

BLOCK

LOT

QUALIFICATION CODE

ADDRESS (SITE)

PERMIT NO.



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1740 Forge Pond RD

2. Name of Owner in Fee: Marye Ruppert

Tel. () e-mail

Address 1740 Forge Pond RD street municipality zip code

3. Ownership in Fee: Public Private

4. Principal Contractor: Indepene Plumbing & Remodeling Tel. (732) 489-3709

Address 1000 Second Ave Wall NJ 07719 e-mail gmiles@iphr.com

License No. OR, if new home, Builder Reg. No. 12404 Exp. Date 06-30-09

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

Federal Emp. ID No. 260272385 FAX: (732) 749 3615

5. Architect or Engineer Contact

Address e-mail

Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun Gary miles IPH

Tel. (732) 489 3709 FAX: (732) 749 3615

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical	\$	65 ✓ / 40 ✓
3. Plumbing	\$	
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	\$	
13. TOTAL	\$	2400 2 / 42

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

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☐ Electrical
- ☒ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
		5/26/09		6-16-09	AS			
300				6-2-09	B			

TOTAL COST

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

III. PLAN REVIEW (optional)**DO YOU WANT:**

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 | 8. ☐ Smoke Control Systems in Open Wells |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs |
| | 7. ☐ Sprinklers | 11. ☐ LPGas 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.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.

- ☒ Check if contractor.

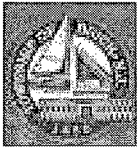
Agent Name Gary Miles Independence Plumbing

Address 1000 Second Ave Wall NJ 07719

Telephone (732) 489 3709

Signature [Signature]

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/22/2010
Control Number C-09-001784
Permit Number 09-1437
Permit Issue Date 06/18/2009
Certificate Number 09-1437

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1740 FORGE POND RD Brick Township, NJ Block: 851 Lot: 10 Qual: _____
Owner in Fee: RAPPAPORT, MARK & MARJORIE
Owner Address: 1740 Forge Pond Road Brick DE 08724
Telephone: _____
Contractor: INDEPENDENCE PLUMBING AND HEATING
Address: 1000 SECOND AVE WEST BELMAR NJ 07719
Telephone: (732) 489-3709 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 26-0272386

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: AUXILIARY METER, BACKFLOW PREVENTER/LAWN SPRINKLER, RAIN SENSOR

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

6/18/09
C-09-001784
09-1437

IDENTIFICATION Block: 851 Lot: 10 Qualifier
Work Site Location: 1740 FORGE POND RD Brick Township, NJ Contractor INDEPENDENCE PLUMBING AND HEATING
Owner in Fee RAPPAPORT, MARK & MARJORIE Address 1000 SECOND AVE Wall NJ 07719
1740 Forge Pond Road Brick DE 08724 Telephone: (732) 489-3709
Telephone: Lic. No. or Bldrs. Reg. No.
Federal Employee No. 26-0272386

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:

AUXILIARY METER, BACKFLOW PREVENTER/LAWN SPRINKLER

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 \$300

[Signature]
Construction Official

Date 6-2-09

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	\$0
Plumbing	\$65
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$66
Check No.	
Cash	\$0
Credit	\$0
Collected By	

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:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

06/18/09 10:34AM 001558#1711

001 SERV.001

PLUMBING \$65.00
DCA \$1.00
\$66.00

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.



PERMIT UPDATE

Date Update Issued 6-23-09
Control # C-09-001784+A
Permit # +A
09-11311A

IDENTIFICATION Block: 851 Lot: 10 Qualifier _____
Work Site Location: 1740 FORGE POND RD Brick Township, NJ Contractor INDEPENDENCE PLUMBING AND HEATING
Owner in Fee RAPPAPORT, MARK & MARJORIE Address 1000 SECOND AVE Wall NJ 07719
1740 Forge Pond Road Brick DE 08724 Telephone: (732) 489-3709
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 26-0272386

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:

RAIN SENSOR

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 \$1,200

Construction Official _____

Date 6/23/09

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	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$42
Check No.	<u>1001</u>
Cash	\$0
Credit	\$0
Collected By	

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.

6/23/09 12:04PM 00155811803
K02 SERV.002

41677

DCA

040.00

02.00

042.00



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 851 Lot 10 Qualification Code _____
Work Site Location 1740 Forge Pond Rd

Brick

Owner in Fee: Mark Rappaport

Tel. () _____ e-mail _____

Address 1740 Forge Pond Rd street municipality

Contractor: Wm Biben The Sprinkler Guy Tel. () 899-1883

Address 2997 Haverthwaite Ave e-mail _____

Pt. Pleasant NJ

Contractor License No. 332149 Exp. Date 1/31/10

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

Federal Emp. ID No. _____ FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

6-16-09 No Plans Required AS Type: _____

[] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 6-10-10

Approved by: JD

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 the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

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

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

1 Alarm Sensor

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ \$12.00

09-1437+1A Date Received
Control #
6-23-09 Date Issued
Permit #

6/18/09
09-1437+1A



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 851 Lot 10 Qualification Code _____
Work Site Location 1740 Figueira Road RD

Owner in Fee: Muse Properties

Tel. (1740) Figueira Road RD Brick 08724
Address _____ zip code

Contractor: Independence Plumbing & Heating Tel. ()
Address 10000 Second Ave. Wallingford e-mail grmiles@i-phnj.com

Contractor License No. 12404 Exp. Date 6-30-09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 260222384 FAX: (732) 744 3415

B. PLUMBING CHARACTERISTICS
Use Group _____ Present _____ Proposed _____
Building Sewer Size 4 Public Sewer _____ Private Septic _____
Water Service Size 1 Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 300

JOB SUMMARY (Office Use Only)		DATES (Month/Day)	
PLAN REVIEW	INSPECTIONS	Failure	Approval
☐ No Plans Required	Type: _____	_____	Initial
☐ Partial - Underslab Utilities Approved	Slab _____	_____	_____
Date: _____ Approved by: _____	Rough _____	_____	_____
☒ Plumbing Plans Approved	Water _____	_____	_____
Date <u>6-2-09</u> Approved by: <u>[Signature]</u>	Sewer _____	_____	_____
Joint Plan Review Required:	Fixtures _____	_____	_____
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Gas Equipment _____	_____	_____
SUBCODE APPROVAL FOR PERMIT	Gas Piping _____	_____	_____
Date: _____	LPG Gas Tank _____	_____	_____
Approved by: _____	Fuel Oil Piping _____	_____	_____
SUBCODE APPROVAL FOR CERTIFICATE	Solar _____	_____	_____
☐ CO ☐ CCO ☒ CA	TCO _____	_____	_____
Date: <u>7-2-09</u>	Final _____	_____	_____
Approved by: <u>[Signature]</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]
Applicant's Signature
Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Auxiliary water meter
for new lawn sprinkles
and existing 2 - hose bibs

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	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPG Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____
_____	Other	_____

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

Date Received	Control #	Date Issued	Permit #

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 851 Lot 10 Qualification Code _____
 Work Site Location Forge Pond Rd

Owner in Fee: Muse Support

Tel. (1740) Fonse ParkD e-mail _____
Address Bride _____
_____ street _____ municipality _____ zip code 08724

Contractor: Longshore Plumbing & Heating Tel. ()
Address 1000 Second Ave Waltham e-mail gsmiles@ipmij.com

Contractor License No. 12404 Exp. Date 6-30-09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 260272396 FAX: (732) 744 3415

3. PLUMBING CHARACTERISTICS

Use Group Present 4 Proposed 6

Building Sewer Size 4 Public Sewer 6 Private Septic 1

Water Service Size 1 Public Water 1 Private Well 1

Est. Cost of Plumbing Work \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☐ No Plans Required
☐ Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

☒ Plumbing Plans Approved

Date: 6-2-04 Approved by: [Signature]

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPCTIONS:

Type: _____ Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LPGas Tank _____

Fuel Oil Piping _____

Solar _____

ICQ _____

Final _____

Dates (Month/Day)

Failure

Approval

Initial

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or owner of record and am authorized to make this application and perform the work listed on this application.

Licensed Plumbing Contractor

Exempt Applicant

Applicant's Signature/Contractor's Seal and Signature



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 100 Lot 100 Qualification Code 100

Work Site Location 100

Owner in Fee: 100

Tel. () e-mail 100

Address 100 Zip code 100

Contractor: 100 Tel. ()

Address 100 e-mail 100

Contractor License No. 100 Exp. Date 100

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 100

Federal Emp. ID No. 100 FAX: () 100

B. PLUMBING CHARACTERISTICS

Use Group Present 100 Proposed 100

Building Sewer Size 100 Public Sewer 100 Private Septic 100

Water Service Size 100 Public Water 100 Private Well 100

Est. Cost of Plumbing Work \$ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	☐ Partial—Underslab Utilities Approved	Type:	Failure	Approval	Initial
Date: <u>100</u>	Approved by: <u>100</u>	Slab			
☒ Plumbing Plans Approved	Date: <u>100</u>	Rough			
Joint Plan Review Required:	Approved by: <u>100</u>	Water			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Sewer			
SUBCODE APPROVAL for PERMIT		Fixtures			
Date: <u>100</u>	Approved by: <u>100</u>	Gas Equipment			
SUBCODE APPROVAL for CERTIFICATE		Gas Piping			
☐ CO ☐ CCO ☐ CA		LPGas Tank			
Date: <u>100</u>	Approved by: <u>100</u>	Fuel Oil Piping			
Approved by: <u>100</u>		Solar			
		TCO			
		Final			

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.

[] Licensed Plumbing Contractor [] Exempt Applicant

Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
100

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	
	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	
	Other	

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



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 851 Lot 10 Qualification Code _____
Work Site Location 1740 Forge Road Rd

Owner in Fee: _____ e-mail _____

Tel. () _____

Address 1100 E. 1st St. municipally _____

Contractor: John P. ... Tel. () 859-1883

Address 1007 ... e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required 1607

[] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

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 this application.

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

1607

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000 • FAX (732) 458-5378

APPLICATION FOR AUXILIARY WATER METER

Date: 5-28-09

Applicant's Name: Marge Ruppert Telephone No. 908-910-9765

Mailing Address: 1740 Forge Pond Rd Brick NJ 08724

Service Location: 1740 Forge Pond Rd Brick NJ 08724

12430405
Account Number: _____ Block: 851 Lot: 10

Size of Existing Service: 1" Size of Existing Meter: 3/4

[Signature]
Applicant's Signature

D. Daniels
Authority Representative

THIS APPLICATION IS VALID FOR 30 DAYS FROM DATE OF APPLICATION.

Please note the following:

At the customer's option, a separate account may be established, subject to all conditions of the rate schedule as applicable to water usage.

After completing this application the following steps must be taken:

1. Obtain a special device permit from the Township of Brick Plumbing Department.
2. A licensed plumber or homeowner must cut into the pipe BEFORE the existing yoke and install a second meter yoke. A valve before and after the meter is required as well as a backflow preventer. Yoke must be within 10 feet of crawl space entrance.
3. Call the Township of Brick Plumbing Department (732-262-4627) for inspection.
4. After inspection by Brick Township Plumbing Department, call Brick Utilities for installation of the meter. A copy of the completed permit, showing inspection approval, will be required before the meter is installed.
5. It is the customer's responsibility to insure that the permit is issued, the inspection is approved, the meter is installed and that the water is not used prior to the meter being installed. Failure to comply may result in a tampering fee of \$250.00 and service will be terminated.
6. A charge for cost of the meter will be applied to the first billing. Quarterly bills for usage only will be issued at the rate of \$5.20 per 1,000 gallons.