



CONSTRUCTION PERMIT APPLICATION

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

C-15-003965

I. IDENTIFICATION

1. Proposed Work Site at: 152 John St

2. Name of Owner in Fee: Robert Code

Tel. _____ e-mail _____

Address Berkeley municipality _____ zip code _____

3. Ownership in Fee NJR Plumbing Services

4. Principal Contractor 1415 Wyckoff Rd, Wall NJ 07719

Address _____ License No. 9692 Exp. Date 6/2017

Federal Employee No. 22-3609806

License No. OR EDWARD GLASHAN

Home Improver Tel. 732-938-1155 Fax. 732-938-3010 161500

Federal Emp. ID No. _____ 110

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

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

6. Responsible Person in Charge once Work has Begun _____

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

V. FEE SUMMARY (for office use only)	Update	Update
1. Building	\$	
2. Electrical	\$	
3. Plumbing	\$ <u>100</u>	
4. Fire Protection	\$	
5. Elevator Devices	\$	
6. Subtotal	\$	
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	\$ <u>2</u>	
10. Subtotal	\$	
11. Cert. of Occupancy	\$	
12. Other	\$	
13. TOTAL	\$ <u>102</u>	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ ft.

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 _____

(office use only)

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)

☐ 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
	<u>Max</u>							
				<u>8-12-15</u>	<u>AS</u>			
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

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/9/2016
Control Number C-15-003965
Permit Number 16-0427
Permit Issue Date 2/9/2016
Certificate Number 16-0427

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 152 JOHN ST. Brick Township, NJ Block: 1170.07 Lot: 1 Qual: _____
Owner in Fee: CODA, ROBERT L & PRZYSTUP, KEVIN
Owner Address: 152 JOHN ST BRICK NJ 08723
Telephone: [REDACTED]
Contractor NJR HOME SERVICES
Address 1415 WYCKOFF ROAD WALL NJ 07719
Telephone: (732) 919-8090 Fax: (732) 938-3010
License Number or Builders Registration Number: 13VH00361500 12312 Federal Emp. Number: 22-3609806

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: REPLACEMENT WATER HEATER

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

Date Printed: 3/9/2016

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

Fee: \$0.00
Check Number: _____
Collected By: _____

Page 1

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.

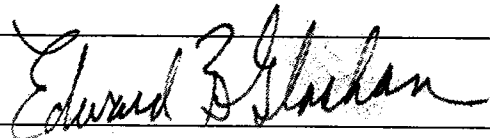
Agent Name NJR HOME SERVICES

Address 1415 WYCKOFF RD.

WALL, NJ 07719

Telephone 732-919-8090

Signature _____



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

IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



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 1170.07 Lot 1 Qualification Code _____

Work Site Location 152 John St

Brick

Owner in Fee: Robert Coda

Tel. () e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: NJR HOME SERVICES Tel. (732) 919-8090

Address 1415 WYCKOFF RD. e-mail _____
WALL, NJ 07719

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500

Federal Emp. ID No. 22-3609806 FAX: (732) 938-3010

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed _____

Building Sewer Size _____ Public Sewer _____

Water Service Size _____ Public Water _____ Private Septic _____

Est. Cost of Plumbing Work \$ 1145.00 Private Well _____

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: 8-12-13

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☒ CA

Date: 3-2-14

Approved by: [Signature]

INSPECTIONS

Type: _____ Dates (Month/Day) _____

Slab _____ Failure _____ Approval _____ Initial _____

Rough _____ Failure _____ Approval _____ Initial _____

Water _____ Failure _____ Approval _____ Initial _____

Sewer _____ Failure _____ Approval _____ Initial _____

Fixtures _____ Failure _____ Approval _____ Initial _____

Gas Equipment _____ Failure _____ Approval _____ Initial _____

Gas Piping _____ Failure _____ Approval _____ Initial _____

LP Gas Tank _____ Failure _____ Approval _____ Initial _____

Fuel Oil Piping _____ Failure _____ Approval _____ Initial _____

Solar _____ Failure _____ Approval _____ Initial _____

TCO _____ Failure _____ Approval _____ Initial _____

Final _____ Failure _____ Approval _____ Initial _____

C. CERTIFICATION IN LIEU OF BATH

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: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF GAS WATER HEATER

QTY. _____ 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 _____

Date Received _____
Control # _____

Date Issued 3/19/16
Permit # 16-0437

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



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

2/9/16
C-15-003965
16-0427

IDENTIFICATION Block: 1170.07 Lot: 1 Qualifier
Work Site Location: 152 JOHN ST. Brick Township, NJ Contractor: NJR HOME SERVICES
Address: 1415 WYCKOFF ROAD WALL NJ 07719
Owner in Fee: CODA, ROBERT L & PRZYSTUP, KEVIN
152 JOHN ST. BRICK NJ 08723 Telephone: (732) 919-8090
Lic. No. or Bldrs. Reg. No. 12312
Telephone: [REDACTED] Federal Employee No. 22-3609806

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:

REPLACEMENT 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 \$1,145

Construction Official

Date

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$100
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$102
Check No.	
Cash	\$0
Credit	\$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

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.



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1170-07 LOT 1 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS _____

Owner in Fee _____

Verifying Individual Edward Glashan Company NJR Plumbing Services

Address 1415 Wyckoff Rd Wall NJ 07719

Tel: (732) 938-1155 Fax: (732) 938-3010

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 _____

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

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: <u>Wall</u>	Oil / Gas / Other: <u>Gas</u>	<u>40K</u>
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 _____

Date 8/3/19

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.

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

NJR HOME SERVICES COMPANY
Joseph Marazzo
1415 Wyckoff Road
Wall NJ 07719

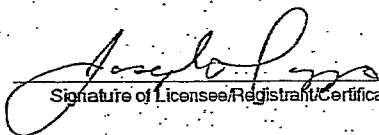
FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

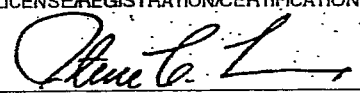
02/27/2015 TO 03/31/2016

VALID

13VH00361500

LICENSE/REGISTRATION/CERTIFICATION #


Signature of Licensee/Registrant/Certificate Holder


ACTING DIRECTOR