

BLOCK 1170.04 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 132 John St. PERMIT NO. 12-0850



CONSTRUCTION PERMIT APPLICATION

C12-000926

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

I. IDENTIFICATION

1. Proposed Work Site at: 132 John St. Brick NJ 08724

2. Name of Owner: Tunington

Tel. [REDACTED] e-mail _____

Address Sumner Brick Twp 08724

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: AJ Perri Tel. (732) 982-8700

Address 1138 Pine Brook Road, e-mail _____
Tinton Falls, NJ 07724

License No. OR, if new home, Builder Reg. No. 13VH00346300 Exp. Date _____

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

Federal Emp. ID No. 36-427609-7 FAX: () _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun Louis Maluani

Tel. (732) 720-0728 FAX: (732) 982-8719

(michele)

V. FEE SUMMARY (for office use only)

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

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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
☐ Building								
☐ Electrical								
☐ Plumbing								
☐ Fire Protection								
☐ Elevator								

FOR OFFICE USE ONLY (Optional)

TOTAL COST

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 _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

- | | | |
|---|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 4. ☐ Refrigeration Systems | 6. ☐ Smoke Control Systems in Open Wells |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs |
| | 7. ☐ Sprinklers | 11. ☐ LPGas Tanks |

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.

☒ Check if contractor.

Agent Name A.J. Perri

Address 1138 Pine Brook Rd.

Tinton Falls, NJ 07724

1-800-287-2164

Telephone (36-427609-7)

Signature Louis Malwan

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

BLOCK 1170.04 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 132 John St. PERMIT NO. 12-0850

V FEE SUMMARY (for office use only) Final Initial

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 _____
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. _____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/8/2012
Control Number C-12-000926
Permit Number 12-0850
Permit Issue Date 4/10/2012
Certificate Number 12-0850

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 132 JOHN ST Brick Township, NJ Block: 1170.04 Lot: 4 Qual: _____
Owner in Fee: TUNNINGTON, THOMAS & BARBARA J
Owner Address: 132 JOHN ST BRICK NJ 08724
Telephone: [REDACTED]
Contractor AJ PERRI INC
Address 1138 PINE BROOK ROAD TINTON FALLS NJ 07724
Telephone: (732) 982-8700 Fax: (732) 982-8715
License Number or Builders Registration Number: 13VH00346300 13296B Federal Emp. Number: 36-4726097
12323

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: HOT WATER HEATER Replacement

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

Date Printed: 5/8/2012

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

Page 1



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 1170.04 Lot 4 Qualification Code _____

Work Site Location 138 John St, Turnington Bick, NJ 08724

Owner in Fee: Turnington

Tel. _____ e-mail _____

Address Same Bicktop 08724

Contractor: Michael J. Perri T/A AJ Perri, Inc. Tel. (732) 689-6488 zip code _____

Address 9 JOHNSON STREET e-mail _____

MONMOUTH BEACH, NJ 07750

Contractor License No. 12566 Exp. Date _____

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

Federal Emp. ID No. 36-427009-7 FAX: (732) 982-8715

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 \$ 837

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS				
[] No Plans Required		Type:	Failure	Failure	Approval	Initial
[] Partial-Under-slab Utilities Approved		Slab				
Date: <u>3-26-12</u> Approved by: <u>PL</u>		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: <u>3-27-12</u>		LP Gas Tank				
Approved by: <u>PL</u>		Fuel Oil Piping				
SUBCODE APPROVAL for CERTIFICATE		Solar				
[] CO [] CCO [] CA		TCO				
Date: <u>5-1-12</u>		Final				
Approved by: <u>PL</u>						

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent of owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	FIXTURE/EQUIPMENT	DESCRIPTION OF WORK	FEE (Office Use Only)
	Water Closet	Replace 40 gal gas water heater	
	Urinal/Bidet		
	Bath Tub		
	Lavatory		
	Shower		
	Floor Drain		
	Sink		
	Dishwasher		
	Drinking Fountain		
	Washing Machine		
	Hose Bibb		
	Water Heater		
	Fuel Oil Piping		
	Gas Piping		
	LP Gas Tank		
	Steam Boiler		
	Hot Water Boiler		
	Sewer Pump		
	Interceptor/Separator		
	Backflow Preventer		
	Greasetrap		
	Sewer Connection		
	Water Service Connection		
	Stacks		
	Other		
	Other		

Date Received _____
Control # _____
Date Issued _____
Permit # _____

4/10/12
12-0850

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

04.23.12 PM

- ① BOMBING. CURR - OK
 - ② CO. DETECTION, - OK
- 04.30.12 PM



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

11/11
C-12-000926

11-0150

IDENTIFICATION Block: 1170.04 Lot: 4 Qualifier
Work Site Location: 132 JOHN ST Brick Township, NJ Contractor: AJ PERRI INC
Address: 1138 PINE BROOK ROAD TINTON FALLS NJ 07724
Owner in Fee: TUNNINGTON, THOMAS & BARBARA J
132 JOHN ST BRICK NJ 08724 Telephone: (732) 982-8700
Lic. No. or Bldrs. Reg. No. 12323
Telephone: [REDACTED] Federal Employee No. 36-4726097

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:

HOT WATER HEATER Replacement

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 \$837

Construction Official

Date

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$60
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$61
Check No.	5110
Cash	\$0
Credit	\$0
Collected By	

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

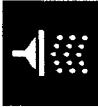
☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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



PLUMBING SUBCODE TECHNICAL SECTION



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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner In Fee: _____

Tel. () _____ e-mail _____

Address _____

Contractor: **MICHAEL J. PERRI T/A AJ PERRI, INC.** Tel. (732) 689-6488 zip code _____

Address **9 JOHNSON STREET** e-mail _____

MONMOUTH BEACH, NJ 07750

Contractor License No. **12566** Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (732) 982-8715

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

☐ 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: _____

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's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY. FIXTURE/EQUIPMENT

Water Closet _____

Urinal/Bidet _____

Bath Tub _____

Lavatory _____

Shower _____

Floor Drain _____

Sink _____

Dishwasher _____

Drinking Fountain _____

Washing Machine _____

Hose Bibb _____

Water Heater _____

Fuel Oil Piping _____

Gas Piping _____

LP Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other _____

Other _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

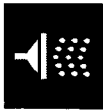
Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



PLUMBING SUBCODE TECHNICAL SECTION



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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. () _____ e-mail _____

Address _____

street _____ municipality _____ zip code _____

Contractor: **MICHAEL J. PERRI T/A AJ PERRI, INC.** Tel. (732) 689-6488

Address **9 JOHNSON STREET** e-mail _____

MONMOUTH BEACH, NJ 07750

Contractor License No. **12566** Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (732) 982-8715

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)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	TYPE	Slab	Rough	Failure	Approval
☐ No Plans Required	☐ Plumbing Plans Approved	☐ Approved by: _____	☐ Approved by: _____	☐ Approved by: _____	☐ Approved by: _____
☐ Partial-Underslab Utilities Approved	☐ Joint Plan Review Required	☐ Approved by: _____	☐ Approved by: _____	☐ Approved by: _____	☐ Approved by: _____
☐ Bldg. [] Elec. [] Fire. [] Elev.	☐ SUBCODE APPROVAL FOR PERMIT	☐ Approved by: _____	☐ Approved by: _____	☐ Approved by: _____	☐ Approved by: _____
☐ CO [] CCO [] CA	☐ SUBCODE APPROVAL FOR CERTIFICATE	☐ Approved by: _____	☐ Approved by: _____	☐ Approved by: _____	☐ Approved by: _____
☐ Final	☐ Approved by: _____	☐ Approved by: _____	☐ Approved by: _____	☐ Approved by: _____	☐ 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's Signature/Contractor's Seal and Signature

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 1170.04 Lot 4 Qualification Code _____
Work Site Location 132 John St.
Brick, NJ 08724
Owner in Fee: Tunnsington

Tel. [redacted] e-mail _____
Address same Municipality Brick Twp 08724 zip code 08724
Contractor: A.J. Perri, Inc. Tel. (732) 982-8700
Address 1138 Pine Brook Road e-mail _____
Tinton Falls, NJ 07724

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 36-427609-7 FAX: (732) 982-8715

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____
Constr. Class: Present _____ Proposed _____ Fuel Type: ☐ Flammable OR ☐ Combustible
Capacity _____

Heating System: ☐ New OR ☐ Modification to Existing Fire Alarm System: ☐ New OR ☐ Existing
OR ☐ Conversion OR ☐ Replacement Location of Panel: _____

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____ Location of Main Control Valve: _____

Location: _____
Total Cost of Fire Protection Work \$ 1952

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type	Failure	Approval	Initial	
☐ No Plans Required	Alarm System				
☐ Partial -Underslab Utilities Approved	Suppression Sys.				
Date: _____ Approved by: _____	Standpipe				
☐ Fire Protection Plans Approved	Fire Pump				
Date: _____ Approved by: _____	Pre-Eng. System				
Joint Plan Review Required: _____	Mechanical				
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.	Smoke Control				
SUBCODE APPROVAL for PERMIT		TCO			
Date: _____	Flam/Combust Tanks				
Approved by: _____	Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE		Final			
☐ CO ☐ CCO ☐ CA	Other				
Date: _____					
Approved by: _____					

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the tenant or owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature
☒ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace 40 gal gas water heater

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	
Alarm Systems	
☐ System	
☐ 110v Interconnected	
☐ CO Detectors/110v	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	
Supervisory Devices (i.e., tampers, low/high air)	
Signaling Devices (i.e., horn/strobes, bells)	
Other Devices	
TOTAL	
Suppression Systems	
Fire Pump _____ GPM Type _____	
Dry Pipe/Alarm Valves	
Pre-action Valves	
Sprinkler Heads (Dry and Wet)	
Standpipes	
Pre-engineered Systems	
Wet Chemical	
Dry Chemical	
CO ₂ Suppression	
Foam Suppression	
FM200 Suppression	
Other	
Other Systems	
Kitchen Hood Exhaust System	
Smoke Control System	
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid	
Fireplace Venting/Metal Chimney	
Other	
Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1170.04 LOT 4 QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 132 John St. Brick, NJ 08724
Owner in Fee Lunnington
Verifying Individual Louis Melvani Company A.J. Perri, Inc.
Address 1138 Pine Brook Road Tinton Falls NJ 07724
Tel: (732) 720-0728 Fax: (732) 982-8719

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: Size 4"

- ☐ "B" Label Vent ☐ Chimney-Interior
☐ "L" Label Vent ☐ Chimney-Exterior
☒ Flexible Liner ☐ Masonry Chimney-Tile Lined
☐ Power Vent/Exhauster ☐ Masonry Chimney-Unlined
☐ Other _____

Appliance 1: Hot Water Heater Type _____ Fuel Type Gas BTU Rating (Input/hour) 40,000 BTU
Appliance 2: _____ Oil / Gas / Other: _____
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 LM 3/20/12 Date _____

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.

A.J. PERRI, INC.

5920

DATE	INVOICE NO.	COMMENT	AMOUNT	DISCOUNT	NET AMOUNT
4/4/2012	R1096777	Tunnington	\$61.00	\$0.00	\$61.00
4/5/2012	5920		\$61.00	\$0.00	\$61.00
BRICK	Brick Township				
				TOTAL	



CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 1170.04 Lot 4 Qualification Code _____
Work Site Location 132 John St. Contractor A.J. Perri Inc.
Brick, NJ 08724 Address 1138 Pine Brook Road
Owner in Fee Tunnington Tinton Falls, NJ 07724
Address Same Tel. (732) 982-8700 Fax (732) 982-8715
Tel. ([REDACTED]) Lic. No. or Bldrs. Reg. No. #03463

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 40 gal gas 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 \$ 2789

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

AJ 036 Rev 11 06



CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 117C.04 Lot 4 Qualification Code _____
Work Site Location 132 John St. Contractor A.J. Perri Inc.
Brick, NJ 08724 Address 1138 Pine Brook Road
Owner in Fee Tunington Tinton Falls, NJ 07724
Address Same Tel. (732) 982-8700 Fax (732) 982-8715
Tel. () Lic. No. or Bldrs. Reg. No. #03463

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 40gal gas 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 \$ 2789

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

AJ 036 Rev 11 06



CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 117-24 Lot 4 Qualification Code _____
Work Site Location 1125 10th Ave Contractor A.J. Perri Inc.
Box 6 NJ 07724 Address 1138 Pine Brook Road
Owner in Fee _____ Tinton Falls, NJ 07724
Address _____ Tel. (732) 982-8700 Fax (732) 982-8715
Tel. ([REDACTED]) Lic. No. or Bldrs. Reg. No. #03463

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 in gas 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 \$ 3789

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

AJ 036 Rev 11 06



CONSTRUCTION PERMIT

Date Issued _____

Permit # _____

IDENTIFICATION Block _____ Lot _____ Qualification Code _____
Work Site Location _____ Contractor **A.J. Perri Inc.**
Address _____ 1138 Pine Brook Road
Tinton Falls, NJ 07724
Owner in Fee _____
Address _____ Tel. (732) 982-8700 Fax (732) 982-8715
Lic. No. or Bldrs. Reg. No. #03463
Tel. () _____

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: _____

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 \$ _____

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

AJ 036 Rev 11 06