

CONSTRUCTION PERMIT APPLICATION 012 662255

Q12-003355

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

1. IDENTIFICATION

1. Proposed Work Site at: 128 Walter Rd.

2. Name of Owner in Fee: Joan Dillon

Tel. (908) 910-7935 e-mail _____

Address Same Brick, NJ 07724

street Public ☒ Private ☐ municipality zip code

3. Ownership in Fee: _____

4. Principal Contractor: Jim Hughes Plumbing Tel. (732) 364-3636

Address 280 Faraday Ave e-mail _____
Jackson, NJ 08527

License No. OR, if new home, Builder Reg. No. B109234 Exp. Date _____

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

Federal Emp. ID No. 22-3039252 FAX: (____) _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun V. Sessa

Tel. (732) 367-4408 FAX: (____) _____

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 _____		_____

[illegible]

III. PLAN REVIEW (optional)		IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?				Proposed _____																	
DO YOU WANT: 1. ☐ Partial Releases 2. ☐ Prototype Processing		<table border="0"> <tr> <td>1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks</td> <td>4. ☐ Refrigeration Systems</td> <td>8. ☐ Smoke Control Systems in Open Wells</td> <td>12. ☐ Fire Alarm</td> </tr> <tr> <td>2. ☐ High Pressure Boilers</td> <td>5. ☒ Cross-Connections/Backflow Preventers</td> <td>9. ☐ Underground Storage Tanks</td> <td></td> </tr> <tr> <td>3. ☐ Pressure Vessels</td> <td>6. ☐ Hazardous Uses/Places of Assembly</td> <td>10. ☐ Swimming Pools, Spas and Hot Tubs</td> <td></td> </tr> <tr> <td></td> <td>7. ☒ Sprinklers/Standpipes</td> <td>11. ☐ LPGas Tanks</td> <td></td> </tr> </table>						1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells	12. ☐ Fire Alarm	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/Standpipes	11. ☐ LPGas Tanks	
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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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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 _____				

U.C.C. F100-3 (rev. 12/)

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 NJ Pest Lawn Sprinkler & Fencing
Address 195 Lehigh Ave Ste 1
Lakewood, NJ 08701
Telephone (932) 367-4408
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)

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

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	\$		

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?			Proposed
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/Standpipes	8. ☐ Smoke Control Systems in Open Wells 9. ☐ Underground Storage Tanks 10. ☐ Swimming Pools, Spas and Hot Tubs 11. ☐ LPGas Tanks	12. ☐ Fire Alarm

OFFICE DATE RECEIVED: _____

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	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
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☐ Water Authority									
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☐ N.J. Department of Transportation									
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☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)		
Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	_____
Electrical _____	Barrier Free _____	_____
Plumbing _____	Flood Hazard _____	_____
Fire Protection _____	As Built Elevation Cert. _____	_____
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X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
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☐ Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

U.C.C. F100-3 (rev. 12/07)

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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:
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I understand that if any of the above statements are willfully false, I am subject to punishment.

() Check if contractor.

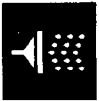
Agent Name _____
Address _____
Telephone () _____
Signature _____

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 1170.05 Lot 3 Qualification Code _____
Work Site Location 128 Walter Rd

Brick, NJ 07724
Owner in Fee: Joan Dillon

Tel. (908) 910-7935 e-mail _____

Address SAME

Contractor: JW Hughes Inc., T/A Tel. (732) 364-3636

Address 280 Faraday Ave Hackson, NJ 08527

Contractor License No. B109234 Exp. Date _____

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

Federal Emp. ID No. 22-3039252 FAX: () _____

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____

Building Sewer Size _____ Public Sewer X Private Septic _____

Water Service Size _____ Public Water X Private Well _____

Est. Cost of Plumbing Work \$ XX 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Under/Slab Utilities Approved

Date 9/11/12 Approved by: _____

☐ Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 9-18-12

Approved by: AS

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LPGas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Final _____

Dates (Month/Day)

Failure _____

Approval _____

Initial

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here:

Print name here: JAMES W. HUGHES

Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

backflow preventer
lawn sprinkler

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 _____

LPGas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

1/2/13 - mlt

D. Rockwell Assoc Partners
Trust Assets



ELECTRICAL 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 1170.05 Lot 3 Qualification Code _____

Work Site Location 128 Walter Rd

xxxxxx Brick, NJ 07724

Owner in Fee Joan Dillon

Address SAME

Tel (908) 910-7935

Contractor NJ best Lawn Sprinkler & Fencing

Address 195 Lehigh Ave Ste 1, Lakewood, NJ 08701

Tel (732) 367-4408 FAX ()

Contractor License No. 0017973

Federal Emp. No. 271540737

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required 9/13/12 JS

Joint Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

Rough _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

DATES (Month/Day)

Failure _____

Approval _____

INITIAL

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

Date Received
Control #

Date Issued
Permit #

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.

Frank Malanga

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [X] Certifd Landscape/Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

rain sensor

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

FEE (Office Use Only)

\$



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

C-12-003355

IDENTIFICATION Block: 1170.05 Lot: 3

Work Site Location: 128 WALTER RD. Brick Township, NJ

Qualifier

Contractor JIM HUGHES P & H

Address 280 FARADAY AVENUE JACKSON NJ 08527

Owner in Fee

DILLON, JOAN FRANCES

128 WALTER RD. BRICK NJ 08724

Telephone: 7323643636

Lic. No. or Bldrs. Reg. No.

Federal Employee No. 22-3059252

Telephone: 9089107935

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:

BACKFLOW PREVENTER/LAWN SPRINKLER, RAIN SENSOR

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 \$450

Construction Official

Date

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	\$40
Plumbing	\$60
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$101
Check No. 224916826	
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.



ELECTRICAL 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 1170.05 Lot 3 Qualification Code _____

Work Site Location 128 Walter Rd

xxxxxx Brick, NJ 07724

Owner in Fee Joan Dillon

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Tel (908) 910-7935

Contractor NJ best Lawn Sprinkler & Fencing

Address 195 Lehigh Ave Ste 1, Lakewood, NJ 08701

Tel (732) 367-4408 FAX ()

Contractor License No. 0017973

Federal Emp. No. 271540737

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
No Plans Required	Date Initial	Type	Failure	Failure	Approval Initial
☒	<u>9/11/05</u>	Rough			
		Barrier-Free			
		Trench			
		Temp. Serv.			
		Constr. Serv.			
		TCO			
		Other			
		Service			
		Final			
		Barrier-Free			
		Temp. Cut-in-Card Date Issued			
		Final Cut-in-Card Date Issued			
		Annual Pool Inspection			
		Date of Grounding and Bonding Certification			

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

Date Received
Control # _____

Date Issued
Permit # _____

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.

Frank Malanga

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [X] Certif'd Landscape Irrigation Contr' [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

rain sensor

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

FEE (Office Use Only)

\$ _____



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 1170.05 Lot 3 Qualification Code _____
Work Site Location 128 Walter Rd

Brick, NJ 07724

Owner in Fee: Joan Dillon
Tel. (908) 910-7935 e-mail _____

Address SAME

Contractor: JW Hughes Inc., T/A Municipality Brick Tel. (732) 364-3636

Address 260 Paraday Ave Jackson, NJ 08527

Contractor License No. B109234 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 22-3039252 FAX: () _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size _____ Public Sewer X Private Septic _____
Water Service Size _____ Public Water X Private Well _____
Est. Cost of Plumbing Work: \$ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
No Plans Required:	Partial - Under slab Utilities Approved:	Type:	Failure	Approval	Initial
☐	☒	Slab			
☐	☐	Rough			
☐	☐	Water			
☐	☐	Sewer			
☐	☐	Fixtures			
☐	☐	Gas Equipment			
☐	☐	Gas Piping			
☐	☐	LPGas Tank			
☐	☐	Fuel Oil Piping			
☐	☐	Solar			
☐	☐	TCO			
☐	☐	Final			

Subcode Approval for Permit
Date: 7-18-12
Approved by: [Signature]

Subcode Approval for Certificate
Date: _____
Approved by: _____

Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor
sign and seal here:

Print name here: JAMES W. HUGHES

[Signature] Licensed Plumbing Contractor ☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
backflow preventer
lawn sprinkler

FEE (Office Use Only)
\$ _____

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

LPGas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____