BLOCK 1170.01 LOT 11 QUALIF/CODE _____ ADDRESS (SITE) 108 John Street Brick NJ 08723 PERMIT NO. 04-3470

C30·19

Mail cr

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 108 John ST Brick NJ 08723
2. Name of Owner in Fee: Robert Edward Tel. [redacted]
   Address: 108 John St (street) Brick NJ (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. ( )
   Address _____
   MR. ROOTER PLUMBING
   24 RIORDAN PLACE
   SHREWSBURY, NJ 07702
   732-741-0900 FAX 732-741-0057
   NJ STATE LIC # 8441
   FED ID# 22-3365465
   License No. OR, if new home, Builder Reg. No. _____ Date
   Federal Employee No. _____
5. Architect or Engineer _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) _____ Fax ( )

V. FEE SUMMARY (for office use only)

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

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 ____ sq. ft.	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☑ Plumbing					5/1/03				
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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:

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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 _____ MR. ROOTER PLUMBING

Address _____ 24 RIORDAN PLACE
SHREWSBURY, NJ 07702
732-741-0900 FAX 732-741-0087
NJ STATE LIC # 8441
FED ID# 22-3365466

Telephone (_____) _____

Signature _____

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

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CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued
Control #
Permit #

IDENTIFICATION Block 1170.01 Lot 11

Work Site Location 108 John ST
Brick 08723

Owner in Fee Robert Edwards
Address 108 John ST
Brick NJ 08723
Tele. [redacted]

Contractor **MR. ROOTER PLUMBING**
Address **24 RIORDAN PLACE**
SHREWSBURY, NJ 07702
Tele. (**732**) **741-0900** **FAX (732) 741-0087**
Lic. No. or Bldrs. Reg. No. **8446**
Federal Emp. No. **22-3365466**

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:

INSTALL gas line for dryer
& vent line

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 $ 462.95

3/18/03
Date

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occ.
Other
Total
Check No.
Cash
Collected By:

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

UCC/PRO170 (REV3/96)

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.

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CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued
Control #
Permit #

IDENTIFICATION Block 1170.01 Lot 11

Work Site Location 108 John ST
Brick 08723

Owner in Fee Robert Edwards
Address 108 John ST
Brick NJ 08723
Tele [redacted]

Contractor MR. ROOTER PLUMBING
Address 24 RIORDAN PLACE
SHREWSBURY, NJ 07702
Tele. (732) 741-0900 FAX (732) 741-0007
Lic. No. or Bldrs. Reg. No. C446
Federal Emp. No. 22-3365066

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:

Install gas line for dryer
&
vent line

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 $ 462.95

3/18/03
Date

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occ.
Other
Total
Check No.
Cash
Collected By:

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

UCC/PRO170 (REV3/96)

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.

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CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block _____ Lot _____

Work Site Location _____

_____

Owner in Fee _____

Address _____

_____

Tele. (____) _____

Contractor _____

Address _____

_____

Tele. (____) _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. 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:

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 $ _____

PAYMENTS **(Office Use Only)**
Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee _____
Cert. of Occ. _____
Other _____
Total _____
Check No. _____
Cash _____
Collected By: _____

_____ Date

_____ CONSTRUCTION OFFICIAL

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 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.

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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:

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

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C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/13/2004
Control #
Permit # 04-3470

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 1170.01 Lot 11 Qual

Work Site Location 108 JOHN ST
GAS PIPE
Owner in Fee EDWARD, ROBERT
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor MR ROOTER PLUMBING
Address 24 RIORDAN PLACE
SHREWSBURY, NJ 07702-
Telephone (732)741-0900
Lic. No. or Bldrs. Reg. No. 8446
Federal Emp. No. 22-3365466

Is hereby granted permission to perform the following work:

[ ] BUILDING	[X] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL	[ ] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:
GAS PIPE FOR DRYER

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 $ 483

D Newman Jr JNL
Construction Official

08/13/2004
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	25
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	25
Check No.	831
Cash	
Collected By	JNL

08/13/04 3:16PM 001558#1938
XX07 SERV.007

#3470	
PLUMBING	$25.00
CHECK	$25.00

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 05/13/04
Control #
Permit # 04-3470

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

Block 1170.01 Lot 11
Work Site Location 108 John Street
Brick 08723
Owner in Fee Robert Edward
Address 108 John ST
Brick NJ 08723
Tele. ([redacted]
Contractor [illegible]
Address [illegible]
Tele. ( ) Fax ( )
Lic. No.
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 $ 462.95

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 5/1/03
Approved by:

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

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

Signature — Contractor's Seal

[✓] 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	Gas Piping for dryer	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other vent line	
	Other for dryer	
	Other	

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

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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
Date Issued 05/13/04
Control #
Permit # 04 3470

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

Block 1170.01 Lot 11
Work Site Location 104 John Street
Brick 08723
Owner in Fee Robert, Edward
for John St
Address Brick NJ 08723
Tele. ([redacted]
Contractor MR. ROOTER PLUMBING
Address 24 FIORDAN PLACE
SHREWSBURY, NJ 07702
Tele. (732) 741-0909 Fax (732) 741-0997
Lic. No. 8446
Federal Emp. No. 22-3365466

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 $ 462.95

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5/11/04
Approved by:

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

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

Signature Contractor's Seal

[✓] 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	Gas Piping 3/4" for dryer	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other vent line for dryer	
	Other	
	Other	

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

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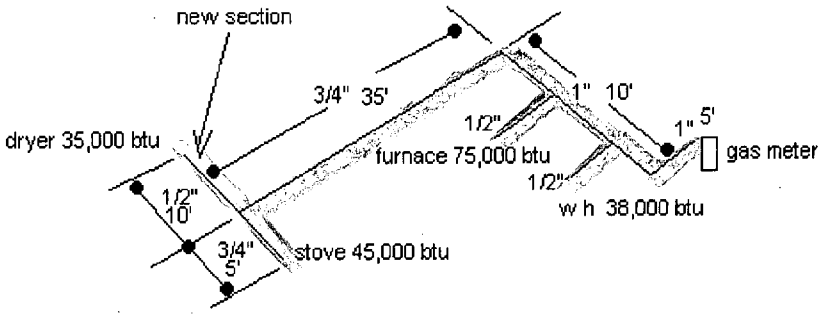
(856)468-7933

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

DATE	JOB CONDITION / COMMENTS

Mr. Rooter Plumbing
24 Riordan pl
shrewsbury, NJ 07702
Andrew August Lic# 8446
732 741 0900



new section

existing sections

50'

1" - 203,000

½" - DRYER.

5/1/03

1st Customer Contact

Date _____ Time _____ INITIALS _____

Courtesy Call Info

✓
- ☐ OK, Good to Go
- ☐ Left msg on machine
- ☐ Spoke with someone else
- ☐ No Answer when called
- ☐ Reschedule Date When?

Notes

2nd Customer Contact

Date _____ Time _____ INITIALS _____

Courtesy Call Info

✓
- ☐ OK, Good to Go
- ☐ Left msg on machine
- ☐ Spoke with someone else
- ☐ No Answer when called
- ☐ Reschedule Date When?

Notes

Complete the section below after work has been completed for that day

Your Initials _____

Tech Info

First _____ Last _____ Truck # _____

Invoice Info

Date _____ Status ☐ Complete ☐ Incomplete ☐ Reschedule Time Completed _____

Invoice No. _____

Payment Info

Amount $ _____

Paycode (circle one) 1 2 3 4 5

CC # _____ EXP _____ AUTH _____

Check # _____ Driver's Lic _____ DOB _____

Telecheck Auth Code _____

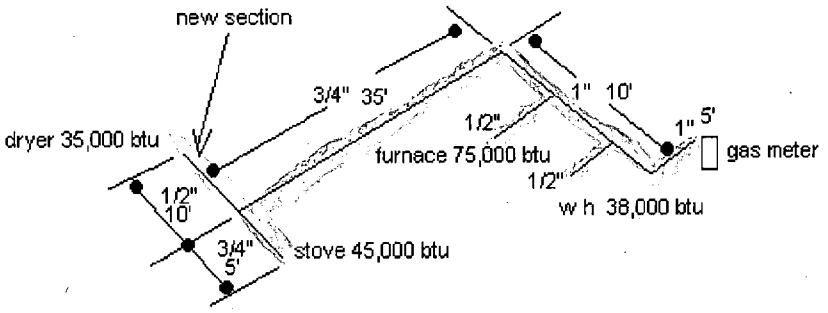
Discounts

☐ Home Inspection Done ☐ CPP&Letters Left ☐ Manager lowered price

☐ Stickers Left ☐ Additional Sales Who? _____

Task No	Description	Warranty

Mr. Rooter Plumbing
24 Riordan pl
shrewsbury, NJ 07702
Andrew August Lic# 8446
732 741 0900



new section

existing sections

1st Customer Contact

Date _____ Time _____ INITIALS

Courtesy Call Info

✓

- ☐ OK, Good to Go
- ☐ Left msg on machine
- ☐ Spoke with someone else
- ☐ No Answer when called
- ☐ Reschedule Date When?

Notes

2nd Customer Contact

Date _____ Time _____ INITIALS

Courtesy Call Info

✓

- ☐ OK, Good to Go
- ☐ Left msg on machine
- ☐ Spoke with someone else
- ☐ No Answer when called
- ☐ Reschedule Date When?

Notes

Complete the section below after work has been completed for that day

Your Initials _____

Tech Info

First _____ Last _____ Truck # _____

Invoice Info

Date _____ Status ☐ Complete ☐ Incomplete ☐ Reschedule Time Completed _____

Invoice No. _____

Payment Info

Amount $ _____ Paycode (circle one) 1 2 3 4 5

CC # _____ EXP _____ AUTH _____

Check # _____ Driver's Lic _____ DOB _____

Telecheck Auth Code _____

Discounts

- ☐ Home Inspection Done
- ☐ Stickers Left
- ☐ CPP&Letters Left
- ☐ Additional Sales
- ☐ Manager lowered price

Who? _____

Task No	Description	Warranty