BLOCK 819 LOT 1 QUALIFICATION CODE D ADDRESS (SITE) _____ PERMIT NO. 98-0460

3/5/98

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1582 Larson ST BRICKtown NJ
2. Name of Owner in Fee: MR. WILKOWSKI Tel. [redacted]
   Address 1582 Larson ST (street) BRICKtown (municipality) [redacted] (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Neil PASANELLO JR Tel. (732) 892-5889
   Address 336 Eastern Rd PT. PLEASANT NJ 08742
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee N[redacted] FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work Neil PASANELLO JR
   Tel. (732) 892-5889 FAX (____) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 35		
2.	Electrical			
3.	Plumbing	30		
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$ 65		
7.	Less 20% for State Plan Review			
	Subtotal	$		
	DCA Training Fee	1		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 66		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1	
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 _____	

Replacing fixtures

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building					3-6-98	FM	3/11/98		
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☑ Plumbing					3-5-98	DM	3/17/98		
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1500								

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

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:

LDS BR 10411443

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 [signature] Date 3/3/98

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 _____

Address _____

_____

Telephone (732) 892-5889

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
	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		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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/09/98
Control #
Permit # 98-0460

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 819 Lot 1

Work Site Location 1582 LARSEN ST.
REPLACING PLMG FIXT $
Owner in Fee JAHLKOWSKI, E.
Address SAME
BRICK, NJ 08724-
Telephone ( )

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. HO-
or Social Security No.

Is hereby granted permission to perform the following work:
[X] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
REPLACE SHEETROCK AROUND TUB AREA

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 $ 1,500

J. Cusanzo / CS
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	30
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occ.	0
Other	
Total	66
Check No.	2055
Cash	
Collected By:	CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/05/98
Date Issued / /
Control # C4-1
Permit # 98-0460

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

Block 819 Lot 1
Work Site Location 1582 LARSEN ST.
REPLACING PLMG FIXTURES
Owner in Fee JAHLKOWSKI, E.
Address SAME
BRICK, NJ 08724-
Tele.(__)
Contractor
Address
Tele.(__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-
or Social Security No.

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

REPLACE SHEETROCK AROUND TUB AREA

Call For inspection on Rock in TUB Area Before Tiled. FM.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	3-6-98	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [X] CA
Date: 3-6-98
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK

		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration	Also Replacing Rock 4' around Room to receive new Tile	35
[ ] Roofing		
[ ] Siding		
[ ] Fence 0	Height (6' or over)	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement		0
[ ] Other		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 1,000
3. Total (1+2)$ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge		$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 1

U.C.C. Form F-1108

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/05/98
Date Issued / /
Control # C4-1
Permit # 98-0460

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

Block 819 Lot 1
Work Site Location 1582 LARSEN ST.
REPLACING PLMG FIXTURES
Owner in Fee JAHLKOWSKI, E.
Address SAME
BRICK, NJ 08724-
Tele.( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-
or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	5-6-98	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 1,000
3. Total (1+2)$ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

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

REPLACE SHEETROCK AROUND TUB AREA

Call For Inspection on Rock in TUB Area Before Tiled. FM.

TYPE OF WORK

[ ] New Building
[ ] Addition
[X] Alteration — Also Replacing Rock 4' around Room to receive new Tile
[ ] Roofing
[ ] Siding
[ ] Fence 0 Height (6' or over)
[ ] Sign 0 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
Other
[ ] Demolition

FEE (Office Use Only)

	$ 0
	0
	35
	0
	0
	0
	0
	0
	0
	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 1

U.C.C. Form F-1108

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/05/98
Date Issued / /
Control # C4-1
Permit # 98-0460

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

Block 819 Lot 1
Work Site Location 1582 LARSEN ST.
REPLACING PLMG FIXTURES
Owner in Fee JAHLKOWSKI, E.
Address SAME
BRICK, NJ 08724-
Tele.( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-
or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REPLACE SHEETROCK AROUND TUB AREA

CALL FOR INSPECTION ON ROCK IN TUB AREA BEFORE TILED. FM.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	3-6-98	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK

		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration	Also Replacing Rock 4' around Room to receive new Tile	35
[ ] Roofing		
[ ] Siding		
[ ] Fence 0	Height (6' or over)	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement		0
[ ] Other		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 1,000
3. Total (1+2)$ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

U.C.C. Form F-1108

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/05/98
Date Issued / /
Control # C4-1
Permit # 98-0460

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

Block 819 Lot 1
Work Site Location 1582 LARSEN ST.
REPLACING PLMG FIXTURES
Owner in Fee JAHLKOWSKI, E.
Address SAME
BRICK, NJ 08724-
Tele.( )
Contractor ALL STAR PLUMBING
Address 1889-100 RT 9
TOMS RIVER, NJ -
Tele.(732)505-1440
Lic. No. or Bldrs. Reg. No. 7112
Federal Emp. No. 15-4483784
or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS
Use Group Present R-3 Proposed R-3
Building Sewer Size _____ [ ] Public Sewer [ ] Private Septic
Water Sewer Size _____ [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-5-98
Approved By: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By: [signature]
Date: 3-17-98

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			3-11-98	[signature]
Water				
Sewer				
Fixtures			5-17-98	[signature]
Gas Equip.				
Gas Piping				
Solar				
TCO				

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 Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Water Cooled A/C or Refrigeration Unit	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Active Solar System	0
	Other _____	0
	Other _____	0

Administrative Surcharge $ 0
Paid [ ] Check # _____ Miniaum Fee $ 0
Collected by: _____ TOTAL FEE $ 30
DCA Training Fee $ 0

U.C.C. Form F-130B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/05/98
Date Issued / /
Control # C4-1
Permit # 98-0460

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

Block 819 Lot 1
Work Site Location 1582 LARSEN ST.
REPLACING PLMG FIXTURES
Owner in Fee JAHLKOWSKI, E.
Address SAME
BRICK, NJ 08724-
Tele.( )
Contractor ALL STAR PLUMBING
Address 1889-100 RT 9
TOMS RIVER, NJ
Tele.(732)505-1449
Lic. No. or Bldrs. Reg. No. 7112
Federal Emp. No. 15-4483786
or Social Security # [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size _____ [ ] Public Sewer [ ] Private Septic
Water Sewer Size _____ [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-5-98
Approved By: [signature]
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By: _____
Date: _____

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			3/6/98	[illegible]
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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 Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Water Cooled A/C or Refrigeration Unit	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Active Solar System	0
	Other _____	0
	Other _____	0

Administrative Surcharge $ 0
Paid [ ] Check # _____ Minimum Fee $ 0
Collected by: _____ TOTAL FEE $ 30
DCA Training Fee $ 0

U.C.C. Form F-1308

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/05/98
Date Issued / /
Control # C4-1
Permit # 98-0460

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

Block 819 Lot 1
Work Site Location 1582 LARSEN ST.
REPLACING PLMG FIXTURES
Owner in Fee JAHLKOWSKI, E.
Address SAME
BRICK, NJ 08724-
Tele.( )
Contractor ALL STAR PLUMBING
Address 1889-100 RT 9
TOMS RIVER, NJ -
Tele.(732)505-1449
Lic. No. or Bldrs. Reg. No. 7112
Federal Emp. No. 15-4483[redacted]
or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-5-98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				11
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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 Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Water Cooled A/C or Refrigeration Unit	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Active Solar System	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 30
DCA Training Fee $ 0

U.C.C. Form F-1308

SITE LOCATION 1582 Carson BLOCK 814 LOT 1-4 DESCRIPTION OF WORK Bathroom Remodel

OWNER MR WILKOWSKI PHONE [redacted] ADDRESS 1582 Carson ST STATE ZIP

BUILDING INSPECTION

Contractor Neil PASANELLO

Address 336 EASTHAM RD Phone (732) 8925889

LIC # FEDERAL EMP. NO.(or SSN#)

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

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ ALTERATION (2) $

ADDITION (3) $ TOTAL (1+2+3) $ 1000 00

BUILDING CHARACTERISTICS

USE GROUP	PRESENT	PROPOSED
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES	HT. OF STRUCTURE	FT.
AREA: LARGEST FLOOR		SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS		SQ. FT.
VOLUME OF STRUCTURE		CU. FT.
TOTAL LAND AREA DISTURBED		SQ. FT.

FOR OFFICE USE ONLY

TYPE OF WORK	COST	MISC.	COST
NEW BLDG.		FENCE	
ADDITION		SIGN	
ALTERATION		POOL	
ROOFING		ASBESTOS ABATEMENT	
SIDING		DCA	
DEMOLITION		TOTAL	

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS Removing - Install new Sheetrock in tub area & 24" around Room to Receive ceramic tile.

PLUMBING INSPECTION

Contractor All Star Plumbing

Address 1589-100 Rte 9 Phone ( ) 5051440

LIC # 7112 FEDERAL EMP. NO. (or SSN#) 154483756

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)

Estimated Cost of Plumbing Work: $ 500 00

Sewer Size Existing Water Size Existing

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
1	Water Closet		Steam Boiler
	Urinal / Bidet		Hot Water Boiler
1	Bath Tub		Sewer Pump
1	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
	Sink		Water Cooled A/C or Refrigeration Unit
	Dishwasher		Sewer Connection
	Drinking Fountain		Water Service Connection
	Washing Machine		Active Solar System
	Hose Bibb		Other
	Water Heater		Other
	Fuel Oil Piping		Other
	Gas Piping		

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS Replace Existing with new SAME LOCATION

FIRE INSPECTION

Contractor

Address Phone ( )

LIC # FEDERAL EMP. NO. (or SSN#)

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WO ON THIS APPLICATION.

SIGNATURE (Contractor's Seal)

Estimated Cost of Fire Prot. Work: $

HEATING TYPE ( ) GAS ( ) OIL ( ) ELECTRICAL ( ) Solar

Location HEATING SYSTEM ( ) NEW ( ) EXI

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE

METHOD OF VALVE SUPERVISION

LOCAL ALARM SUPERVISION

CENTRAL SUPERVISION

PROPRIETARY SUPERVISION

Flammable Liquid Storage Tanks ☐ Capacity Fue

Combustible Liquid Storage Tanks ☐ Capacity Fue

L.P.G. Storage Tanks ☐ Capacity Fue

L.N.G. Storage Tanks ☐ Capacity Fue

NO.	ITEM	NO.	ITEM
	Wet Sprinkler Heads		Pre-Engineered Sys
	Dry Sprinkler Heads		CO_2 Suppression
	TOTAL		Halon Suppression
			Foam Suppression
	Smoke Detectors		Dry Chemical
	Heat Detectors		Wet Chemical
	TOTAL		Gas or Oil Fired A
			Other
1	Stand Pipes		
	Kitchen Hood Exhaust System		

SUBCODE OFFICIAL: ☐ Approved ☐ Disappr

COMMENTS