

CONSTRUCTION PERMIT APPLICATION

C12-002822

1. IDENTIFICATION

1. Proposed Work Site at: 128 John Str.

2. Name of Owner in Fee: Pallis

3. Ownership in Fee: Public Private

4. Principal Contractor: Air Experts, Inc.
727C 17th Avenue
Lake Como, NJ 07719
Tel: 732-681-9090 Fax: 732-280-2213
Lic# 13VH01546400 FEIN# 223324128

5. Architect or Engineer

6. Responsible Person in Charge once Work has Begun: Michael Bondurant

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing	600.-		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	1.-		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ 601.-		

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 _____		_____

Ia. 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
11111	AUG 02 2012							
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)

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

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. ☐ Refrigeration Systems	8. ☐ 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. ☐ LP Gas Tanks

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. _____	_____	_____	_____	_____

Reorder From OCS Printing

U.C.C. F100-3 (rev. 3/96)

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 Air Experts, Inc.
727C 17th Avenue
Lake Como, NJ 07719
Address Tel: 732-681-9390 Fax: 732-280-2213
Lic# 13VH01546400 FEIN# 223324128

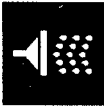
Telephone _____
Signature [Signature]

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

U.C.C. F100-2 (rev. 5/2007)



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 3 Qualification Code _____
Work Site Location 128 JOAN ST
Owner in Fee: BRICK NS 08724

Tel. () e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: TARDIO PLUMBING, LLC Tel. (732) 872-2711

Address 13 HIGHLAND PL, ATL. H. NS 07716 e-mail TardioPlumbing@gmail.com

Contractor License No. 16254 Exp. Date 6/13

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

Federal Emp. ID No. 45-2102896 FAX: () _____

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 \$ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 08-09-12 PA

Approved by: 08-09-12 PA

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LPGas Tank

Fuel Oil Piping

Solar

TCO

Dates (Month/Day)

Failure

Approval

Initial

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

NO. FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LPGas 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 \$

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.

M. Tardio

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received
Control #

Date Issued
Permit #

9-26-12

12-2745

150-K



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

9-30-12

12-2745
C-12-002822

IDENTIFICATION Block: 1170.04 Lot: 3 Qualifier
Work Site Location: 128 JOHN ST. Brick Township, NJ Contractor: AIR EXPERTS INC
Owner in Fee: COLLIS, BRIAN M & DIANE E Address: 727C 17TH AVE LAKE COMO NJ 07719 - 3077
Telephone: [REDACTED] Telephone: 7326819090
Lic. No. or Bldrs. Reg. No. 13VH01546400
Federal Employee. No. 22-3324128

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 Replace

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 \$400

Construction Official

Date

8-10-12

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

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.	5380
Cash	\$0
Credit	\$0
Collected By	

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 1176-04 Lot 3 Qualification Code _____
Work Site Location 128 JOLLIN ST.
Owner in Fee: BRICK NJ 08724
Tel. () _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____
Contractor: TARDIO PLUMBING LLC Tel. (732) 872-2711
Address 12 HIGGINS RD. ATL. H. NJ 07716 e-mail Tardio Plumbing LLC
Contractor License No. 12254 Exp. Date 6/13

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 95-2102896 FAX: () _____

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 \$ 4000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:	Failure	Approval	Initial	Failure	Approval
☒ No Plans Required					
Joint Plan Review Required:					
☐ Building	☐ Electric				
☐ Fire	☐ Elevator				
☐ Plumbing Plans Approved					
Date: <u>08-09-12 PA</u>					
Approved by: <u>08-09-12 PA</u>					
SUBCODE APPROVAL					
☐ CO	☐ CCO	☐ CA			
Date: _____					
Approved by: _____					

C. CERTIFICATION IN LIEU OF OATH: I hereby certify that I am the agent 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

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

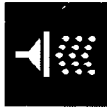
NO. FIXTURE/EQUIPMENT

Water Closet	
Urinal/Bidet	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bibb	
Water Heater	
Fuel Oil Piping	
Gas Piping	
LPG 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 \$



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 117th St Lot 3 Qualification Code _____
Work Site Location 128 201st St
Owner in Fee: Colin
Tel. () _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____
Contractor: TACALCO PLUMBING LLC Tel. (712) 812-2711
Address 1211 11th St e-mail TACALCO@TACALCO.COM

Contractor License No. 1354 Exp. Date 6/12
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 95-310 3196 FAX: () _____

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 \$ 6000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Failure	Approval
☒ No Plans Required		Slab			Initial
☐ Building	☐ Electric	Rough			
☐ Fire	☐ Elevator	Water			
☐ Plumbing Plans Approved		Sewer			
Date: <u>6-6-12</u>		Fixtures			
Approved by: <u>19-19-12 PA</u>		Gas Equipment			
SUBCODE APPROVAL		Gas Piping			
☐ CO	☐ CCO	LPG Gas Tank			
☐ CA	☐ CA	Fuel Oil Piping			
Date: _____		Solar			
Approved by: _____					

C. CERTIFICATION IN LIEU OF OATH: I, SEB, hereby certify that I am the agent 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 1424 Exempt Applicant

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

NO. FIXTURE/EQUIPMENT

Water Closet _____
Urinal/Bidet _____
Bath Tub _____
Lavatory _____
Shower _____
Floor Drain _____
Sink _____
Dishwasher _____
Drinking Fountain _____
Washing Machine _____
Hose Bibb _____
Water Heater _____
Fuel Oil Piping _____
Gas Piping _____
LPG 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 \$ _____

FEE (Office Use Only)
\$ _____

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