

BLOCK 1205.01 LOT 20 ADDRESS (SITE) _____ PERMIT NO. 687-91



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 202 Georges Rd- BRICK

2. Name of Owner in Fee: Geisler Tel. (908) 458-7773

Address 202 Georges Rd BRICK
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: GEM Heating Tel. (908) 901-1620

Address P.O. Box 703 Howell

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

Federal Emp. No. _____ Social Security No. _____

5. Architect or Engineer _____ Tel. (____) _____

Address _____

6. Responsible Person William Gerni Tel. (908) 901-1620
In Charge of Work

II. PROPOSED WORK

1. ☐ Minor Work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☒ Fire Protection
7. ☒ Plumbing
8. ☐ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

TOTAL COSTS

Est. Cost

2800

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>5/7/91</u>		<u>5/7/91</u>				

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 | 3. ☐ Pressure Vessels | 5. ☐ Hazardous Uses/Places of Assembly |
| 2. ☐ High Pressure Boilers | 4. ☐ Refrigeration Systems | 6. ☐ Sprinklers |
| | 5. ☐ Cross-Connections/Backflow Preventers | 7. ☐ Smoke Control Systems in Open Wells |
| | | 8. ☐ Underground Storage Tanks |

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	<u>70.00</u>	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area—Largest Floor	sq. ft.
4. Building Area—All Floors	sq. ft.
5. Volume of 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	sq. ft.
no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL:

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO
- 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:

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 _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 GEM Heating Co

Address P.O. Box 703

Howell NJ 07731

Telephone () _____

Signature William Symon Date 5-7-91

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protection									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____
☐ Certificate of Approval	No. _____
☐ None	



CONSTRUCTION PERMIT

Date Issued 5-7-91
Control #
Permit # 687-91

IDENTIFICATION Block 1205-01 Lot 20

Work Site Location 202 GEORGES ROAD Contractor DOM HEATING CO
BRICKTOWN, N.J. 08724 Address P.O. BOX 703

Owner in Fee GETSLER HOMER, N.J. 07731

Address 202 GEORGES ROAD Tele. (908) 601-1620

BRICKTOWN, N.J. 08724 Lic. No. or Bldrs. Reg. No. 576 Exp. Date 800288

Tele. (908) 458-7473 Federal Emp. No. 69788

or Social Security No. 101

is hereby granted permission to perform the following work:

[] BUILDING [X] PLUMBING [] OTHER
[] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

REMOVE AND REPLACE GAS FURNACE.

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 \$ 2800.00

PAYMENTS (Office Use Only)		
Building	PLUMBING	25.00
Plumbing	FIRE	25.00
Electrical	ELECTR	20.00
Fire Protection	TOTAL	70.00
Other	CHARG	70.00
Other	CHARG	0.00
DCA Training Fee	10 5 00024005	15.29
Cert. of Occ.		
Other		
Total		
Check No.		
Cash		
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 work installed conforms to the approved plans and 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 the following:

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. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.



Date Received _____
Date Issued 5-7-91
Control # _____
Permit # 687-91

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

Block 1205.01 Lot 20
Work Site Location 202 GEORGES ROAD
BRICKTOWN, N.J. 08724
Owner in Fee GEISLER
Address 202 GEORGES ROAD
N.J. 08724
Tele. (908) 458-7473
Contractor GEM Plumbing, Heating & Air Conditioning Co.
Address P.O. Box 703
Howell, NJ 07731
Tele. (201) 901-1620
Lic. No. 546
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [] New [X] Existing
Type: [X] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: BASEMENT
Total Est. Cost of Fire Prot. Work \$ 2800.00 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: INSPECTIONS: Dates (Month/Day)
[] No Plans Required Type: Failure Failure Approval Initial
Joint Plan Review Required:
[] Bldg. [] Plumb. [] Elec. Suppression Test _____
[] Fire Plans Approved Fire Alarm Test _____
Date: 5/7/91 Smoke Test _____
Approved by: [Signature] Mechanical _____
SUBCODE APPROVAL: TCO _____
[] CO [] CCO [] CA Other _____
Date: _____ Other _____
Approved by: _____ 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. [Signature]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Description of Work	Number	FEE (Office Use Only)
Water Supply Source	_____	_____
Method of Valve Supervision	_____	_____
Local Alarm Supervision	_____	_____
Central Supervision	_____	_____
Proprietary Supervision	_____	_____
Flammable Liquid Storage Tanks	() Capacity _____	Fuel _____
Combustible Liquid Storage Tanks	() Capacity _____	Fuel _____
L.P.G. Storage Tanks	() Capacity _____	Fuel _____
L.N.G. Storage Tanks	() Capacity _____	Fuel _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____

Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

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

Gas or Oil Fired Appliance _____
OTHER: [Signature] _____

Paid [] Check # _____
Collected by _____
Administrative Surcharge \$ _____
Minimum Fee \$ _____
TOTAL FEE \$ 25- _____



FIRE SUBCODE



Date Received
Date Issued 5-7-91
Control #
Permit # 687-91

PRO 105

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

Block 1205.01 Lot 20
Work Site Location 202 GEORGES ROAD
BRICKTOWN, N.J. 08724
Owner in Fee GEISLER
Address 202 GEORGES ROAD
N.J. 08724
Tele. (908) 458-7473
Contractor GEM Plumbing, Heating & Air Conditioning Co.
Address P.O. Box 703
Howell, NJ 07731
Tele. (201) 901-1620
Lic. No. 5416
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [] New [X] Existing
Type: [X] Gas [] Oil [] Electrical [] Solar
[] Other
Location: BASEMENT
Total Est. Cost of Fire Prot. Work \$ 2800.00 [] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW: INSPECTIONS: Dates (Month/Day)
[] No Plans Required Type: Failure Failure Approval Initial
Joint Plan Review Required:
[] Bidg. [] Plumb. [] Elec. Suppression Test
[] Fire Plans/Approved Fire Alarm Test
Date: 5/7/91 Smoke Test
Approved by: Mechanical
SUBCODE APPROVAL: TCO
[] CO [] CCO [] CA Other
Date: Other
Approved by: 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.

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision
Flammable Liquid Storage Tanks () Capacity Fuel
Combustible Liquid Storage Tanks () Capacity Fuel
L.P.G. Storage Tanks () Capacity Fuel
L.N.G. Storage Tanks () Capacity Fuel

Number

FEE (Office Use Only)

Wet Sprinkler Heads
Dry Sprinkler Heads
TOTAL

Smoke Detectors
Heat Detectors
TOTAL

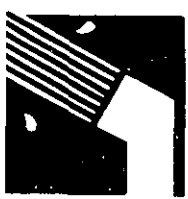
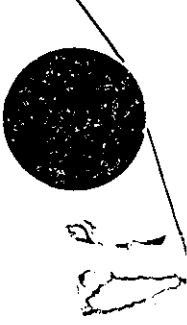
Stand Pipes
Kitchen Hood Exhaust Systems

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

Gas or Oil Fired Appliance
OTHER

Paid [] Check #
Collected by TOTAL FEE \$

25-



Date Received
Date Issued 5-7-91
Control #
Permit # 687-91

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

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Owner in Fee GEISLER
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BRICKTOWN N.J. 08724
Tele. (908) 458-7473
Contractor GEM HEATING CO.
Address P.O. BOX # 703
HOWELL, N.J. 07731
Tele. (908) 901-1620 - 308-3142
Lic. No. 546
Federal Emp. No. or Social Security No.
B. PLUMBING CHARACTERISTICS
Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work \$ 2800.00

JOB SUMMARY (Office Use Only)	
PLAN REVIEW:	INSPECTIONS:
☐ No Plans Required	Type: Failure Failure Approval Initial
Joint Plan Review Required:	Slab
☐ Bldg. ☐ Elec. ☐ Fire	Rough
☐ Plumb. Plans Approved	Water
Date:	Sewer
Approved by:	Fixtures
	Gas Equipment
	Gas Final
	Solar
	TCO
SUBCODE APPROVAL:	
☐ CO ☐ CCO ☐ CA	
Approved by:	
Date:	

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.
☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

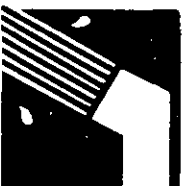
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other FURNACE	25.

Administrative Surcharge \$
Paid ☐ Check # Minimum Fee \$ 10.
Collected by: TOTAL \$

R&R GAS TO GAS

1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued 5-7-91
Control #
Permit # 687-91

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

Block 1205.01

Lot 20

Work Site Location 202 GEORGES ROAD

BRICKTOWN, N.J. 08724

Owner in Fee GEISLER

Address 202 GEORGES ROAD

BRICKTOWN N.J. 08724

Tele. (908) 458-7473

Contractor GEM HEATING CO.

Address P.O. BOX # 703

HOMEEL, N.J. 07731

Tele. (908) 901-1620 - 308-3142

Lic. No. 546

Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size

Water Service Size

Estimated Cost of Plumbing Work \$ 2800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[] No Plans Required

Joint Plan Review Required:

[] Bldg. [] Elec. [] Fire

[] Plumb. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL:

[] CO [] CCO [] CA

Approved by:

Date:

INSPECTIONS:

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Final

Solar

TCO

Dates (Month/Day)

Failure Failure Approval Initial

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Final

Solar

TCO

D. TECHNICAL SITE DATA (List all fixtures.)

NO. FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Gas Piping

Fuel Oil Piping

Water Heater

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Water Cooled A/C

or Refrigeration Unit

Sewer Connection

Water Service Connection

Gas Service Connection

Active Solar System

Other FURNACE

FEE (Office Use Only)

Administrative Surcharge
Paid [] Check # Minimum Fee
Collected by: TOTAL

\$ 10.
\$ 15.

R&R GAS TO GAS

U.C.C. Form F-130A

1 White=Inspector Copy
3 Pink=Office Copy

2 Canary=Office Copy
4 Gold=Applicant Copy

PRO 104

[] Licensed Plumbing Contractor [] Exempt Applicant

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.

C. CERTIFICATION IN LIEU OF OATH

