BLOCK 838 LOT 22.02 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 15-0708

CONSTRUCTION PERMIT APPLICATION

(EH) C 15-000911

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

I. IDENTIFICATION

1. Proposed Work Site at: 1683 Tilford Blvd
2. Name of Owner in Fee: Michael Abatemarco
   Tel. [redacted] e-mail [redacted]
   Address 1683 Tilford Blvd (street) BRICK (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: LANGANS PLUMBING & HEAT Tel. (732) 751-1560
   Address 19 CAPITOL CREST ROAD e-mail langansphc@yahoo.com
   HOWELL NJ
   License No. OR, if new home, Builder Reg. No. 10329 Exp. Date 6/30/15
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 201893471 FAX: (732) 757-1559
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	140 ✓		
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	$ 141		

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		XX							
☐ Electrical									
☒ Plumbing	400.00				3-12-15	MM			
☐ 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

U.C.C. F100-1 (rev. 8/08)

03-11-15 A09:45 IN

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/29/2015
Control Number C-15-000911
Permit Number 15-0708
Permit Issue Date 3/18/2015
Certificate Number 15-0708

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1683 TILFORD BLVD BRICK, NJ 08724 Block: 838 Lot: 22.02 Qual:

Owner in Fee: ABATEMARCO, MICHAEL

Owner Address: 1683 TILFORD BLVD BRICK NJ 08724

Telephone: [redacted]

Contractor LANGANS PLUMBING & HEATING

Address 19 CAPITOL REEF ROAD HOWELL NJ 07731

Telephone: (732) 751-1560 Fax:

License Number or Builders Registration Number: 10329 Federal Emp. Number: 22-3501859

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

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:

Date Printed: 6/29/2015

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

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 LANGANS PLUMBING & HEATING LLC JOHN J LANGAN III

Address 19 CAPITOL CREST ROAD

HOWELL NJ 07731

Telephone (732) 751-1560 CELL 908 489 8755

Signature _____

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

3/16/15 4hr to cont. mj

CONSTRUCTION PERMIT

Date Issued 3-18-15
Control # C-15-000911
Permit # 15-0708

IDENTIFICATION Block: 838 Lot: 22.02 Qualifier
Work Site Location: 1683 TILFORD BLVD BRICK, NJ 08724

Owner in Fee: ABATEMARCO, MICHAEL
1683 TILFORD BLVD BRICK NJ 08724
Telephone: [redacted]

Contractor: LANGANS PLUMBING & HEATING
Address: 19 CAPITOL REEF ROAD HOWELL NJ 07731
Telephone: (732) 751-1560
Lic. No. or Bldrs. Reg. No. 10329
Federal Employee. No. 22-3501859

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

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 $400

David J. Newman Jr
Construction Official

3/14/15
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$140
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$141
Check No.	1870
Cash	$0
Credit	$0
Collected By	

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.

#0708
PLUMBING $140.00
$1.00
CHECK $141.00

☑ 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.

PLUMBING SUBCODE
TECHNICAL SECTION

New Jersey Uniform Construction Code

Date Received
Control #

Date Issued 3-18-15
Permit # 15-0708

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: Michael Ahatemporo

Tel. [redacted] e-mail [redacted]

Address 1683 Tilford Blvd Brick NJ 08724
street municipality zip code

Contractor: Langaws Plumbing & Heating LLC Tel. (732) 757-1580

Address 19 Capitol Reef Road e-mail langawsplg@yahoo.com
Howell NJ. 07731

Contractor License No. 10329 Exp. Date 6/30/15

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

Federal Emp. ID No. 201893471 FAX: (732) 757-1559

B. PLUMBING CHARACTERISTICS

Use Group Present RES Proposed RES

Building Sewer Size 3" Public Sewer 3" Private Septic

Water Service Size 1" Public Water 1" Private Well

Est. Cost of Plumbing Work $ $400.00

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: JOHN J LANGAN III

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL SECONDARY IRRIGATION WATER METER

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	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other IRRIGATION METER	

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: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-12-15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5-28-15
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	5-18-15		5-28-15	

FINAL Pending PUB Test (Sign off in office) Report

15-0708 838/2202

Control Device Permit No: _____

Cross Connection Control Device Performance Test

Attachment Bulletin 99-2

Date of Test: 5/23/15

Owner's Name Mike Abatemarco	Owner's Street Address 1683 Tilford Blvd.
Owner's City Brick	Owner's State, Zip Code
Project Name	Project's Street Address
City, State, Zip Code Brick NJ 08724	Project's County Ocean
Assembly Location Front of House	
Manufacturer Watts	Model 800M4 / Serial # 834201

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

INITIAL TEST

1st Check
_____ Closed tight
_____ Leaked
Static _____ PSID

2nd Check
_____ Closed tight
_____ Leaked
Static _____ PSID

RP relief valve
Opened at _____ PSID
_____ Did not open

FINAL TEST

_____ Closed tight
_____ Leaked
Static _____ PSID

_____ Closed tight
_____ Leaked
Static _____ PSID

Opened at _____ PSID
_____ Did not open

DETECTOR BYPASS ASSEMBLY INITIAL TEST

1st Check
_____ Closed tight
_____ Leaked
Static _____ PSID

2nd Check
_____ Closed tight
_____ Leaked
Static _____ PSID

RP relief valve
Opened at _____ PSID
_____ Did not open

DETECTOR BYPASS ASSEMBLY FINAL TEST

_____ Closed tight
Static _____ PSID

_____ Closed tight
Static _____ PSID

Opened at _____ PSID

PRESSURE VACUUM BREAKER INITIAL TEST

Air inlet valve
Opened at 2.0 PSID
_____ Did not open

Check valve
✓ Closed tight
_____ Leaked
Static _____ PSID

PRESSURE VACUUM BREAKER FINAL TEST

Air inlet valve
Opened at 1.4 PSID

Check valve
✓ 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 298 Tabetha ct Brick N.J. 08724 — Telephone No. 732 600 8488

Date 5/23/15

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: 2-24-2015

Applicant's Name: Michael Abatemarco Telephone No [redacted]

Mailing Address: 1683 Tilford Blvd

Service Location: 1683 Tilford Blvd

Account Number: 12373603 Block: 838 Lot: 22.01

Size of Existing Service: 1" Size of Existing Meter: 1"

Applicant's Signature

Authority Representative

THIS APPLICATION IS VALID FOR 6 MONTHS 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 a 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 mete yoke. A valve before and after the meter is required as well as a backflow preventer. Yoke must be within 4 fee 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 i installed and that the **water is not used prior to the meter being installed.** Failure to comply may result in 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 a the rate of $5.88 per 1,000 gallons for the first 18,000 thereafter; $7.27 per 1,000 gallons.

5-18-15
No Test Report