



V. FEE SUMMARY (for office use only)

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. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

[illegible]

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:

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly
2. ☐ High Pressure Boilers	4. ☐ Refrigeration Systems	7. ☐ Sprinklers
	5. ☐ Cross-Connections/Backflow Preventers	8. ☐ Smoke Control Systems in Open Wells
		9. ☐ Underground Storage Tanks

UCC/PRO F-100 (REV3/96)

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 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.

MR. ROOTER PLUMBING
24 RIORDAN PLACE

SHREWSBURY, NJ 07702

732-741-0900 FAX 732-741-0087

NJ STATE LIC # 6441

FED ID# 22-3365466

Agent Name _____

Address _____

Telephone (_____) _____

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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 1205.05 Lot 23

Work Site Location 215 Georges Rd
Brick NJ 08723

Owner in Fee Rose Duncan
Address 215 Georges Rd
Brick NJ 08723

Tele [REDACTED]

Contractor MR. ROOTER PLUMBING
Address 24 RIORDAN PLACE
SHREWSBURY, NJ 07702
Tele. (732) 741-0900 FAX (732) 741-0087
Lic. No. or Bldrs. Reg. No. 8446
Federal Emp. 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	☐ OTHER _____

(Subchapter 8 only)

DESCRIPTION OF WORK:

Install Gas 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 \$ 700.00

Date 9/8/03

CONSTRUCTION OFFICIAL

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee _____
Cert. of Occ. _____
Other _____
Total _____
Check No. _____
Cash _____
Collected By: _____

UCC/PRO170 (REV3/96)

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.

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/22/2003
Control #
Permit # 03-0192

UTC NEW JERSEY
**CONSTRUCTION
PERMITE**

IDENTIFICATION: Block 1203.05 Lot 23

Contractor

Work Site Location 215 3506655 RD

Contractor MR ROUTE PLUMBING

Owner in Fee CLIMAX, ROSE

Address 24 ELDORADO PLATE

Address SAME

SHREWSBURY, NJ 07702-

SPENC, NJ 08723-

Telephone 1732-741-0700

Telephone

Lic. No. or Bldg. Reg. No. 8492

Federal Emp. No. 22-330542

I hereby granted permission to perform the following work:

- ☐ BUILDING ☒ LEAD BASED ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(See Chapter 2 on 11)

DESCRIPTION OF WORK:

NAH

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 _____

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 \$77,000

[Signature]
Construction Official

09/22/2003

Date

U.C.C. F170 (REV. 3/98) NJ WCLAPS 3.24E

09/22/03 10:26AM 000000043804

XX02 SERV.002

#4192

PLUMBING

DCA

XXXTOTAL

CASH

CHANGE

09/22/03 10:26AM 000000043804

XXXTOTAL

\$36.00

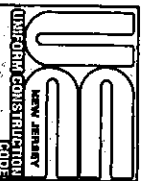
\$35.00

\$1.00

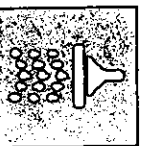
\$36.00

\$0.00

XX02



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received 4-22-03
Date Issued 03-4192
Control #
Permit #

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

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

FEE (Office Use Only)

Block 1205.05 Lot 23

Work Site Location 215 Georges Rd Brick NJ 07123

Owner in Fee Rose D'Arcy

Address 215 Georges Rd Brick NJ 07123

Contractor MR. ROOFER-PLUMBING

Address 24 BERGAN PLAGE

SHREWSBURY, NJ 07702

Tele: (732) 741-0960 Fax: (732) 741-0087

Lic. No. 8446

Federal Emp. No. 22-3665466

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 \$ 7071

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required

Joint Plan Review Required:

Building Electric

Fire Elevator

Plumbing Plans Approved

Date: 9/11/03

Approved by: [Signature]

INSPECTIONS

Type: Failure Failure Approval Initial

Slab Rough Water Sewer

Fixtures Gas Equipment Solar TCO

Subcode Approval

Date: 10-14-03

Approved by: [Signature]

Subcode Approval

Date: 10-14-03

Approved by: [Signature]

Subcode Approval

Date: 10-14-03

Approved by: [Signature]

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

Licensed Plumbing Contractor [] Exempt Applicant

UCC/PRO F-130 (REV3/96)

Professional Printing

(856) 468-7933

1. White= Inspector Copy
2. Canary= Office Copy
3. Pink= Office Copy
4. White Tag

9/29/03

② DALL SEARS MISSING ON
3rd FLOOR (HALL HOOK)

8

707



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received 4-22-03
Date Issued 03-4192
Control #
Permit #

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

Block 120505 Lot 23

Work Site Location 215 Georges Rd Brick NJ 07023

Owner in Fee Rose Deane 215 Georges Rd Brick NJ 07023

Address 215 Georges Rd Brick NJ 07023

Tele. (783) 741-0900 Fax (783) 741-0907

Contractor MR. ROOPER PLUMBING

Address 24 HOBART PLACE SHREWSBURY, NJ 07702

Tele. (783) 741-0900 Fax (783) 741-0907

Lic. No. 0448 Federal Emp. No. 22-3663466

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 \$ 707

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Joint Plan Review Required: No Plans Required

INSPECTIONS

Type: Slab Failure Failure Approval Initial

Building Electric Rough Water Sewer Fixtures Gas Equipment Solar TCO

Fire Elevator Sewer

Plumbing Plans Approved

Date: 9/1/03

Approved by: [Signature]

SUBCODE APPROVAL

CO CCO CA

Date:

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.

Signature — Contractor's Seal

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

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

FEE (Office Use Only)

UCC/PRO F-130 (REV3/96)

Professional Printing

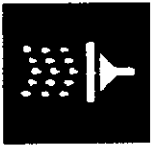
(856) 468-7933

- 1. White= Inspector Copy
- 2. Canary= Office Copy
- 3. Pink= Office Copy
- 4. White Tag

7607



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received 4-28-03
Date Issued 03-4192
Control #
Permit #

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

Block 1205.05 Lot 2.3

Work Site Location 215 Georges Rd

Owner In Fee TRUCK N5 D1223

Address 215 Georges Rd

Address TRUCK N5 D1223

Tele. [REDACTED]

Contractor ATT. ROBERT PHILLIPS

Address 20 HIGGINS PLACE

Address CHATEAUCOURT, NJ 07702

Tele. (703) 741-0300 Fax (703) 741-0302

Lic. No. 6446

Federal Emp. No. 26-2366465

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 \$ 707

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 9/1/03

Approved by: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

Solar _____

TCO _____

Dates (Month/Day)

Failure _____

Failure _____

Approval _____

Initial _____

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 _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

FEE (Office Use Only)

\$ _____

UCC/PRO F-130 (REV3/96)
Professional Printing
(856) 468-7933

Signature — Contractor's Seal
☒ Licensed Plumbing Contractor ☐ Exempt Applicant

1. White= Inspector Copy
2. Canary= Office Copy
3. Pink= Office Copy
4. White Tag