Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

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- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 1205.04 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 207 Veronica Dr. PERMIT NO. 20-1119

CONSTRUCTION PERMIT APPLICATION C-20-001487

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 207 Veronica Dr. Brick 08724
2. Name of Owner in Fee: Rutter
   Tel. (856) 534-7564 e-mail _____
   Address SAA (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Thomas Garon Tel. (732) 920-5721
   Address 409 Crestview Terr. Brick 08723 e-mail _____
   License No. OR, if new home, Builder Reg. No. 9677 Exp. Date 06/30/2021
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 223767562 FAX: (732) 920-0334
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Thomas Garon
   Tel. (732) 920-5721 FAX: (732) 920-0334

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		125	
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	$	125	

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

RECEIVED MAY 26 2020

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☐ Electrical									
☒ Plumbing	1,585								
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$1,585								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Select Group
3. Change in Use Group, Indicate Presen Select Group

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 06/08/2021
Control Number C-20-001487
Permit Number 20-1119
Permit Issue Date 06/02/2020
Certificate Number 20-1119

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 207 VERONICA DR Brick Township, NJ Block: 1205.04 Lot: 8 Qual:

Owner in Fee: RUTTER, JAMES A & ELLEN S

Owner Address: 207 VERONICA DR BRICK NJ 08724

Telephone: (856) 534-7564

Contractor GARON, T PLUMBING LLC

Address 409 CRESTVIEW TERR BRICK NJ 08723

Telephone: (732) 920-5721 Fax: Federal Emp. Number: 22-3767562

License Number or Builders Registration Number:

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:

David J. Newman Jr

Construction Official

Date Printed: 06/08/2021

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

Fee: $0.00
Check Number:
Collected By:

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received 6/2/20
Control #
Date Issued
Permit # 20-1119

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

Block 1205.04 Lot 10 Qualification Code

Work Site Location 207 Veronica Dr. Brick 08724

Owner in Fee: Rutter

Tel. (856) 534-7564 e-mail

Address SAA
street municipality zip code

Contractor: Thomas Garon Tel. (732) 920-5721

Address 409 Crestview Terr. Brick 08723 e-mail

Contractor License No. 9677 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223767562 FAX: (732) 920-0334

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 1,585

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Thomas Garon

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
50 gallon gas AO Smith water heater

NO.	FIXTURE/EQUIPMENT
1	Water Heater
	Fuel Oil Piping Connections
	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
	Generator
	Other

FEE (Office Use Only)

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
Date: 6-3-21
Approved by:

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final			6-1-21	

U.C.C. F145 (rev. 12/18) Internet version

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

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

(X) Check if contractor.

Agent Name Thomas Garon

Address 409 Crestview Terr. Brick 08723

Telephone _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

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

CONSTRUCTION PERMIT

Date Issued 5/5/20.
Control # C-20-001487
Permit #

20-119

IDENTIFICATION Block: 1205.04 Lot: 8 Qualifier

Work Site Location: 207 VERONICA DR Brick Township, NJ

Owner in Fee: RUTTER, JAMES A & ELLEN S
207 VERONICA DR BRICK NJ 08724

Telephone: (856) 534-7564

Contractor: GARON, T PLUMBING LLC
Address: 409 CRESTVIEW TERR BRICK NJ 08723

Telephone: (732) 920-5721
Lic. No. or Bldrs. Reg. No. 9677
Federal Employee. No. 22-3767562

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

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$125.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$128
Check No.	15402
Cash	$0
Credit	$0
Collected By	

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 $1,585

Construction Official

Date 5/7/20

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 1205.04 LOT 10 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 207 Veronica Dr. Brick 08724

Owner in Fee Rutter

Verifying Individual Thomas Garon Company Garon T Plumbing & Heating LLC

Address 409 Crestview Terr. Brick 08723
Street City State Zip Code

Tel: (732) 9205721 Fax: (732) 9200334

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** 4in

[✔]	"B" Label Vent
[ ]	"L" Label Vent
[ ]	Flexible Liner
[ ]	Power Vent/Exhauster

[ ]	Chimney-Interior
[ ]	Chimney-Exterior
[ ]	Masonry Chimney-Tile Lined
[ ]	Masonry Chimney-Unlined
[ ]	Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	water heater	Oil / Gas / Other: gas	40,000
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.

_____ 5/22/2020
Signature Date

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.

BRICK

Control Number:

Permit number:

Certification of compliance with Executive Order 122

Project Identification

Block 1205.04 Lot 10 Qualifier _____

Address 207 Veronica Dr.

I have reviewed and understand the restrictions on non-essential construction identified in New Jersey Governor's Executive Order 122.

☒ **I certify that the proposed work associated with this application is essential construction as it is defined by Executive Order No. 122. I understand that working in violation of this order subjects me to possible enforcement actions, including penalties imposed under, among other statutes, N.J.S.A. App. A:9-49 and -50.**

X Thomas Garon
Please print your name

X [signature]
Signature of Owner/Agent of the Owner

☐ **I certify that the proposed work is considered nonessential under Executive Order 122. I acknowledge that the issuing of this permit does not constitute an approval to proceed with non-essential work. Work will not begin until the restrictions of Executive Order-122 have been lifted. I understand that working in violation of Executive Order 122 subjects me to possible enforcement actions, including penalties imposed under, among other statutes, N.J.S.A. App. A:9-49 and -50.**

X _____
Please print your name

X _____
Signature of Owner/Agent of the Owner

Information regarding EO-122 can be found here https://cv.business.nj.gov. A copy of NJ Executive Orders can be found at https://nj.gov/infobank/eo

Add to List

50 Gallon - 40,000 BTU Conservationist Standard Vent Residential Gas Water Heater (Nat Gas)

SKU	Brand	Rating
XCR-50	**AO Smith**	

$745.99 each **Backorder**

Get it **Tue, Jun 16 – Thu, Jun 25**

ADD TO C

PLEASE NOTE:
The product weighs 165 lbs. and may require the use of a **lift gate.** If you do require a lift gate at your delivery, you'll have the option to add this FREE of charge when you checkout.

Free Shipping
This item ships free

Easy Returns
No restocking fee for 90 days

Description

A. O. Smith's new gas residential water heaters meet the requirements for the new 2015 NAECA minimum efficiency regulations.

Features:

- **INTELLIGENT CONTROL LOGIC**
  - The internal microprocessor provides enhanced operating parameters and tighter differentials for precise

Read more

Manuals

Product Overview

Questions?

Speak with a real person who will go out of their way to help!

888-757-4774

Call **Text** **Chat** **Email**

Open Now:
8am–7:45pm EDT

Specs

Intended Household:	3-4 Person
Application:	Plumbing
Fuel Type:	Natural Gas
Capacity (Gallons):	50
BTU Input:	40000
Energy Factor:	0.62
Energy Star Rated:	No
Gas Connection:	1/2"
Water Connection:	3/4"
Vent Size:	3"
Venting:	Atmospheric
Vent Size:	4"
Height (Inches):	60.75
Diameter (Inches):	22"
Weight (lbs):	165 lbs
Depth (Inches):	22"
1st Hour Delivery (Gallons):	88
Recovery 90°F Rise:	41 GPH
Warranty:	10 Year Limited Tank & Parts Warranty
Max Altitude (Feet):	10100

Related Products

YOU MAY ALSO NEED	SIMILAR ITEMS