

RECEIVED

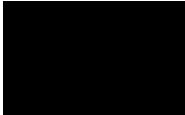
FEB 04 1997



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1646 Hoffman St Bruck
2. Name of Owner Rivera Tel. () 
- Address _____
street municipality
3. Ownership Public _____ Private ✓
- RICHARD SUTCH INC
4. Principal Contractor: PO BOX 355 Tel. () _____
- LEONARDO, NJ 07731
- Address _____
- 908-291-8614
- License No. OR, if new home, Builder Reg. No. LIC. # 7054 Exp. Date _____
- Federal Emp. No. 22-2786990 Social Security No. _____
5. Architect or Engineer _____ Tel. () _____
- Address _____
6. Responsible Person _____ Tel. () _____
in Charge of Work

II. PROPOSED WORK

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**

Est	Cost
-----	------

500—

OPTIONAL (for office use only)

[illegible]

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 | 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 |

V. FEE SUMMARY (for office use only)

- | | | Update | Update |
|--------------------------------------|----|--------|--------|
| 1. Building | \$ | | |
| 2. Electrical | | | |
| 3. Plumbing | | 3.5 | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | \$ | | |
| 7. Less 20% for
State Plan Review | | | |
| Subtotal | \$ | | |
| DCA Training Fee | | | |
| Subtotal | \$ | | |
| Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | \$ | 35 | |

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

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 10103485

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 _____ RICHARD SUTCH INC.

Address _____ PO BOX 355

LEONARDO, NJ 07737

908-291-8614

LIC.# 7654

22-2786990

Telephone (_____) _____

Signature _____ Date _____

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 _____	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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued 2-5-97
Control #
Permit # 211-97

IDENTIFICATION Block 831 Lot 7

Work Site Location 1646 Hoffmann St

Contractor RICHARD SUTCH INC.

Address PO BOX 355

Owner in Fee Rivera

Address LEONARDO, NJ 07737

Address [REDACTED]

Tele. () 908-291-8614

Tele. () [REDACTED]

Lic. No. or Bldrs. Reg. No. LIC. # 7654 Exp. Date 01/01/97

Federal Emp. No. 22-2786990

or Social Security No. INT

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Emergency Replacement Water Heater Ready For Inspection

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 \$ 500-

[Signature]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	PLUMBING 31.00
Electrical	TOTAL 31.00
Plumbing	CHECK 35.00
Fire Protection	CHANGE 1.00
Elevator Devices	NO. 5 0022ADUS 01.00
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	35.00
Check No.	749
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 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.



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

2/5/97
2/11-97

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 8911646 Lot 7
Work Site Location Hoffman Street Brick

Owner in Fee Rivera F OK
Address _____

Tel. (____) _____
Contractor WARD SWITCH INC.
Address PO BOX 355

LEONARDO NI 07797
Tel. (____) 908.201.8614

Lic. No. 11C # 7654
Federal Emp. No. 22-2786790 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 500 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS			
Type:		Failure	Failure	Approval	Initial
☒ No Plans Required	Slab				
☐ Bldg. [] Elec.	Rough				
☐ Fire [] Elevator	Water <u>HTR</u>	<u>12050</u>			
☐ Plumb. Plans Approved	Sewer				
Date: <u>2-2-97</u>	Fixtures				
Approved by: <u>[Signature]</u>	Gas Equipment				
	Gas Piping				
	Solar				
	TCO				
SUBCODE APPROVAL:					
☐ CO ☐ CCO ☐ CA					
Approved By: <u>[Signature]</u>					
Date: <u>2-2-97</u>					

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 Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	<u>35</u>
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Paid [] Check # _____	Administrative Surcharge \$ _____
	Minimum Fee \$ <u>35</u>
	DCA Training Fee \$ _____
Collected by: _____	TOTAL \$ _____

1-26-88

Rehes discharge too short
Lrse leg required

2-1-88



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

2/5/97
2/11-97

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

Block 891 1646 Hoffman Lot 7
Work Site Location Street Brick
Owner in Fee Rivera
Address _____
Tele. () _____ RICHARD SUICH INC.
Contractor PO BOX 355
Address LEONARDO, NJ 07737
Tele. () _____ 908-291-8614
Lic. No. _____ IJC # 7654
Federal Emp. No. _____ 22-2786990 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

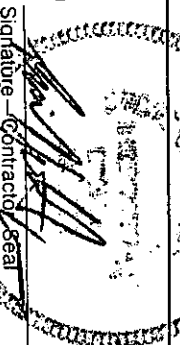
Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 500 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS				
[] No Plans Required		Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:		Slab				
[] Bldg. [] Elec.		Rough				
[] Fire [] Elevator		Water				
[] Plumb. Plans Approved		Sewer				
Date: <u>2-4-97</u>		Fixtures				
Approved by: <u>DAK</u>		Gas Equipment				
		Gas Piping				
		Solar				
		TCO				
SUBCODE APPROVAL:						
[] CO [] CCO [] CA						
Approved By: _____						
Date: _____						

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.



[X] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	<u>35</u>
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

2/5/97

Paid [] Check # _____	Administrative Surcharge \$ _____
	Minimum Fee \$ <u>35</u>
DCA Training Fee \$ _____	
Collected by: _____	TOTAL \$ _____

BLOCK: _____ LOT: _____ PERMIT#: _____

WORKSITE ADDRESS: 1646 Hoffman St Bruck

Certifying Individual(Print Name)

Name: Rivera
 Address
 Street: 1646 Hoffman St
 State: Bruck

Company

Name: _____
 City: RICHARD SUTCH INC.
PO BOX 355
LEONARDO, NJ 07737
 Zip: 908-291-8614
 Phone# () LIC.# 7654
22-2786990

Check The Appropriate Box

Type of replacement:

- ☐ Oil to Gas Conversion
☐ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other (describe): _____

Existing vent/chimney:

- ☐ B label vent
☐ L label vent
☐ Masonry chimney-Tile lined
☐ Flexible liner
☐ Power vent/exhauster
☐ Other (describe): _____

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 the 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.

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 _____ Date _____

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