BLOCK 838 LOT 22.02 QUALIFICATION CODE _____ ADDRESS (SITE) 1683 Tilford Blvd PERMIT NO. 14-1495 13-452-82

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-14-001867

05-08-14A08:11 RCVD

I. IDENTIFICATION

1. Proposed Work Site at: 1683 Tilford Blvd
2. Name of Owner in Fee: William FRANK
   Tel. [redacted] e-mail _____
   Address 2322 HARBOR DR Pt. Pleasant NJ 08742
   (street / municipality / zip code)
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: Bay Head sprinkler Tel. (732) 295-8793
   Address P.O. Box 3223 Pt Pleasant e-mail _____
   License No. OR, if new home, Builder Reg. No. 0015819 Exp. Date 1-31-15
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3104972 FAX: (732) 746-3947
5. Architect or Engineer NA Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Bill
   Tel. (732) 295-8783 FAX: (732) 746-3947

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		40 - ✓	
3. Plumbing		60 - ✓	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		1 -	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	101 -	

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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		ar							
☐ Electrical					5/16/14	TO			
☐ Plumbing					5-16-14	[illegible]			
☐ Fire Protection									
☐ Elevator									
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
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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.

( ) Check if contractor.

Agent Name William Frantz

Address 2322 HARBOR DR
Pt Pleasant

Telephone (848) 333-7402

Signature William Frantz

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 3/15/2019
Control Number C-14-001867
Permit Number 14-1495
Permit Issue Date 5/22/2014
Certificate Number 14-1495

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1683 TILFORD BLVD BRICK, NJ 08723 Block: 838 Lot: 22.02 Qual:

Owner in Fee: FRANK, WILLIAM

Owner Address: 1683 TILFORD BLVD BRICK NJ 08724

Telephone: [redacted]

Contractor BAY HEAD SPRINKLERS

Address 1520 Tree needle Road P.O. Box 3223 PT PLEASANT NJ 08742

Telephone: (732) 295-8783 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3104972

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: BACKFLOW PREVENTER, 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:

David J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 3/15/2019

U.C.C. F260 (rev. 08/05)

838 22.02

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 14-1495
Control #
Date Issued 5-22-14
Permit #

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

Block 838 Lot 22.02 Qualification Code

Work Site Location 1683 TILFORD RD BRICK

Owner in Fee: William FRANK

Tel. [redacted] e-mail

Address 2322 HARBOR DR Pt. Pleasant, NJ 08742
(street) (municipality) (zip code)

Contractor: BAY HEAD SPRINKLERS Tel. (732) 295-8783

Address PO BOX 3223 PT PLEASANT e-mail

Contractor License No. 0015819 Exp. Date 1/31/15

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

Federal Emp. ID No. 22-3104972 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed ✓

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 80.00

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: Bill Ross

[ ] Licensed Elec. Contractor [X] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL RAIN SNSOR

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
1		Alarm Devices/F.A.C. Panel RAIN SENSOR	
		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	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date 5/16/14 Approved by: TC

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/16/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 5/12/19
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5-12-19 MR	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

14-1495

5-22-14

New Jersey Uniform Construction Code

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 835 Lot 22.C[illegible] Qualification Code ____

Work Site Location 1683 Tilford Blvd

Owner in Fee: William Frank

Te[redacted] e-mail ____

Address 2322 Harbor Dr Pt Pleasant NJ 08742
(street / municipality / zip code)

Contractor: [illegible] Tel. (732) [illegible]

Address [illegible] e-mail ____

[illegible]

Contractor License No. 12328 Exp. Date 6 14

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

Federal Emp. ID No. [illegible] FAX: (732) 746 3947

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed ✓

Building Sewer Size ____ Public Sewer x Private Septic ____

Water Service Size ____ Public Water x Private Well ____

Est. Cost of Plumbing Work $ [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: ____ Approved by: [illegible]
[ ] Plumbing Plans Approved
Date: ____ Approved by: ____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: ____
Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

(Dates (Month/Day))

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: [signature]

Print name here: Richard G Bi[illegible]

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Lawn sprinkler

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	
1	Backflow Preventer [illegible]	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

RICHARD G. ... LICENSED MASTER PLUMBER 12328

14-1495

Date Received
Control #

5-22-14

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 838 Lot 22.02 Qualification Code

Work Site Location 1683 Tilford Blvd

Owner in Fee: William FRANK

Tel. [redacted] e-mail

Address 2322 HARBOR DR Pt. Pleasant, NJ 08742
street municipality zip code

Contractor: Top Quality Plumbing Inc Tel. (732) 606-6089

Address 188 Northgate Pl. e-mail
Lakewood, NJ 08701

Contractor License No. 12328 Exp. Date 6-14

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

Federal Emp. ID No. 27-2950489 FAX: (732) 746-3947

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed ✓

Building Sewer Size 3" Public Sewer X Private Septic

Water Service Size 1" Public Water X Private Well

Est. Cost of Plumbing Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 5-15-14 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-15-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5-27-14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

Backflow needs a test report.

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: Richard C Bruno

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Lawn sprinkler

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	
1	Backflow Preventer sprinkler	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

Control Device Permit No: _____

Cross Connection Control Device Performance Test

Attachment
Bulletin 99-2

Date of Test: 5/27/14

Owner's Name Bill Frank	Owner's Street Address 683 Ilford Rd
Owner's City Brick	Owner's State, Zip Code NJ 08724
Project Name	Project's Street Address
City, State, Zip Code	Project's County Ocean
Assembly Location	
Manufacturer Watts / Model 800M4 / Serial # 834201	

Size 1" Assembly Type: _____ RP _____ RP Detector _____ DCV _____ DCV Detector ✓ PVB

INITIAL TEST

1st Check	2nd Check	RP relief valve
_____ Closed tight	_____ Closed tight	Opened at _____ PSID
_____ Leaked	_____ Leaked	_____ Did not open
Static _____ PSID	Static _____ PSID	

FINAL TEST

_____ Closed tight	_____ Closed tight	Opened at _____ PSID
_____ Leaked	_____ Leaked	_____ Did not open
Static _____ PSID	Static _____ PSID	

DETECTOR BYPASS ASSEMBLY INITIAL TEST

1st Check	2nd Check	RP relief valve
_____ Closed tight	_____ Closed tight	Opened at _____ PSID
_____ Leaked	_____ Leaked	_____ Did not open
Static _____ PSID	Static _____ PSID	

DETECTOR BYPASS ASSEMBLY FINAL TEST

_____ Closed tight	_____ Closed tight	Opened at _____ PSID
Static _____ PSID	Static _____ PSID	

PRESSURE VACUUM BREAKER INITIAL TEST

Air inlet valve	Check valve
Opened at 1.6 PSID	✓ Closed tight
_____ Did not open	_____ Leaked
	Static _____ PSID

PRESSURE VACUUM BREAKER FINAL TEST

Air inlet valve	Check valve
Opened at 2.0 PSID	✓ Closed tight
	Static _____ PSID

BACKFLOW ASSEMBLIES IN FIRE PROTECTION SYSTEMS Note: Include hose stream demand where applicable

Forward flow test

Designed flow rate _____ GPM Actual flow rate _____ GPM

No. of nozzles flowed _____ Nozzle size _____ Pitot pressure _____ PSID

Inlet flow pressure _____ PSI Outlet flow pressure _____ PSI

Control Valves

_____ No. one shut-off valve open _____ No. two shut-off valve open | Valve supervision: _____ Tamper switch _____ Locked

I HEREBY CERTIFY THE TEST RESULTS ARE TRUE AND THE TEST WAS CONDUCTED BY ME PERSONALLY.

Certified Tester Name Tim Garon (Print) Cert. Tester No. 10445

Cert. Tester Signature Tim Garon Expiration Date 4/30/16

Address 296 Tabethact Brick NJ Telephone No. 732-6008488

Date 5/27/14

[illegible]

14-1495

CONSTRUCTION PERMIT

Date Issued
Control # C-14-001867
Permit # 5-22-14

IDENTIFICATION Block: 838 Lot: 22.02 Qualifier
Work Site Location: 1683 TILFORD BLVD BRICK, NJ 08723

Owner in Fee: FRANK, WILLIAM
1683 TILFORD BLVD BRICK NJ 08724

Telephone: [redacted]

Contractor: BAY HEAD SPRINKLERS
Address: 1520 Tree needle Road P.O. Box 3223 PT PLEASANT NJ 08742
Telephone: (732) 295-8783
Lic. No. or Bldrs. Reg. No. 0015819
Federal Employee. No. 22-3104972

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:
BACKFLOW PREVENTER, RAIN SENSOR

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$60
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$101
Check No.	214
Cash	$0
Credit	$0
Collected By	

Note: If constuction 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 $380

Construction Official D. M. Newman Jr. Date 5/16/14

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.