

BLOCK 307 LOT 49 QUALIFICATION CODE _____ ADDRESS (SITE) 38 Glenn Drive PERMIT NO. 05-2363



CONSTRUCTION PERMIT APPLICATION

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

05-1357056

I. IDENTIFICATION

1. Proposed Work Site at: 38 Glenn Drive Brick NJ 08723
2. Name of Owner in Fee: Rosemaria Laureano Tel. [REDACTED]
Address 38 Glenn Drive Brick 08723
street municipality zip code
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: All Phase Kitchens/Ceiling Tel. (732) 405-5335
Address 75 Ocean Avenue Middletown NJ 07748
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. 223024054 FAX: (732) 495-1034
5. Architect or Engineer _____ Tel. (_____) _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
Tel. (_____) _____ FAX: (_____) _____

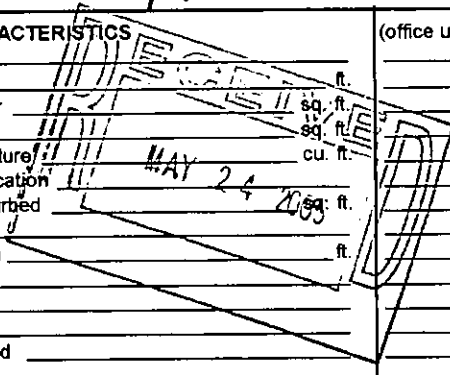
V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>56</u>		
2. Electrical	<u>40</u>		
3. Plumbing	<u>45</u>		
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	\$ <u>140</u>		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ ft.
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 _____

(office use only)



OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☒ Minor Work	<u>500 -</u>								
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. B									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

Fire
6/9/05
6-705
7/1/05

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units: All Units Incom restrict
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: _____

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
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

called
6/1/06
[Signature]

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.

Agent Name All-Phase Heating & Cooling

Address 75 Ocean Avenue

Middletown NJ 07748

Telephone (732) 493-5335

Signature [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
	Prelim'n. Initial	Final Date	Prelim'n. Initial	Final Date	Prelim'n. Initial	Final Date	Prelim'n. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board			X	X	X	X	X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority			X	X	X	X	X	X	
☐ Water Authority			X	X	X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department			X	X	X	X	X	X	
☐ Soil Conservation			X	X	X	X	X	X	
☐ N.J. Department of Community Affairs			X	X	X	X	X	X	
☐ N.J. Department of Transportation			X	X	X	X	X	X	
☐ N.J. Department of Environmental Protection			X	X	X	X	X	X	
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)	
Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____ Other _____
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

Permit #

IDENTIFICATION Block 307 Lot 49 Qualification Code _____
Work Site Location 38 Glenn Ave Contractor All-Phase Heating & Cooling
Brick NJ 08723 Address 75 Ocean Avenue
Owner in Fee Rosemarie Lauriano Middletown NJ 07748
Address 38 Glenn Ave Tel. (732) 495-5335
Brick NJ 08723 Lic. No. or Bldrs. Reg. No. _____
Tel. [REDACTED]

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:

Replace Furnace + A/C

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 \$ 5600.00

Construction Official

Date

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)

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 06/20/2005
Control # C-05-135656
Permit # 05-2363

IDENTIFICATION Block: 307 Lot: 49 Qualifier _____
Work Site Location: 38 GLENN DR. Brick Township, NJ Contractor ALL PHASE HEATING & COOLING
Address 75 OCEAN AVENUE MIDDLETOWN NJ 07748
Owner in Fee LAURIANO, ROSEMARIE
Address 38 GLENN DR. BRICK NJ 08723 Telephone: 732-495-5335
Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 22-3026054

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 A/C, REPLACEMENT HOT AIR FURNACE

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 \$500

Construction Official _____ Date 06/20/2005

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	\$55
Plumbing	\$40
Fire Protection	\$45
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$140
Check No.	10010
Cash	\$0
Credit	\$0
Collected By	Stephanie Capozzi

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.

Township of

~~Wichita~~ Wichita 3-7-24



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received 4/20/05
Date Issued 4/20/05
Control # 05-2343
Permit # 05-2343

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

Block 307 Lot 49

Work Site Location 38 Glen Drive

Owner in Fee Russell Lawrence

Address 38 Glen Drive

City Wichita State KS Zip 67223

Contractor All Phase Heating-Cooling

Address 75 West 1st St

City Wichita State KS Zip 67204

Tele. (732) 495-5335

Lic. No. _____ or Social Security No. _____

Federal Emp. No. 22322222

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class. Present _____ Proposed _____

Heating Systems ☐ New ☐ Existing

Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar

Location: _____

Total Est. Cost of Fire Prot. Work \$ 0 ☐ Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☒ No Plans Required

Joint Plan Review Required: _____

☐ Bldg. ☐ Plumb. ☐ Elec.

Date: 6-14-05

Approved by: AB

SUBCODE APPROVAL: _____

Date: 7-1-05

Approved by: AB

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

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

Combustible Liquid Storage Tanks

L.P.G. Storage Tanks

L.N.G. Storage Tanks

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 # _____ Minimum Fee \$ _____

Collected by _____ TOTAL FEE \$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

TOTAL FEE \$ _____

U.C.C. Form F-140A

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



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 307 Lot 49

Work Site Location 38 GIRON DRIVE

Owner in Fee LORENA L. LEVAND

Address 38 GIRON DRIVE

City NEW JERSEY State 08723

Telephone (732) 493-5335 Fax (732) 493-1038

Lic. No. 223024 D34

Federal Emp. No. 223024 D34

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 \$ 223.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Joint Plan Review Required:

INSPECTIONS

Type: Failure Failure Approval Initial

Slab Rough Water Sewer

Electric Fittings Gas Equipment Solar

Fire Elevator Gas Piping TCO

Plumbing Plans Approved

Date: 6/9/05

Approved by: [Signature]

SUBCODE APPROVAL

CO CCO CA

Date: 7-1-05

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: [Signature] Contractor's Seal

[] Licensed Plumbing Contractor [x] Exempt Applicant



Date Received 6/20/05
Date Issued 6/20/05
Control # 05-2363
Permit # 05-2363

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 Recessed Furnace

Other Subsidiary

Other

FEE (Office Use Only)

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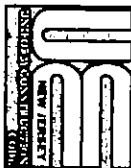
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ELECTRICAL SUBCODE
TECHNICAL SECTION



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

Block 307 Lot 49 Qualification Code _____

Work Site Location 38 GLEN DRIVE

Owner in Fee LESSONARIE LAWSON

Address 38 GLEN DRIVE

Tel 908 455 1872

Contractor MARTIN ELECTRICAL CO

Address 37 HART

Tel (908) 495-9167 FAX (908) 495 2356

Contractor License No. 981

Federal Emp. No. 137-22522

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 20000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial _____

☒ No Plans Required

Joint Plan Review Required: _____

☐ Building ☐ Plumbing _____

☐ Fire ☐ Elevator _____

☐ Elec. Plans Approved _____

Date: 6/20/05

Approved by: MM

INSPECTIONS _____

Type: _____ Failure _____ Approval _____ Initial _____

Rough _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Contr. Serv. _____

TCO _____

Other _____

Services _____

Final _____

Barrier-Free _____

Temp. Cut-In-Card Date Issued _____

Final Cut-In-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

Temp. Cut-In-Card Date Issued _____

Final Cut-In-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

Temp. Cut-In-Card Date Issued _____

Final Cut-In-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

Temp. Cut-In-Card Date Issued _____

Final Cut-In-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

Temp. Cut-In-Card Date Issued _____

Final Cut-In-Card Date Issued _____

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Final Cut-In-Card Date Issued _____

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Date of Grounding and Bonding _____

Certification _____

Temp. Cut-In-Card Date Issued _____

Final Cut-In-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

Temp. Cut-In-Card Date Issued _____

Final Cut-In-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

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 the application.

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit 4000

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Repair Entrance

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Date Received
Control #
Date Issued 10/20/05
Permit # 05-2343

6-29-05

- 1) FURANCE WIRE NOT SUPPORTED TO WALL
- 2) FURANCE BREAKER 2 POLE BREAKER 35 AMP
120 VOLT FURANCE
- 3) ALL NAME PLATE 25 AMP & 60 AMP BREAKER
⁴⁰
~~60~~ - AMP FUSES

7-25-05

ALL DISCONNECT FUSE STILL ^{35 AMP} ~~25~~ -
BREAKER IN PANEL 20 AMP



CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 307 LOT 49 PERMIT # _____
WORK SITE ADDRESS 38 Glenn Drive Brick

Applicant Romanie Lauriano
Certifying Individual John J. Sec. Jr. Company All Phase Heating Cooling
Address 75 Glenn Avenue Hickory NJ 07148
Street City State Zip Code
Tel. (732) 495-5335

Check the Appropriate Box

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas Appliance Replacement
☐ Oil to Oil Replacement
☒ Other electric to gas

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]
Signature

5/17/05
Date

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