

944-95

APR 14 1997



CONSTRUCTION PERMIT APPLICATION

V. FEE SUMMARY (for office use only)

Update | Update

		Expense	Expense
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	\$	1060.-	and

I. IDENTIFICATION

1. Proposed Work-site at: 85 OAK KNOLL DR.

2. Name of Owner in Fee: GEORGE PIZZUTA Tel. ()

Address SAME AS WORK SITE

street municipality zip code

3. Ownership in Fee: Public Private ✓

4. Principal Contractor: LANIGAN'S PLUMBING Tel. (908) 751 1560

Address 19 CAPITAL REEF R.D. HOWELL N.J.

License No. OR, if new home, Builder Reg. No. 10329 Exp. Date 6/30/97

Federal Emp. No. Social Security No.

5. Architect or Engineer Tel. ()

Address

6. Responsible Person JOHN J LONIGAN Tel. (908) 751-1560
in Charge of Work

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. 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. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

Est. Cost

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. ☐ Elevator Devices
10. ☐ Asbestos Abatement
11. ☐ Demolition

TOTAL COSTS

800.-

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates		Re- viewer
					Approval	Rejection	
608	4/14/97						
			4/14/97		5/9/97		
			4/16/97		5/9/97		

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

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 LONGANS PLUMBING + HEATING

Address 19 CAPITAL KEEF RD. HAVELL N.J. 07731

Telephone (908) 751 1560

Signature John J. Longue Date 4/14/97

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition	Name of Code & Edition	Other
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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

4/22/97

944-97

IDENTIFICATION Block 1033.05 Lot 32Work Site Location 85 Oak Knoll Dr. Contractor Langan's Plam.Address 14 Auditor Reef Rd.Owner in Fee George Proctor. Tele. ()Address Samu. Lic. No. or Bldrs. Reg. No. Exp. DateTele. () Federal Emp. No. 22-542854

or Social Security No. [REDACTED]

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ OTHER☐ ELECTRICAL ☐ FIRE PROTECTION☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

(Pool 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 \$ 8000

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building

Plumbing 1/0

Electrical

Fire Protection 25

Other

Other

DCA Training Fee 1-

Cert. of Occ.

Other

Total 1010

Check No.

Cash

Collected By: A. Smith



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 4/16/97
Date Issued
Control # 9444-97
Permit #

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

Block 1033.05 Lot 32
Work Site Location ST OAK KIDIC DR.
Owner in Fee SOME AS ABOVE
Address _____
Tele. (____) _____
Contractor LAVERAN'S PLUMBING & HEATING
Address 19 CAPITAL REEF R.O. BOULEVARD N.J.
City 07231
Tele. (908) 751 1580
Lic. No. 10329 or Social Security No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Const. Class. _____ Present _____ Proposed _____
Heating Systems [☒] New [] Existing
Type: [☒] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: OUTSIDE POOL DECK
Total Est. Cost of Fire Prot. Work \$ _____ [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)	Initial
[] No Plans Required	Type:	Failure	Failure
Joint Plan Review Required:	Suppression Test		
[] Bldg. [] Plumb.	Fire Alarm Test		
[] Elec. [] Elevator	Smoke Test		
[] Fire Plans Approved	Mechanical		
Date: <u>4/14/97</u>	TCO		
Approved by: _____	Other <u>Pool Deck</u>		
SUBCODE APPROVAL:	Other _____		
[] 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

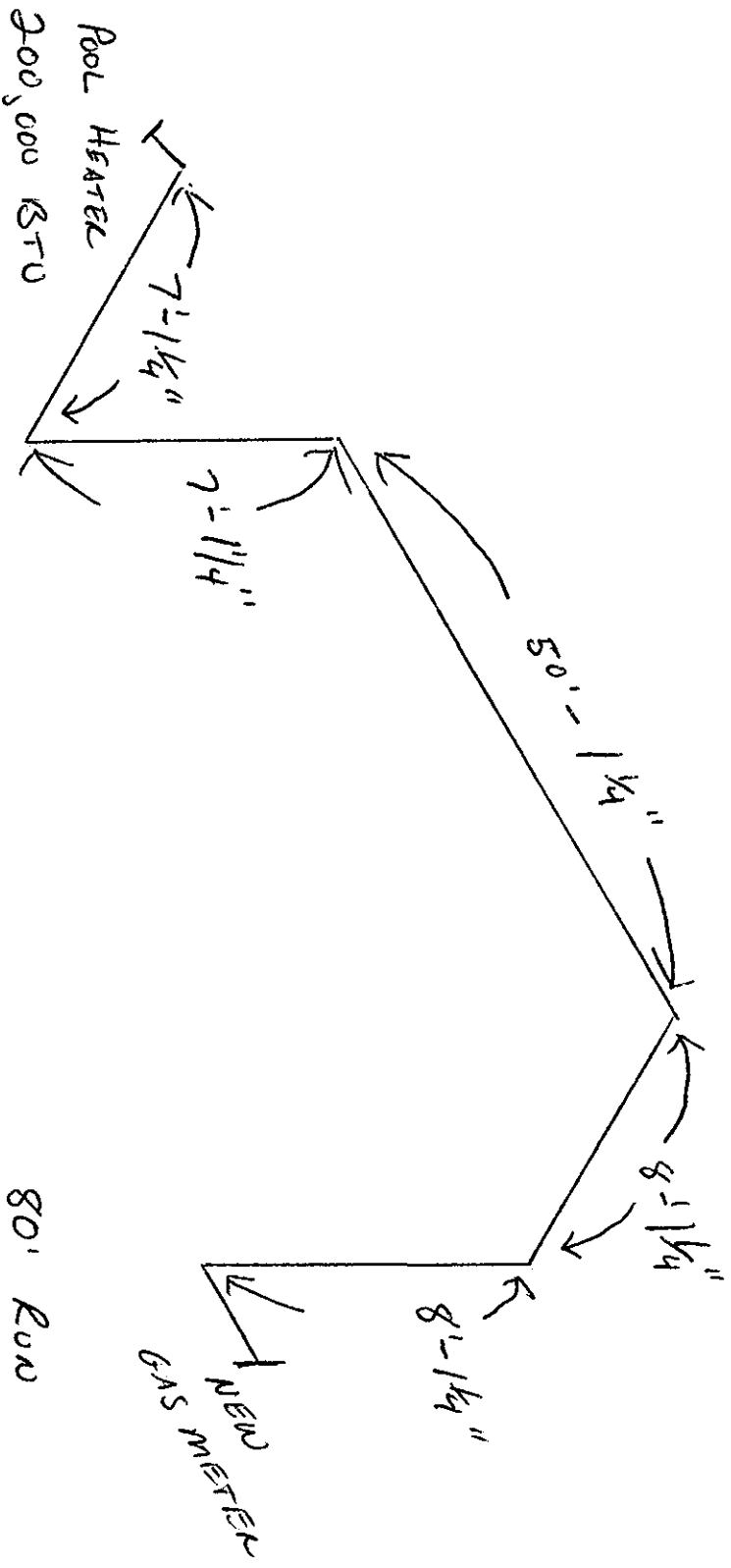
D. TECHNICAL SITE DATA

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 _____

Paid [] Check # _____	Administrative Surcharge \$ _____
Collected by: _____	Minimum Fee \$ _____
	DCA Training Fee \$ _____
	TOTAL FEE \$ _____

Block # 1033.05
Lot # 32



ALL 1 1/4" PIPING
3/4" INLET ON POOL
HEATER

Handwritten signature

Handwritten signature
4-16-97