

BLOCK 1170.07 LOT 10 QUALIF /CODE _____ ADDRESS (SITE) 165 Water Rd PERMIT NO. 06-1233



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 165 W. 4th Rd Brickley 08124

2. Name of Owner in Fee: Richard Neal

Address: 165 Walter Rd Brick NJ 08724

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: McRae & Humbird T

Address 1020 Convent Drive

License No. OR, if new home, Builder Reg. No. 2442

Federal Employee No. 203-318 f12

Exp. Date

Fax 734 303 1856

5. Architect or Engineer _____ Tel. () _____

Address _____

6. Responsible Person in Charge of Work _____

Tel. () Fax ()

V. FEE SUMMARY (for office use only)

1. Building	\$		
2. Electrical		40	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for			
State Plan Review		1	
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	41	

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

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ a. Repair
☐ b. Alteration
☐ c. Renovation
☐ d. Reconstruction
5. ☐ Fire Protection
6. ☒ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat.Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

Plans ✓

Date _____

Rejection

Approva

Reviewer

Resub

Revision Dates

Reviews

III. DO YOU WANT: (optional)

- ## 1. ☐ Partial Releases

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

- | | | |
|---|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells |
| 2. ☐ Fire Alarm Systems | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks |
| 3. ☐ Fire Protection Systems | 6. ☐ Hazardous Waste/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs |

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
 2. Use Group:
 3. Change in Use Group, Indicate Former Use Group: *Income*
 4. No. of dwelling units: *All Units* *restricted*
- | | |
|---------------------|--|
| 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:

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 4-25-06

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

Mr Roder Plumbing

Address

1720 Ginevi Dr

Freehold NJ 07728

Telephone

(732) 303 8500

Signature

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
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. _____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/09/2006
Tracking Number C-06-101243
Permit Number 06-1233
Permit Issue Date 05/01/2006

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: _____
Contractor MR ROOTER PLUMBING
Address 1720 GINESI DRIVE FREEHOLD NJ 07728
Telephone: 732/3038500 Fax: 732/3031856
License Number or Builders Registration Number: 8446 Federal Emp. Number: 22-3365466

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U

Construction Classification: _____

Maximum Live Load: 0

Maximum Occupancy Load: 0

Description of Work Use:

AUXILIARY METER

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: 999

Collected By: Mary Jane Rinaldi

Date Printed: 05/09/2006

Page 1



CONSTRUCTION PERMIT

Date Issued:

Permit #

IDENTIFICATION Block _____ Lot _____ Qualification Code _____
Work Site Location 165 Walter Rd Contractor MR. ROOTER PLUMBING
Drisc 185 07124 Address 1720 GINESI DRIVE
Owner in Fee Richard Neal Address FREEHOLD, NEW JERSEY 07728
Address 165 Walter Rd Tel. (732) 303-8500 Fax (732) 303-1856
Drisc 185 07124 Lic. No. or Bldrs. Reg. No. 8446
Tel. [REDACTED] 223-365-466

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

1720 Walter
Meter yoke connected ahead of existing yoke

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 \$ 490.00

Construction Official

Date 4/24/06

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

UCC/170 (REV. 01/04)

Professional Printing
(856) 468-7933

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.



CONSTRUCTION PERMIT

Date Issued 5/1/2006
Control # C-06-101243
Permit # 06-1233

IDENTIFICATION Block: 1170.07 Lot: 10 Qualifier _____
Work Site Location: 165 WALTER RD. Brick Township, NJ Contractor MR ROOTER PLUMBING
Address 1720 GINESI DRIVE FREEHOLD NJ 07728
Owner in Fee NEAL, RUTH CAROL
Address 165 WALTER RD. BRICK NJ 08724 Telephone: 732/3038500
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 22-3365466

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:

AUXILIARY METER

Note: If construction 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 \$490

Construction Official _____ Date 5/1/2006

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.	999
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

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:

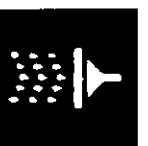
☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; 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
Date Issued
Control #
Permit #

06-1933
5-1-06

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

Block 1176.07 Lot 10 Qualification Code _____

Work Site Location 1165 Washington Rd

Owner in Fee Barbara Neal

Address 1165 Washington Rd

Tel (732) 303-8500 FAX (732) 303-1856

Contractor MR. ROTHER PLUMBING

Address 1720 GINESI DRIVE

FREHOLD, NEW JERSEY 07728

Contractor License No. 8446

Federal Emp. No. 203318812

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____

Building Sewer Size _____ Public Sewer _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 490.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____

☒ No Plans Required _____

Joint Plan Review Required: _____

☐ Building ☐ Electric _____

☐ Fire ☐ Elevator _____

☐ Plumbing Plans Approved _____

Date: 4/24/06 _____

Approved by: _____

SUBCODE APPROVAL _____

☐ CO ☐ CCO 17CA

Date: 5-8-06 _____

Approved by: _____

TCO 5/1/06 _____

Approved by: _____

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's Signature/Contractor's Seal and Signature

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

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

NO. _____

FIXTURE/EQUIPMENT _____

Water Closet _____

Urinal/Bidet _____

Bath Tub _____

Lavatory _____

Shower _____

Floor Drain _____

Sink _____

Dishwasher _____

Drinking Fountain _____

Washing Machine _____

Hose Bibb _____

Water Heater _____

Fuel Oil Piping _____

Gas Piping _____

L.P.Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

GreaseTrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other meter yoke _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

FREE (Office Use Only)

\$ _____

5/4/06

① York not station to black

York not station to black



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

06-0989
4-11-06

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
Work Site Location 165 Walker Rd

Owner In Fee Ruth Neal
Address 165 Walker Rd
Bridle NJ 08724

Contractor SCRSY SHORE LEAN SPRINKLE INC
Address 670 ROUTE 530
WILTING NJ 08759

Tele. (732) 270-0072 Fax (732) 505 6003
Lic. No. IR-6410 15043 Plumbg 8732

Federal Emp. No. 223 042964

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 \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS	
No Plans Required		Type:	Dates (Month/Day)
Joint Plan Review Required:		Slab	Failure Failure Approval Initial
☐ Building	☐ Electric	Rough	
☐ Fire	☐ Elevator	Water	
☐ Plumbing Plans Approved		Sewer	
Date: <u>4/10/06</u>		Fixtures	
Approved by: <u>[Signature]</u>		Gas Equipment	
		Gas Piping	
		Solar	
		TCO	
SUBCODE APPROVAL			
☐ CO	☐ CCO		
Date: <u>5-8-06</u>	<u>17 CA</u>		
Approved by: <u>[Signature]</u>			

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.

Signature — Contractor's Seal [Signature]

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

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

NO. FIXTURE/EQUIPMENT

	Water Closet		FEE (Office Use Only)
	Urinal/Bidet		\$
	Bath Tub		
	Lavatory		
	Shower		
	Floor Drain		
	Sink		
	Dishwasher		
	Drinking Fountain		
	Washing Machine		
	Hose Bibb		
	Water Heater		
	Fuel Oil Piping		
	Gas Piping		
	Steam Boiler		
	Hot Water Boiler		
	Sewer Pump		
	Interceptor/Separator		
	Backflow Preventer		
	Greasetrap		
	Sewer Connection		
	Water Service Connection		
	Stacks		
	Other		
	Other		
	Other		

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000 • FAX (732) 458-5378

APPLICATION FOR AUXILIARY WATER METER

Date: 4/25/06

Applicant's Name: RICHARD NEAL Telephone No. [REDACTED]

Mailing Address: 165 WAITER RD. BRICKTOWN NJ

Service Location: SAME

Account Number: Q369604 Block: 1170-07 Lot: 10

Size of Existing Service: 3/4" Size of Existing Meter: 5/8" x 3/4"


Applicant's Signature


Authority Representative

THIS APPLICATION IS VALID FOR 30 DAYS FROM DATE OF APPLICATION.

Please note the following:

At the customer's option, a separate account may be established, subject to all conditions of the rate schedule as applicable to water usage.

After completing this application the following steps must be taken:

1. Obtain a special device permit from the Township of Brick Plumbing Department.
2. A licensed plumber or homeowner must cut into the pipe BEFORE the existing yoke and install a second meter yoke. A valve before and after the meter is required as well as a backflow preventer.
3. Call the Township of Brick Plumbing Department (732- 262-4627) for inspection.
4. After inspection by Brick Township Plumbing Department, call Brick Utilities for installation of the meter. A copy of the completed permit, showing inspection approval, will be required before the meter is installed.
5. It is the customer's responsibility to insure that the permit is issued, the inspection is approved, the meter is installed and that the water is not used prior to the meter being installed. Failure to comply may result in a tampering fee of \$250.00 and service will be terminated.
6. A charge for cost of the meter will be applied to the first billing. Quarterly bills for usage only will be issued at the rate of \$4.82 per 1,000 gallons.



Date: 4/24/06

Att: Plumbing Subcode Official

Township: Brick

Address:

Dear Sir

Please be advised that the homeowner is responsible for the cost of the enclosed permit. I would appreciate it if you would notify the homeowner as well as our office, by telephone or written correspondence, with the payment amount, once it has been approved. Thank you for your cooperation in this matter.

Name: Richard Meek

Address: 165 Walter Rd

Block : _____ Lot: _____

Tel. #: 732 640-2298

Sincerely

Mr Rooter Plumbing

A handwritten signature in black ink, appearing to read "Toni Skelton Joa". The signature is fluid and cursive, with a large initial "T" and "J".

Toni Skelton Joa
Administrative Manager