BLOCK 1170.06 LOT #6 QUALIFICATION CODE _____ ADDRESS (SITE) 167 John Street PERMIT NO. 052304

CONSTRUCTION PERMIT APPLICATION

05/35/91

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

I. IDENTIFICATION

1. Proposed Work Site at: 167 John Street
2. Name of Owner in Fee: John Renwar Tel. 732 836-0505
   Address 167 John Street (street) Brick (municipality) 08724 (zip code)
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: Robert Carbone Co. Tel. 732 920-1200
   Address 766 Manufacturing Road Brick NJ 08723
   License No. OR, if new home, Builder Reg. No. 8237 Exp. Date 6/06
   Federal Employee No. 222 822 543 FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Bob Carbone
   Tel. 732 920-1200 FAX: 732 920-1270

*Furnace replacement with add-on A/C

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	105	
2.	Electrical		40	
3.	Plumbing		43	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Fee Surcharge		4	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other		N/A	
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.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

OPTIONAL (for office use only)

		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.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☑ Fire Protection	1500.00				5/26/05				
6.	☑ Plumbing	1500.00				5/26/05				
7.	☑ Electrical	500.00				5/26/05				
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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 5/10/05

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

CONSTRUCTION PERMIT

Date Issued 06/16/2005
Control # C-05-135191
Permit # 05-2304

IDENTIFICATION Block: 1170.06 Lot: 4 Qualifier
Work Site Location: 167 JOHN ST. , NJ
Owner in Fee RENNAR, JOHN M & ELIZABETH J
Address 167 JOHN ST. NJ
Telephone:

Contractor RENNAR, JOHN M & ELIZABETH J
Address 167 JOHN ST. NJ
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. 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:
GAS TO GAS CONVERSION

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $3,200

Construction Official — Date 06/16/2005

PAYMENTS (Office Use Only)

Building	$0
Electrical	$105
Plumbing	$40
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$194
Check No.	1957
Cash	$0
Credit	$0
Collected By	Ellen Privett

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

Date Received 05/24/2005
Control # C-05-135191
Date Issued 12/31/1899
Permit # 15-23114

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

Block 1170.06 Lot 4 Qualification Code

Work Site Location: 167 JOHN ST.

Owner in Fee: RENNAR, JOHN M & ELIZABETH J

Address 167 JOHN ST. NJ

Tel.

Contractor: ROBERT CARBONE CO

Address 766 MANTOLOKING RD BRICK NJ

Tel. 732/920-1200 Fax.

Contractor License No.

Federal Employee No. 22-2822591

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size 0 ☐ Public Sewer ☐ Private Septic

Water Service Size 0 ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work **$1,500**

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☑ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 5/26/05

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
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 the 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 (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	$0
0	Urinal/Bidet	$0
0	Bath Tub	$0
0	Lavatory	$0
0	Shower	$0
0	Floor Drain	$0
0	Sink	$0
0	Dishwasher	$0
0	Drinking Fountain	$0
0	Washing Machine	$0
0	Hose Bibb	$0
0	Water Heater	$0
0	Fuel Oil Piping	$0
0	Gas Piping	$0
0	LP Gas Tank	$0
0	Steam Boiler	$0
0	Hot Water Boiler	$0
0	Sewer Pump	$0
0	Interceptor/Separator	$0
0	Backflow Preventor	$0
0	Greasetrap	$0
0	Sewer Connector	$0
0	Water Service Connection	$0
0	Stacks	$0
1	Other A/C	$40
0	Other	$0

2 ½ TONS

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$2
TOTAL FEE	$42

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 05/24/2005
Control # C-05-135191
Date Issued 12/31/1899
Permit # 1-2004

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

Block 1170.06 Lot 4 Qualification Code

Work Site Location: 167 JOHN ST.

Owner in Fee: RENNAR, JOHN M & ELIZABETH J

Address 167 JOHN ST. NJ

Tel.

Contractor: ROBERT CARBONE CO

Address 766 MANTOLOKING RD BRICK NJ

Tel. 732/920-1200 Fax.

Contractor License No.

Federal Employee No. 22-2822591

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size 0 ☐ Public Sewer ☐ Private Septic

Water Service Size 0 ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work **$1,500**

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☑ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 5/26/05

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 certifiy that I am the (agent of) owner of the 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 (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	$0
0	Urinal/Bidet	$0
0	Bath Tub	$0
0	Lavatory	$0
0	Shower	$0
0	Floor Drain	$0
0	Sink	$0
0	Dishwasher	$0
0	Drinking Fountain	$0
0	Washing Machine	$0
0	Hose Bibb	$0
0	Water Heater	$0
0	Fuel Oil Piping	$0
0	Gas Piping	$0
0	LP Gas Tank	$0
0	Steam Boiler	$0
0	Hot Water Boiler	$0
0	Sewer Pump	$0
0	Interceptor/Separator	$0
0	Backflow Preventor	$0
0	Greasetrap	$0
0	Sewer Connector	$0
0	Water Service Connection	$0
0	Stacks	$0
1	Other A/C	$40
0	Other	$0

24 TONS

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$2
TOTAL FEE	$42

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE SUBCODE
TECHNICAL SECTION

Date Received 05/24/2005 8:37:37 AM
Control # C-05-135191
Date Issued 12/31/1899
Permit # 05-2304

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

Block 1170.06 Lot 4 Qualification Code

Work Site Location: 167 JOHN ST.

Owner in Fee: RENNAR, JOHN M & ELIZABETH J

Address 167 JOHN ST. NJ

Tel.

Contractor: ROBERT CARBONE CO

Address 766 MANTOLOKING RD BRICK NJ

Tel. 732/920-1200 Fax.

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Employee No. 22-2822591

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5 Fire Alarm System: ☐ New *or* ☐ Existing

Constr. Class Present Proposed Location of Panel:

Heating Systems: ☐ New *or* ☑ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☑ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New *or* ☐ Existing

☐ Other Location of Main Control Valve:

Location: BASEMENT

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* *or* ☐ *Combustible* *Capacity* 0

Total Cost of Fire Protection Work $1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☑ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression System				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of record and am authorized to make this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$0
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	0	
Supervisory Devices (tampers, low/high air)	0	
Signaling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	$0.00
Suppression Systems		
Fire Pump 0 GPM Type	0	$0
Dry Pipe/Alarm Valves	0	$0
Pre-action Valves	0	$0
Sprinkler Heads (Dry and Wet)	0	$0
Standpipes	0	$0
Pre-engineered Systems		
Wet Chemical	0	$0
Dry Chemical	0	$0
CO2 Suppression	0	$0
Foam Suppression	0	$0
FM200 Suppression	0	$0
Other	0	$0
Other Systems		
Kitchen Hood Exhaust System	0	$0
Smoke Control System	0	$0
Fire Appliances ☑ Gas ☐ Oil	1	$45
Fireplace Venting/Metal Chimney	0	$0
Other	0	$0
Administrative Surcharge		$0
Minimum Fee		$45
State Permit Surcharge Fee		$2
TOTAL FEE		$47

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE SUBCODE
TECHNICAL SECTION

Date Received 05/24/2005 8:37:37 AM
Control # C-05-135191
Date Issued 12/31/1899
Permit # [illegible]

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

Block 1170.06 Lot 4 Qualification Code

Work Site Location: 167 JOHN ST.

Owner in Fee: RENNAR, JOHN M & ELIZABETH J

Address 167 JOHN ST. NJ

Tel.

Contractor: ROBERT CARBONE CO

Address 766 MANTOLOKING RD BRICK NJ

Tel. 732/920-1200 Fax.

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Employee No. 22-2822591

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5 Fire Alarm System: ☐ New *or* ☐ Existing

Constr. Class Present Proposed Location of Panel:

Heating Systems: ☐ New *or* ☑ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☑ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New *or* ☐ Existing

☐ Other Location of Main Control Valve:

Location: BASEMENT

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* *or* ☐ *Combustible* *Capacity* 0

Total Cost of Fire Protection Work $1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression System				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

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.

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$0
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	0	
Supervisory Devices (tampers, low/high air)	0	
Signaling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	$0.00
Suppression Systems		
Fire Pump 0 GPM Type	0	$0
Dry Pipe/Alarm Valves	0	$0
Pre-action Valves	0	$0
Sprinkler Heads (Dry and Wet)	0	$0
Standpipes	0	$0
Pre-engineered Systems		
Wet Chemical	0	$0
Dry Chemical	0	$0
CO2 Suppression	0	$0
Foam Suppression	0	$0
FM200 Suppression	0	$0
Other	0	$0
Other Systems		
Kitchen Hood Exhaust System	0	$0
Smoke Control System	0	$0
Fire Appliances ☑ Gas ☐ Oil	1	$45
Fireplace Venting/Metal Chimney	0	$0
Other	0	$0
Administrative Surcharge		$0
Minimum Fee		$45
State Permit Surcharge Fee		$2
TOTAL FEE		$47

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 05/24/2005
Date Issued 12/31/1899
Control # C-05-135191
Permit # 05 0304

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

Block 1170.06 Lot 4 Qualification Code

Work Site Location: 167 JOHN ST.

Owner in Fee: RENNAR, JOHN M & ELIZABETH J

Address 167 JOHN ST. NJ

Tel.

Contractor: RENNAR, JOHN M & ELIZABETH J

Address 167 JOHN ST. NJ

Tel. Fax.

Lic No.

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☒ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date: 5/25/05
Approved by: MR

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH
I hereby certifiy that I am the (agent of) owner of the 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 Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
0		Recepticles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
1		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
1	7	KW Central A/C Unit	$10
1	3	HP/KW Space Heater/Air	$10
0	0	KW Baseboard Heat	$0
0	0	HP Motors 1/+ HP	$0
0	0	KW Transformer/Generator	$0
1	200	AMP Service	$50
0	0	AMP Subpanels	$0
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$0
TOTAL FEE	$105

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 05/24/2005
Date Issued 12/31/1899
Control # C-05-135191
Permit #

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

Block 1170.06 Lot 4 Qualification Code

Work Site Location: 167 JOHN ST.

Owner in Fee: RENNAR, JOHN M & ELIZABETH J

Address 167 JOHN ST. NJ

Tel.

Contractor: RENNAR, JOHN M & ELIZABETH J

Address 167 JOHN ST. NJ

Tel. Fax.

Lic No.

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $200

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

☑ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

☐ Electrical Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
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				

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the 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 Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
0		Recepticles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
1		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
1	7	KW Central A/C Unit	$10
1	3	HP/KW Space Heater/Air	$10
0	0	KW Baseboard Heat	$0
0	0	HP Motors 1/+ HP	$0
0	0	KW Transformer/Generator	$0
1	200	AMP Service	$50
0	0	AMP Subpanels	$0
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$0
TOTAL FEE	$105

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK:_____ LOT:_____ PERMIT#:_____

WORKSITE ADDRESS:_____

Certifying Individual(Print Name)
Name: Robert Osborne Co. IHC Company Name: Robert Osborne Co IHC
Address
Street: 766 Mantoloking Rd City: Brick
State: NJ Zip: 08723

Phone# ( )_____

Check The Appropriate Box

Type of replacement:
- [ ] Oil to Gas Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other (describe):_____

Existing vent/chimney:
- [ ] B label vent
- [ ] L label vent
- [X] Masonry chimney-Tile lined
- [ ] Flexible liner
- [ ] Power vent/exhauster
- [ ] Other (describe):_____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify the the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Certification Not Submitted:

_____ 5/6/05
Signature Date

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

Direct Vent Appliance:
No certification required:

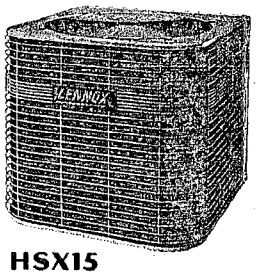
_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FI INSPECTION.

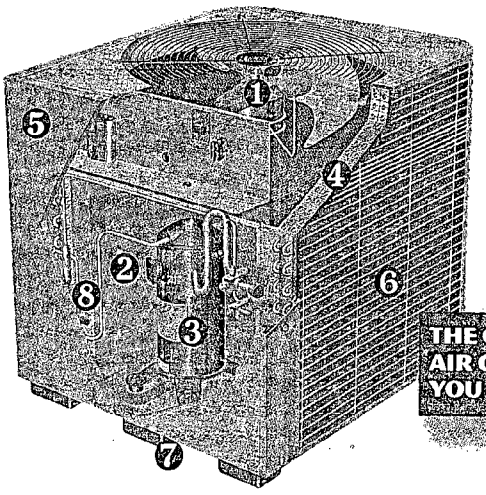
F370

DAVE LENNOX *signature*™ COLLECTION

SILENTCOMFORT™ TECHNOLOGY OFFERS QUIET, SATISFYING COMFORT.



HSX15
WITH SILENTCOMFORT™ TECHNOLOGY



THE QUIETEST CENTRAL AIR CONDITIONER YOU CAN BUY*

Quiet Operation

❶ **Precision-Balanced, Direct-Drive Fan** – Patent-pending fan design delivers whisper quiet operation.

❷ **Insulated Compressor Compartment** – Keeps operating sound to a minimum.

Comfort Cooling

❸ **Dependable Scroll Compressor** – Helps to precisely control air temperature for greater comfort. Insulated compressor compartment reduces operating sound.

Energy Efficiency

❹ **High Efficiency Outdoor Coil** – Provides exceptional heat transfer and low air resistance for high-efficiency operation.

ENERGY STAR® Qualified – This product has earned the ENERGY STAR® label which means it meets the EPA's guidelines for energy efficiency.

Environmentally Friendlier

R410A Refrigerant – Engineered with the new, EPA-recognized, chlorine-free R410A refrigerant provides exceptional comfort without exacting a costly environmental toll.

Reliable Performance

❺ **Durable, Corrosion-Resistant Cabinet** – Cabinet is constructed of heavy-gauge, galvanized steel and protected by a baked-on enamel finish.

❻ **Enhanced Coil Guard** – Protects the condenser coil maintaining the efficiency of the unit. Heavy-gauge steel construction and noncorrosive PVC coating assure long-lasting coil protection.

❼ **Drainage Holes** – Prevents damaging moisture from collecting inside the basepan.

❽ **High-Pressure Safety Switch** – Provides a safeguard, extending the life of the unit components.

We build to the highest standards. We stand behind our warranties.

The HSX15 air conditioner is backed by a 10-year limited warranty on the compressor and a 5-year limited warranty on all remaining covered components.

*Condensing units have sound ratings established per ARI's test standard: ARI 270. Size-for-size, as a product family, these condensing units have the lowest published sound ratings of any major US brand of air conditioning equipment.

Dave Lennox *Signature*™ Collection HSX15 Specifications

HSX15	24	30	36	42	48	60
SEER	Up to 14.00	Up to 14.70	Up to 14.60	Up to 14.75	Up to 15.00	Up to 13.80
Sound rating (dB)	68	68	69	69	73	72
Nominal tonnage (kW)	2 (7.0)	2.5 (8.8)	3 (10.6)	3.5 (12.3)	4 (14.1)	5 (17.6)
Dimensions HxWxD (in.)	27-7/8 x 25-7/8 x 29-7/8	30-7/8 x 32-1/8 x 34-1/16	30-7/8 x 32-1/8 x 34-1/16	30-7/8 x 32-1/8 x 34-1/16	34-7/8 x 32-1/8 x 34-1/16	40-7/8 x 32-1/8 x 34-1/16
HxWxD (mm)	708 x 657 x 759	784 x 816 x 865	784 x 816 x 865	784 x 816 x 865	886 x 816 x 865	1038 x 816 x 865

Note: Due to Lennox' ongoing commitment to quality, all specifications, ratings and dimensions are subject to change without notice.

CERTIFICATION APPLIES ONLY WHEN USED WITH PROPER COMPONENTS AS LISTED WITH ARI

DAVE LENNOX signature COLLECTION

TOTAL LENNOX COMFORT.

The G60V Variable Speed Furnace is designed to easily integrate with other quality Lennox® products, providing a total home comfort solution:

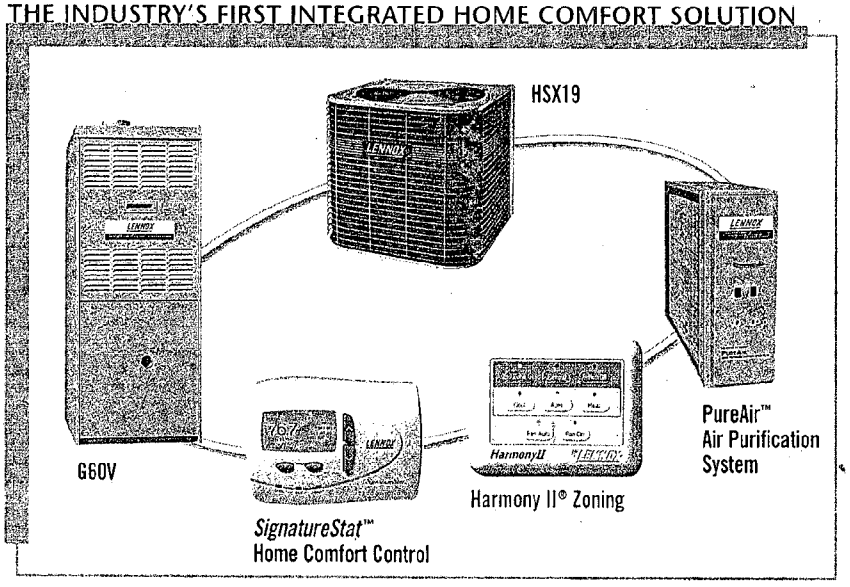
HSX19 Air Conditioner is the most quiet and efficient central air conditioner you can buy.**

PureAir™ Air Purification System cleans the air in your home better than any other single system you can buy.

***SignatureStat™* Home Comfort Control** combines the functions of a humidistat and thermostat into a single device.

Harmony II® Zoning System provides customized, room-to-room comfort.

THE INDUSTRY'S FIRST INTEGRATED HOME COMFORT SOLUTION



**A combination of sound ratings established per ARI's test standard: 270 and efficiency ratings established per ARI's test standard: ANSI/ARI 210/240-94.

Dave Lennox *Signature* Collection G60V Specifications

Model	G60UHV 36A-070 (X)	G60UHV 36B-090	G60UHV 60C-090 (X)	G60UHV 60C-110 (X)	G60UHV 60D-135 (X)
Heating Efficiency (AFUE)	80%	80%	80%	80%	80%
Dimensions HxWxD (in.)	40 x 14-1/2 x 28-1/2	40 x 17-1/2 x 28-1/2	40 x 21 x 28-1/2	40 x 21 x 28-1/2	40 x 24-1/2 x 28-1/2
HxWxD (mm)	1016 x 368 x 724	1016 x 446 x 724	1016 x 533 x 724	1016 x 533 x 724	1016 x 622 x 724

Note: Due to Lennox' ongoing commitment to quality, all specifications, ratings and dimensions are subject to change without notice.
Warranties noted apply to residential applications only.

Good Housekeeping Promises

Lennox is proud of the fact that these products have earned the Good Housekeeping Seal.

EFFICIENCY RATING CERTIFIED Gama

VERIFIED ENERGY PERFORMANCE CSA VERIFIE RENDEMENT ENERGETIQUE

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Robert Barbone Co. Inc
Address: 766 Manhollow Road
Brick NJ 08723
Phone #: 732-920-1200
Lis #: 8237
Federal Emp # or SSN 222 822 593

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping ____ No. of outlets	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	1 Tons 2½ 1
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work 1500 ✓

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

Signature: Robert Barbone

Please Print Name: Robert Barbone

CONTRACTOR'S SEAL

FIRE

Contractor: Robert Barbone Co Inc
Address: 766 Manhollow Road
Brick NJ 08723
Phone #: 732-920-1200
Lis #: 8237
Federal Emp # or SSN 222 822 593

Technical Data

Description of Work: Gas to Gas Furnace Replacement / Same Like Size Same Location
Heating Type: ✓ Gas ___ Oil ___ Electric ___ Solar
Heating System is ___ New ✓ Existing
Location of Furnace/Boiler: Basement
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Tank Removal
Flammable Storage Tanks ____ capacity ____ fuel
Combustible Storage Tanks ____ capacity ____ fuel
LPG Storage Tanks ____ capacity ____ fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
CO Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System Commercial	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Gas Stove
Gas Dryer
Furnace (Gas or Oil) 1
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work 1500.00 ✓

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

Signature: Robert Barbone

Print Name: Robert Barbone

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 167 John Street
Block: 1170 Lot: 4
Owner's Name: John Reanar
Owner's Mailing Address: 167 John Street
Brick NJ 08724
Phone: (732) 836-0501

BUILDING

Contractor:
Address:
Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present: Proposed:
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

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

Signature:

Please Print Name

ELECTRICAL

Contractor: +10
Address:
Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air (30 AMP 220V DEDICATED) 3 TON.	KW
Space Heater/Air Handler (20 AMP 110V DEDICATED) 1	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Sprinkler System	
Service 200 AMP UPGRADE.	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 200 –

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

Signature: Elizabeth Reanar
Please Print Name Elizabeth Reanar

CONTRACTOR'S SEAL