

called
7/22



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1710 - Laurelton St.
2. Name of Owner in Fee: Andrew & Carol Novak Tel. [REDACTED]
- Address 1710 - Laurelton St Brick NJ 08724
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: _____ Tel. (_____) _____
- Address _____
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
- Address _____
6. Responsible Person in Charge of Work Andrew Novak
- Tel. [REDACTED] FAX (_____) _____

Aut METER

V. FEE SUMMARY (for office use only)

- | | | | | | |
|-----|-----------------------------------|----|----|--|--|
| 1. | Building | \$ | 15 | | |
| 2. | Electrical | | | | |
| 3. | Plumbing | | | | |
| 4. | Fire Protection | | | | |
| 5. | Elevator Devices | | | | |
| 6. | Subtotal | \$ | | | |
| 7. | Less 20% for
State Plan Review | | | | |
| 8. | Subtotal | \$ | | | |
| 9. | DCA Training Fee | | | | |
| 10. | Subtotal | | | | |
| 11. | Cert. of Occupancy | | | | |
| 12. | Other | | | | |
| 13. | TOTAL | \$ | 15 | | |

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 _____
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☒ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

OPTIONAL (for office use only)[illegible]

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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 Andrew K. Cowle Novak Date 7/17/02

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

445.071

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UNC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 07/17/2002
Date Issued 7/22/02
Control # 647-88-
Permit # 02-2727

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG #0: 1-800-272-1000

Block 838 Lot 1 Subl
Work Site Location 1750 LAURELTON ST

AUX HETER

Owner in Fee HAYAK, ANDREW & CAROLE

Address SAME

BRICK, NJ 08723-

Tele. () Fax ()

Contractor

Address

Tele. ()

Lic. No. or Bldgs. Reg. No.

Federal Eqp. No. NO-

B. PLUMBING CHARACTERISTICS

Use Group Present

Proposed R-3

Building Sewer Size

[] Public Sewer

[] Private Septic

Water Sewer Size

[] Public Water

[] Private Well

Estimated Cost of Plumbing Work \$ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEWED

[] No Plans Required

Joint Plan Review Required:

[] Bidg [] Elect

[] Fire [] Elevator

[] Plumb. Plans Approved

Date: 7/19/02

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Approved By:

Date:

INSPECTIONS

Type

Slab

Rough

Water

Sewer

Fixtures

Gas Equip.

Gas Piping

Solar

TCD

Dates (Month/Day)

Failure Failure Approval Initial

CD.

FIXTURE/EQUIPMENT

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bib

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

Breakertrap

Sewer Connection

Water Service Connection

Stacks

Other AUX HETER

Other

FEE (Office Use Only)

Paid [] Check 0 Administrative Surcharge \$ 0
Collected by: Minimum Fee \$ 0
TOTAL FEE \$ 15
OCA Training Fee \$ 0

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

TOWNSHIP OF BRICK
401 CHANDLER STREET RD
DIVISION OF INSPECTIONS

BOE NEW JERSEY
PLUMBING
SPECIAL
TECHNICAL SECTION

Date Received 07/17/2002
Date Issued 7/1/02
Control # 02-03-
Permit # 02-0127

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

Block 602 Lot 1 Sub 1
Work Site Location 1510 LANTERN ST

602 PETER

Owner In Fee HOME, ALDEN E CONGLE

Address 5605

PAIK, H 05723-

Tele. () Fax ()

Contractor

Address

Tele. ()

Lic. () or Bldgs. Reg. No.

Federal Reg. No. 49-

B. PLUMBING CHARACTERISTICS

Use Group Present

Building Sewer Size

Water Sewer Size

Estimated Cost of Plumbing Work 0

300 CUMULATIVE (Office Use Only)

PLAN COVER

Joint Plan Review Required:

() Sdg () Elect

() Fire () Elevator

() Plumb. Plant Approval

Approved By:

STUDY OPTIONAL

() CO () OR () CR

Approved By:

Date:

C. CERTIFICATION IN LIEU OF COM

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

Signature/Contractor Seal:

() Licensed Plumbing Contractor () Engrd Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.

FEATURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Sink

Drain

Shower

Water Heater

Drinking Fountain

Washing Machine

Hot Water

Water Heater

Pool Oil Piping

Gas Piping

Clean Boiler

Hot Water Boiler

Water Pump

Interceptor / Separator

Deficient Precipitant

Crossedup

Sewer Connection

Water Service Connection

Stacks

Other

Other

Paid () Check 0
Collected by:

Administrative Charge

Plumbing Fee

TOTAL FEE

CEA Training Fee

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS



Date Received 07/17/2002
Date Issued 7/20/02
Control # 04-83
Permit # 02-2727

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

Block 938 Lot 1 Subl
Work Site Location 1710 LAURELTON ST

AUX METER

Owner in Fee NOVAK, ANDREW & CAROLE
Address SAME

BRICK, NJ 08723-

Tele. () Fax ()

Contractor

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HD-

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bidg [] Elect

[] Fire [] Elevator

[] Plumb. Plans Approved
Date: 7/19/02

Approved By: [Signature]

SUBCODE APPROVAL

[] CG [] CCD []

Approved By: [Signature]

Date: 12-3-02

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other AUX METER	15
0	Other	0

Paid [] Check #
Collected by: DCA Training Fee \$
Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$ 15

10/25/02

O. SEX MATTER WRONG SIDE OF

MAIN LANE.

11/20/02

O. NINE BALLS - ON SPARKLE SIDE
OF YOLKE

Auxiliary Meter

All Systems

- Letter from BTMUA, signed by BTMUA and dated no more than 30 days ago.
- Sealed and signed by licensed plumber or signed by homeowner.

Ask, "What is the auxiliary meter being used for?"

1. Existing Hose Bib.

- Tell applicant that hose bib needs to have backflow protection built in to the hose bib or a hose bib vacuum breaker must be added. (No charge on permit).

2. New Hose bib.

- Hose bib must be on the permit.
- Tell applicant hose bib must have backflow protection either built in or a hose bib vacuum breaker must be installed (no charge on permit).

3. Existing Sprinkler System

- Ask, "When was sprinkler installed?" "Did it have a permit?" If not treat it as a new sprinkler system.
- Is system on a well? If so we need permit (from a licensed plumber or homeowner) for a backflow preventor.

4. New Sprinkler System

- Backflow preventor needed (unless it is on a well)
- Number of sprinkler heads needed

Other

- A new sprinkler system doesn't have to have an auxiliary meter.
- A sprinkler on a well doesn't require a backflow preventor.

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
1551 Highway 88 West
Brick, New Jersey 08724-2399
(732) 458-7000 • (732) 458-5378

APPLICATION FOR AUXILIARY WATER METER

Date: 7-17-02

Applicant's Name: Andrew & Carol Novak Telephone Number: [REDACTED]

Mailing Address: 1710- LAURELTON ST BRICK, NJ 08724

Service Location: 1710- LAURELTON ST BRICK NJ 08724
L368006

Account Number: _____ Block: 838 Lot: 1

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

Carol Novak
Applicant's Signature

Peggy Mullen
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 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.
3. Call the Township of Brick Plumbing Department (262-1000) for inspection.
4. 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 meter is installed and the permit was approved. Failure to do so 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 \$3.23 per 1,000 gallons.

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 1710 - Laurelton St Brick NJ 08724
Block: 838 Lot: 1
Owner's Name: Carole & Andrew Novak
Owner's Mailing Address: 1710 - Laurelton St
Brick NJ 08724
Phone: [REDACTED]

BUILDING

Contractor: _____
Address: _____
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work: _____

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ - Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: \$ _____

Cost of New Building: \$ _____

Total Cost of New Building Work: \$ _____

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

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: _____
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____ KW
Oven/Surface Unit _____ KW
Electric Water Heater _____ KW
Electric Dryer _____ KW
Dishwasher _____ KW
Garbage Disposal _____ HP
A/C Unit - Central Air _____ KW
Space Heater/Air Handler _____ KW
Baseboard Heating _____ KW
Motors 1+ HP _____
Transformer/Generator _____ KW
Light Stander _____ AMP
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
Furnace _____
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: _____

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

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Homeowner
Address: 1710- LAURELTON ST
BRICK NJ 08724
Phone #: [REDACTED]
Lis #: [REDACTED]
Federal Emp # or SSN [REDACTED]

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	<u>1</u>
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work 50

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

Signature: Carole L. Novak
Please Print Name: CAROLE L. NOVAK

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: Gas Oil Electric Solar
Heating System is New Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	
Pre-Engineered Systems:	
CO2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas/ Oil Fired Appliances:	
Gas Stove	
Gas Dryer	
Furnace (Gas or Oil)	
Gas Fireplace	
Gas Logs	
Total Appliances	
Wood Burning Stove	
Wood Fireplace	
Other:	

Estimated Cost of Fire Work _____

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

Signature: _____
Print Name: _____