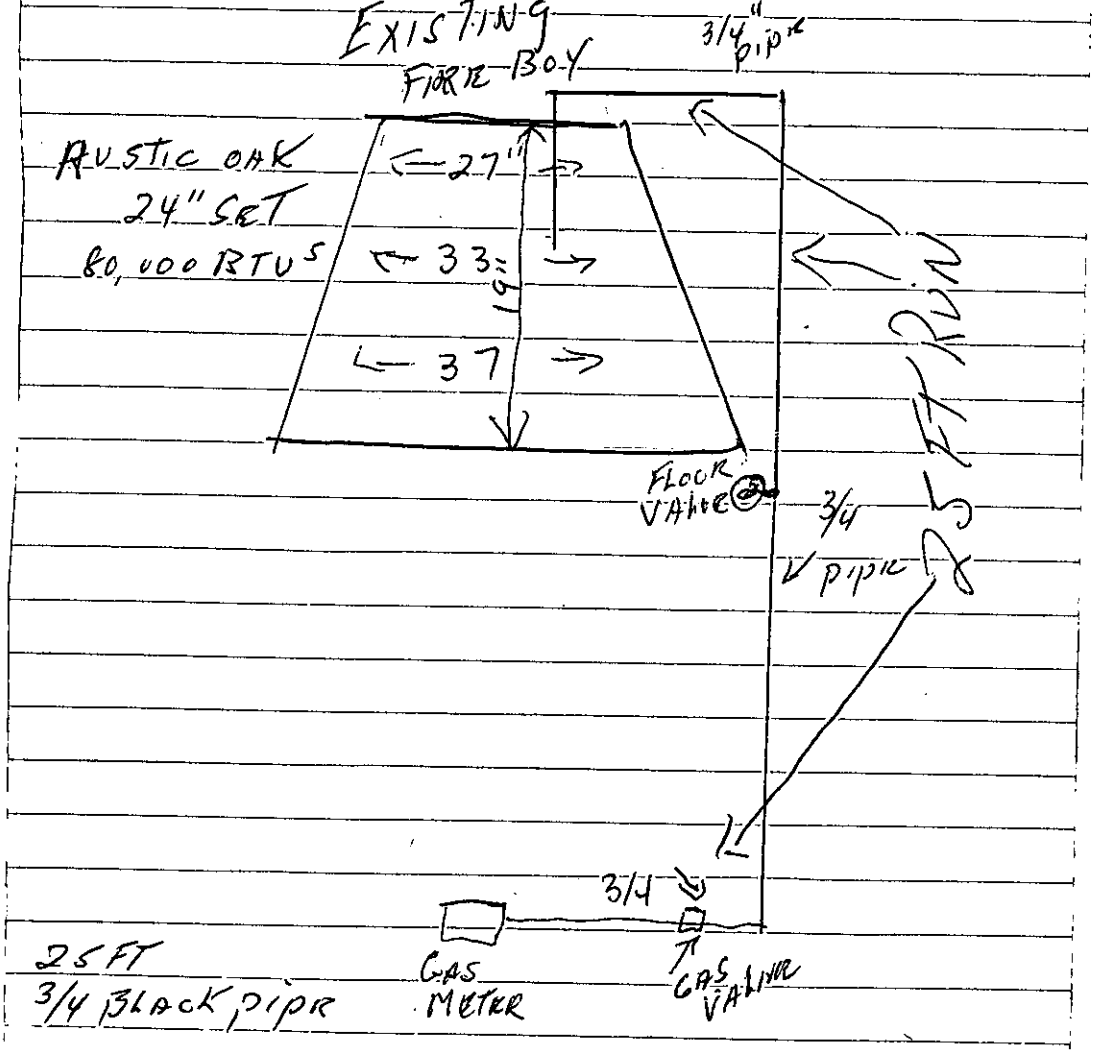
Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	25
TOTAL FEE	$	25

U.C.C. F130 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

M.R & MRS CALANTE
1632 HARVARD AVE
BRICK N.J
08724

LOT 1
BLOCK 828

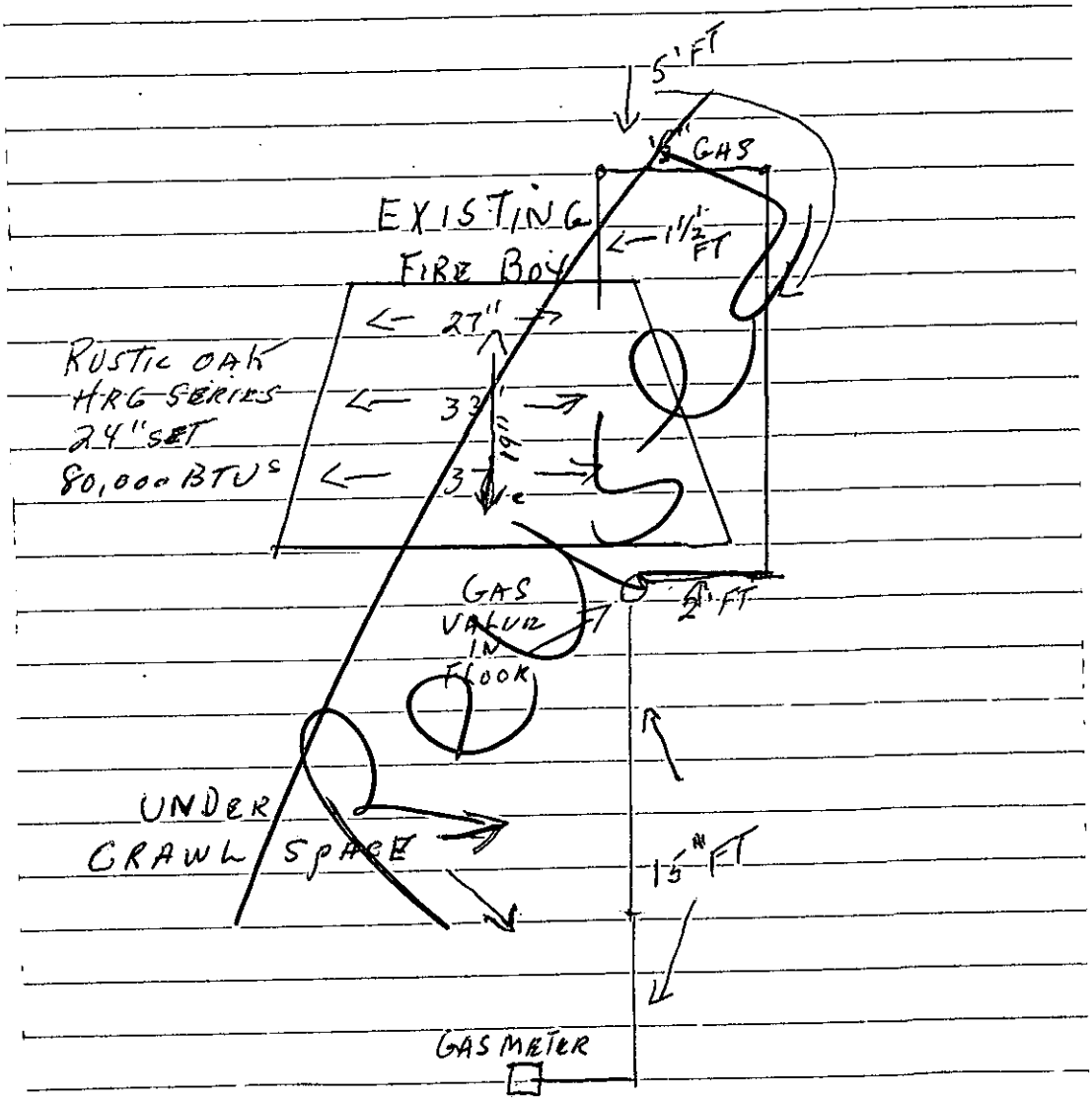
PHONE 840-4796



12-23-97

MR + MRS. GALANTE
1632 HARVARD AVE
BRICK, NJ 08724
PHONE # 840-4796

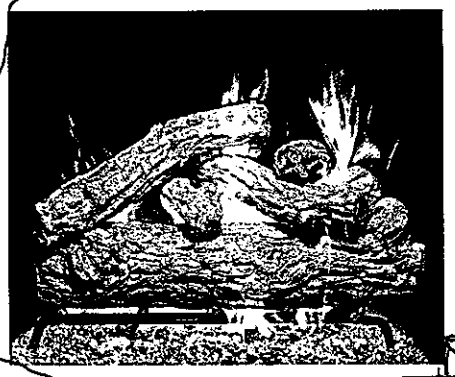
LOT 1
Block 828



25 FT of ½
Black pipe

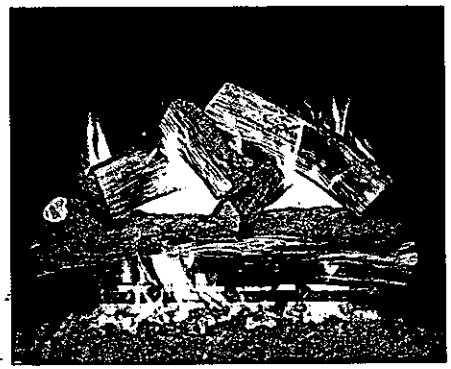
BURNS CLEANER THAN WOOD

Hallmark Gas Logs



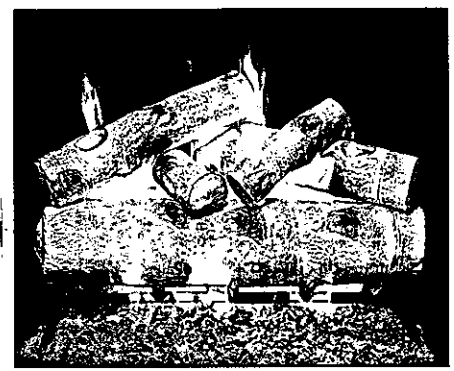
RUSTIC OAK
HRG Series
16" to 36"
4,5 or 6 logs

HRG-24"



SPLIT OAK
HSG Series
18" to 30"
6 logs

WEATHER'D PINE
HWG Series
16" to 36"
4,5 or 6 logs



BIRCH
HBG Series
18" to 30"
6 logs

The radiant warmth and natural beauty of a wood fire without the cost and inconvenience.

Hallmark Gas Logs have the rustic charm of natural wood, with realistic bark, authentic forest colors and brilliant flames that flicker cheerfully across the logs.

Hallmark Gas Logs burn cleaner than wood. They produce no ashes, no sparks and virtually no air pollution. Designed for safe, easy use, they provide the ultimate in convenience and peace of mind for your family.

Hallmark Gas Logs... *a beautiful way to enjoy your fireplace.*

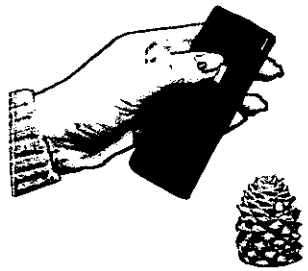
CAMPFIRE also available
HCG Series, 18" to 30", 6 logs

American Gas Association Certified Gas Log sets are available in Rustic Oak (HRG-5 Series) sizes 16" to 30", Birch (HBG-5 Series) sizes 18" to 30", and Split Oak (HSG-5 Series) sizes 18" to 30".

FOR NATURAL OR PROPANE GAS

Quality features make the difference...

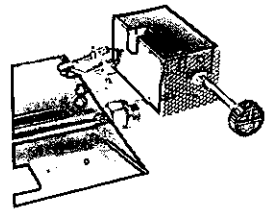
Remote Controls: the ultimate in convenience



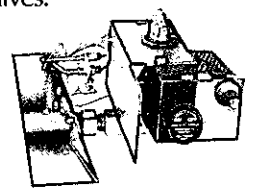
The Peterson APK11-RC remote control system has a wireless remote controller and an LED indicator that alerts you when the valve is turned on. The remote transmitter and receiver are each powered by a 9-volt battery. Other systems include:

APK 11: Wall Switch
APK 11R: 110v Wireless Remote
APK 11MC: Manual "Pine Cone" switch
HIGH CAPACITY APK 10 valve available for all systems.

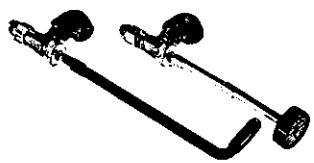
Manual control systems: designed for safety, reliability and easy operation. All Peterson control systems are equipped exclusively with AGA-certified valves.



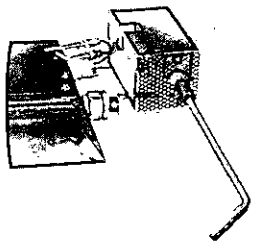
The **Peterson SPK-20A** safety pilot system uses a large control knob to open the valve and ignite your fireplace in one easy motion.



Peterson SPK-32/33 ignition systems utilize a piezo spark igniter to light the pilot; no match is necessary. The SPK-33 automatically extinguishes the pilot when the log switch is turned from "on" to pilot position.



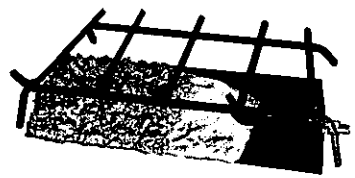
Peterson AV 17/18 on/off valves are extended to enable you to regulate the gas to your fireplace with a twist of the wrist.



The **Peterson SPK-21A** uses an extended steel rod.

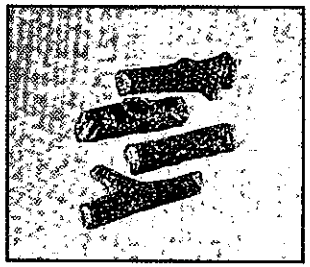
Glowing Coals Burner System

Beautifully functional, the Glowing Coals burner system creates dancing flames and radiant coals while providing improved heating efficiency. In every respect, there is no safer or more attractive burner system for your fireplace.

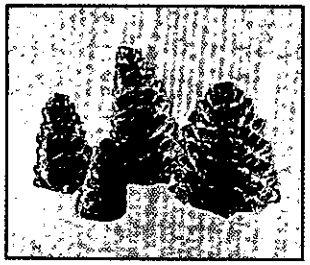


TO BE USED IN A VENTED, WOOD BURNING FIREPLACE WITH DAMPER OPEN

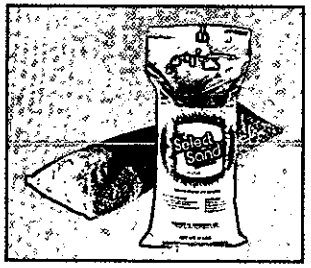
More ways to enhance the beauty of your fireplace...



DECORATIVE OAK BRANCHES
Durable and realistic. BR-2/BR-4. 9" branches, 2 or 4 per container.

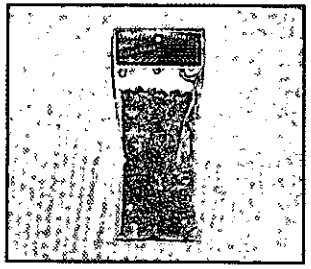


CERAMIC PINE CONES
Hand colored for natural beauty. No. PC-4, 4 per container.

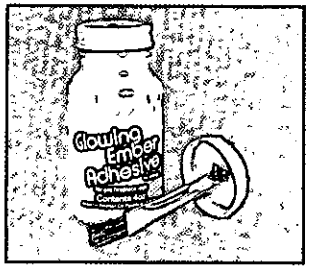


SELECT SAND & VERMICULITE GRANULES
For Glowing Coals burner.
Sand: CS-10, 10 lb. poly bag.

Vermiculite: LF-15. Packed in 1½ lb. poly bags.



EMBERGLOW
Creates the illusion of burning coals. No. EM-1.



EMBERGLOW GLUE
Use to apply EmberGlow to Hallmark Gas Logs. Screw top brush applicator. No. GL-1.

Hallmark Full Warranty

All Hallmark Gas Logs are FULLY GUARANTEED against defects in materials and workmanship for as long as you own your log set.

All Hallmark burner assemblies are FULLY GUARANTEED against defects in materials and workmanship five years from date of purchase.

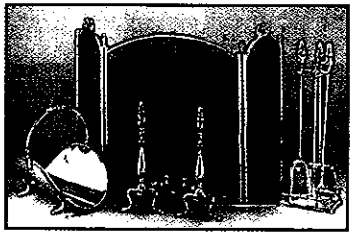
All Hallmark valves and controls are covered by a separate one year limited warranty.

Robert H. Peterson Company / Hallmark Division

Hallmark Gas Log Systems are accepted by leading national and local building codes and authorities, and are available with RADCO or A.G.A. certification.

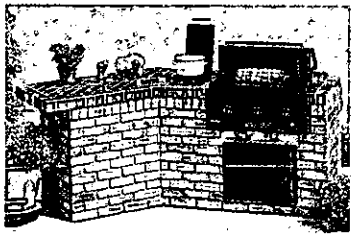
MORE QUALITY PETERSON PRODUCTS...

Hallmark
SOLID BRASS FIREPLACE FURNISHINGS



HANDCRAFTED ELEGANCE

FIRE Magic SINCE 1937 OUTDOOR BARBECUES

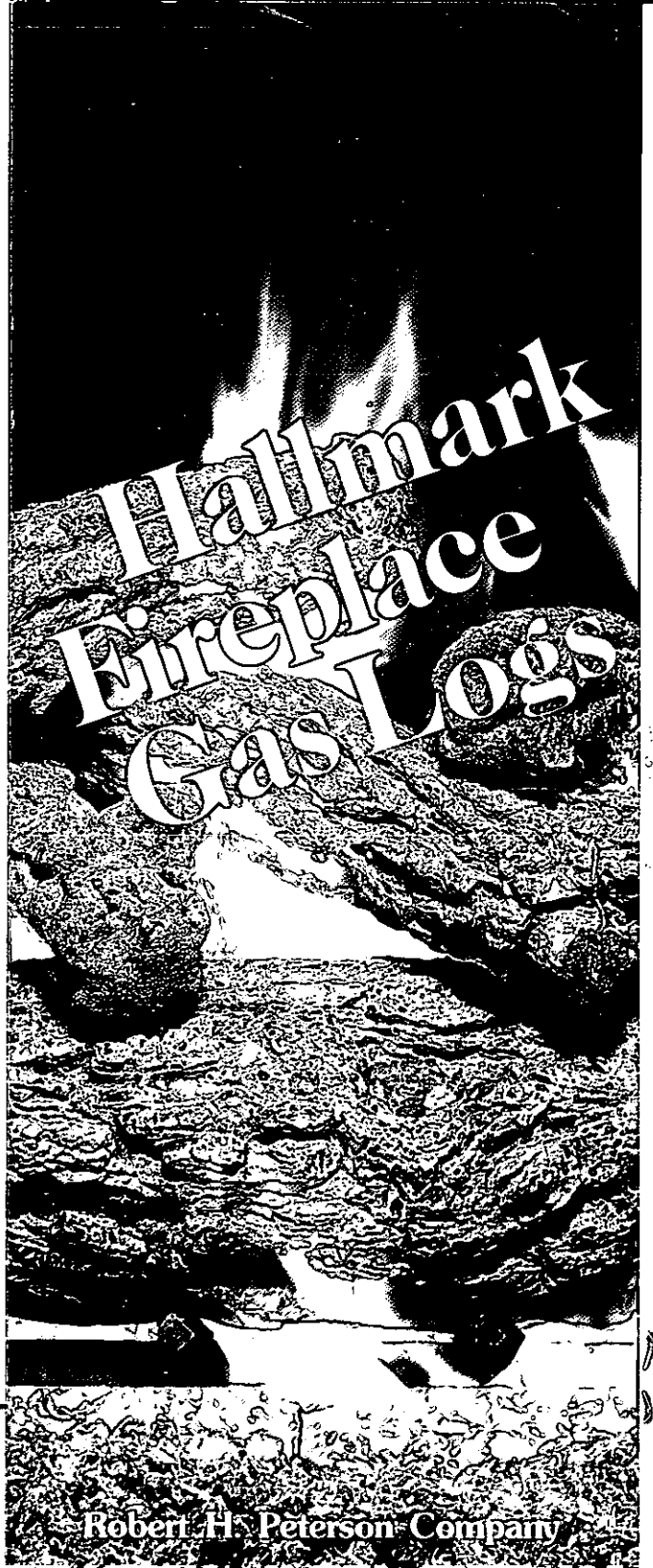


OUTDOOR COOKING AT ITS BEST
For Natural Gas, Propane Gas or Charcoal

Hallmark Division
Robert H. Peterson Company
530 Baldwin Park Boulevard, City of Industry, CA 91746
Phone (818) 369-5085 Fax (818) 369-5979

SOLD BY:

No. 618895



BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 12-22-97

JURISDICTION Plumas (City, County, Township, etc.)

BUILDING LOCATION 1632 Lassen Ave (Street address)

BUILDING DESCRIPTION _____

REVIEWED BY SRO

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
1	GAS sketch not to code	

06/93