

BLOCK 527

LOT 23

QUALIFICATION CODE

ADDRESS (SITE) 976 Rosewood Avenue

PERMIT NO.

20-1795



CONSTRUCTION PERMIT APPLICATION

C-20-002250

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

I. IDENTIFICATION

1. Proposed Work Site at: 976 Rosewood Avenue Brick Township, NJ 08723

2. Name of Owner in Fee: Kathleen Cala

Tel. [REDACTED]

e-mail permits@goldmedalservice.com

Address SAME

3. Ownership in Fee: street Public municipality Private X zip code

4. Principal Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3725

Address 11 Cotters Lane e-mail permits@goldmedalservi

East Brunswick, NJ 08816

License No. OR, if new home, Builder Reg. No. 12777 / 18342 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

5. Architect or Engineer Contact

Address e-mail

Tel. FAX:

6. Responsible Person in Charge once Work has Begun Joseph Todaro

Tel. (732) 390-3725 FAX: (732) 390-3793

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical	\$	150	
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	\$	280	
13. TOTAL	\$		

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

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

FOR OFFICE USE ONLY (Optional)

IIb. SUBCODES

(Check all that apply)

☐ Building☒ Electrical☒ Plumbing☐ Fire Protection☐ Elevator

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
						Approval	Rejection
1,000							
1,600							

TOTAL COST \$2,600

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/

Dumbwaiters/Moving Walks

2. ☐ High Pressure Boilers3. ☐ Pressure Vessels4. ☐ Refrigeration Systems5. ☐ Cross-Connections/Backflow Preventers6. ☐ Hazardous Uses/Places of Assembly7. ☐ Sprinklers/Standpipes8. ☐ Smoke Control Systems in Open Wells9. ☐ Underground Storage Tanks10. ☐ Swimming Pools, Spas and Hot Tubs11. ☐ LPGas Tanks12. ☐ Fire Alarm

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group, Proposed:

3. Change in Use Group, Indicate Present:

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:

3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present

Proposed

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 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. 5:23-2.15(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 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.

(X) Check if contractor.

Agent Name Gold Medal Plumbing Heating Cooling Electric, Inc

Address 11 Cotters Lane

East Brunswick, NJ 08816

Telephone (732) 390-3725

Signature _____

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



CONSTRUCTION PERMIT

Date Issued 8/7/20
Control # C-20-002250
Permit # 20-1795

IDENTIFICATION Block: 527 Lot: 23 Qualifier _____
Work Site Location: 976 ROSEWOOD AVE. Brick Township, NJ Contractor GOLD MEDAL PLUMBING HEATING/COOLING
Owner in Fee CALA, KATHLEEN Address 11 COTTERS LN EAST BRUNSWICK NJ 08816
976 ROSEWOOD AVE BRICK NJ 08723 Telephone: (732) 390-3725
Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH02738600 9734 12777
Federal Employee No. 836-357354

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. SUBPANEL

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 \$2,600

Construction Official D. Newmyer Jr

Date 7/22/20

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building _____ \$0
Electrical _____ \$150
Plumbing _____ \$0
Fire Protection _____ \$0
Elevator Devices _____ \$0
Other _____ \$125.00
DCA Training Fee _____ \$5
CO Fee _____
Other _____ \$0
Total _____ \$280
Check No. 10392
Cash _____ \$0
Credit _____ \$0
Collected By D. Newmyer Jr

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.



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 527 Lot 23 Qualification Code _____
Work Site Location 976 Rosewood Avenue Brick Township, NJ 08723

Owner in Fee: Kathleen Cala

Tel. _____ e-mail permits@goldmedalservice.com

Address SAME

Contractor: Gold Medal Service, LLC Tel. (732) 390-3725
Address 11 Cotters Lane e-mail permits@goldmedalservice.com
East Brunswick, NJ 08816

Contractor License No. 18342 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1,000

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
[] No Plans Required	Type: Failure Failure Approval Initial
[] Partial -Underslab Utilities Approved	Rough
Date: _____ Approved by: _____	Barrier-Free
[] Electric Plans Approved	Trench
Date: _____ Approved by: _____	Temp. Serv.
Joint Plan Review Required:	Constr. Serv.
[] Bldg. [] Plumb. [] Fire. [] Elev.	TCO
SUBCODE APPROVAL for PERMIT	Other
Date: _____	Service
Approved by: _____	Final
	Barrier-Free
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued
Date: _____	Annual Pool Inspection
Approved by: _____	Date of Grounding and Bonding
	Certification

Date Received
Control #
Date Issued
Permit #

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

Applicant sign/Contractor
sign and seal here: _____

Print name here: Joseph Todaro

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

EL wh + install 20A circuit for garage door opener

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
0	_____	TOTAL NUMBERS	\$ _____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
1	2	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Receptacle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
1	20	KW Elec. Sign/Outline Light	_____
_____	_____	<u>amp circuit</u>	_____

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



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

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

Block 527 Lot 23 Qualification Code _____
Work Site Location 976 Rosewood Avenue Brick Township, NJ-08723

Owner: Kathleen Cala

Tel. _____ e-mail permits@goldmedalservice.com

Address SAME

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc Tel. (732) 390-3725

Address 11 Cotters Lane e-mail permits@goldmedalservice.
East Brunswick, NJ 08816

Contractor License No. 12777 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 830357354 FAX: (732) 390-3793

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 \$ 1,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS				Dates (Month/Day)	
		Type:	Failure	Failure	Approval	Initial	
☐ No Plans Required		Slab	_____	_____	_____	_____	
☐ Partial -Underslab Utilities Approved		Rough	_____	_____	_____	_____	
Date: _____ Approved by: _____		Water	_____	_____	_____	_____	
☐ Plumbing Plans Approved		Sewer	_____	_____	_____	_____	
Date: _____ Approved by: _____		Fixtures	_____	_____	_____	_____	
Joint Plan Review Required:		Gas Equipment	_____	_____	_____	_____	
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping	_____	_____	_____	_____	
SUBCODE APPROVAL for PERMIT		LPGas Tank	_____	_____	_____	_____	
Date: _____		Fuel Oil Piping	_____	_____	_____	_____	
Approved by: _____		Solar	_____	_____	_____	_____	
SUBCODE APPROVAL for CERTIFICATE		TCO	_____	_____	_____	_____	
☐ CO ☐ CCO ☐ CA		Final	_____	_____	_____	_____	
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.

Applicant sign/Contractor
sign and seal here: _____

Print name here: Joseph Todaro

☒ Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

replace electric water heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
<u>1</u>	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____

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