

check
enclosed

BLOCK 1170-07 LOT 10

QUALIFICATION CODE

ADDRESS (SITE)

PERMIT NO.

C/O 000466

165 Walter Rd

10-0364



CONSTRUCTION PERMIT APPLICATION

REC'D FEB 23 2010

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

I. IDENTIFICATION

1. Proposed Work Site at: 165 Walter Rd
2. Name of Owner in Fee: Ruth Neil
Tel. [REDACTED] e-mail [REDACTED]
Address same Brick Twp 08724
3. Ownership in Fee: Public Private ✓
4. Principal Contractor: P & L Plumbing Tel. (732) 417-0099
Address 300 Columbus Circle, Unit J e-mail [REDACTED]
License No. OR, if new home, Builder Registration No. Edison, NJ 08837 Exp. Date 12/08
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01759800
Federal Emp. ID No. 22-3591088 FAX: (732) 417-0095
5. Architect or Engineer [REDACTED] Contact [REDACTED]
Address [REDACTED] e-mail [REDACTED]
Tel. () FAX: ()
6. Responsible Person in Charge once Work has Begun Philip Delnegro
Tel. (732) 417-0099 ext 105 FAX: (732) 417-0095

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area — Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved	HUD
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands	yes no

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ 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

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

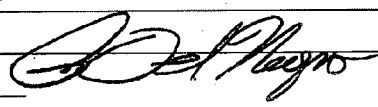
I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

P & L Plumbing

Agent Name 300 Columbus Circle, Unit J

Address Edison, NJ 08837

Telephone (732) 417-0099 

Signature _____

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/19/2010
Control Number C-10-000466
Permit Number 10-0364
Permit Issue Date 02/24/2010
Certificate Number 10-0364

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 165 WALTER RD. Brick Township, NJ Block: 1170.07 Lot: 10 Qual: _____
Owner in Fee: NEAL, RUTH CAROL
Owner Address: 165 WALTER RD. BRICK NJ 08724
Telephone: [REDACTED]
Contractor P & L PLUMBING
Address 300 Columbus Circle EDISON NJ 08837-
Telephone: (732) 417-0099 Fax: (732) 417-0695
License Number or Builders Registration Number: 12108 Federal Emp. Number: 22-3591088

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

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



CONSTRUCTION PERMIT

Date Issued 5-14-10
Control # C-10-000466
Permit # _____

10-0664

IDENTIFICATION Block: 1170.07 Lot: 10 Qualifier _____
Work Site Location: 165 WALTER RD. Brick Township, NJ Contractor P & L PLUMBING
Owner in Fee NEAL, RUTH CAROL Address 300 Columbus Circle EDISON NJ 08837-
165 WALTER RD. BRICK NJ 08724 Telephone: (732) 417-0099
Telephone: _____ Lic. No. or Bldrs. Reg. No. 12108
Federal Employee No. 22-3591088

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 \$773

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	\$0
Plumbing	\$40
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$41
Check No.	<u>100</u>
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:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

PLUMBING \$40.00
DCA \$1.00

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:

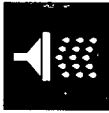
☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; 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 1170-07 Lot 10 Qualification Code _____
Work Site Location 165 Walter Rd
Brick NJ 08724

Owner [Redacted] e-mail _____
Tel. [Redacted]

Address Same street municipality zip code
Contractor: P & L PLUMBING Tel. ()
Address 300 Columbus Circle, Unit J e-mail _____
Edison NJ 08837 Phone (732) 417-0099

Contractor License No. Fax (732) 417-0695 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. _____ 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 \$ 773

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: 2-23-10
Approved by: [Signature]
SUBCODE APPROVAL for CERTIFICATE
[] CO [] CCO [] CA
Date: 3-18-10
Approved by: [Signature]

INSPECTIONS		Dates (Month/Day)	
Type:	Failure	Failure	Approval
Slab	_____	_____	Initial
Rough	_____	_____	_____
Water	_____	_____	_____
Sewer	_____	_____	_____
Fixtures	_____	_____	_____
Gas Equipment	_____	_____	_____
Gas Piping	_____	_____	_____
LPGas Tank	_____	_____	_____
Fuel Oil Piping	_____	_____	_____
Solar	_____	_____	_____
TCO	_____	_____	_____
Final	_____	_____	_____

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.

[X] Licensed Plumbing Contractor [] Exempt Applicant
Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement
Hot Water Heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
1	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	_____

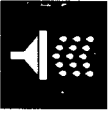
Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

2-24-10
10-0364

Date Received
Control #
Date Issued
Permit #



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 10 Qualification Code _____
Work Site Location 165 Walter Rd
Brick NJ 08734
Owner in Fee: Ruth Neil

Te [redacted] e-mail _____
Address 3411 street zip code _____
Contractor: P & L PLUMBING Tel. () _____
300 Columbus Circle, Unit J
Address Edison NJ 08837 e-mail _____
Phone (732) 417-0099

Contractor License No. License #12108 Exp. Date Fed ID #22-3591088
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ 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 \$ 773

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: 2-23-10
Approved by: [signature]

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 the application and perform the work listed on this application.

[X] Licensed Plumbing Contractor [] Exempt Applicant
Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
**Replacement
Hot Water Heater**

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
1	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	_____

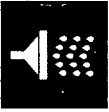
Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

2-24-10
10-0364

Date Received
Control #
Date Issued
Permit #



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 11-1-1 Lot 10 Qualification Code _____
Work Site Location 111 111 111 111
Owner in Fee: 111 111 111
Tel. (111) 111 111 111 e-mail _____

Address 111 111 street zip code _____
Contractor: **P & L PLUMBING** Tel. () _____
Address 300 Columbus Circle, Unit J Edison NJ 08837 e-mail _____
Phone (732) 417-0099

Contractor License No. 111111 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 111111
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 \$ 111

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	☐ Partial - Underslab Utilities Approved	Type:	Failure	Approval	Initial
Date: _____	Approved by: _____	Slab	_____	_____	_____
☐ Plumbing Plans Approved	Date: _____	Rough	_____	_____	_____
Joint Plan Review Required:	☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Water	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Date: _____	Sewer	_____	_____	_____
Approved by: _____	_____	Fixtures	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Date: _____	Gas Equipment	_____	_____	_____
☐ CO ☐ CCC ☐ CA	_____	Gas Piping	_____	_____	_____
Date: _____	_____	LPGas Tank	_____	_____	_____
Approved by: _____	_____	Fuel Oil Piping	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Date: _____	Solar	_____	_____	_____
☐ CO ☐ CCC ☐ CA	_____	TCO	_____	_____	_____
Date: _____	_____	Final	_____	_____	_____
Approved by: _____	_____		_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to take this application and perform the work listed on this application.

[] Licensed Plumbing Contractor [] Exempt Applicant
Applicant's Signature/Contractor's Seal and Signature
12103

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement
Hot Water Heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
1	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	_____

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

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

2-24-10
10-0364

1 800 HEATERS, INC.

1530

Township of Brick

2/19/2010

41.00

Last year

Neil/165 Walter Rd.

41.00

ONLY WATER HEATERS

P&L Plumbing NJMPL #12108

300 Columbus Circle, Unit J
Edison, NJ 08837

Phone (732) 417 0099

Fax (732) 417 0695

Work Site Location 165 Walter Rd

Owner in Fee Ruth Neil

Customer has existing:

Carbon Monoxide Detector _____

Smoke Detector _____

Customer to provide prior to inspection:

Carbon Monoxide Detector X

Smoke Detector X

Contractor/Agent 

Philip Del Negro



CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 1170.07 LOT 10 PERMIT # _____
WORK SITE ADDRESS 165 Walter Rd
Applicant Ruth Neil
Certifying Individual Phillip Del Negro Company P&L Plumbing
Address 300 Columbus Circle Edison, New Jersey 08837
Street City State Zip Code
Tel. ((732)) 417-0099

Check the Appropriate Box

Type of Replacement:

- ☐ Oil to Gas Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☐ B Label Vent
☐ L Label Vent
☒ Masonry Chimney — Tile Lined
☐ Flexible Liner
☐ Power Vent/Exhauster
☐ Other _____

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 that 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.

Signature _____

Date _____

Certification Not Submitted:

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 FINAL INSPECTION.



CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 1170-07 LOT 10 PERMIT # _____
WORK SITE ADDRESS 165 Walter Rd
Applicant Ruth Neil
Certifying Individual Phillip Del Negro Company P&L Plumbing
Address 300 Columbus Circle Edison, New Jersey 08837
Street City State Zip Code
Tel. ((732)) 417-0099

Check the Appropriate Box

Type of Replacement:

- ☐ Oil to Gas Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☐ B Label Vent
☐ L Label Vent
☒ Masonry Chimney — Tile Lined
☐ Flexible Liner
☐ Power Vent/Exhauster
☐ Other _____

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 that 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.

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Signature

Date

Direct Vent Appliance:

No certification required:

Signature

Date

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