BLOCK 833 LOT 01 QUALIFICATION CODE _____ ADDRESS (SITE) 1662 Forge Pond Rd PERMIT NO. 17-1968

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1662 Forge Pond Rd
2. Name of Owner in Fee: Kenneth Padhola
   Tel. [redacted] e-mail _____
   Address 1662 Forge Pond Rd Brick 08724
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Perfect Seal Plumbing & Heating Tel. (201) 250 6323
   Address 35 Donna Dr e-mail _____
   Clifton NJ 07013
   License No. OR, if new home, Builder Reg. No. 12878 Exp. Date 6-20-17
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
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	175		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 1 -		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 176 -		

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		MP							
☐ Electrical		6/13/17							
☒ Plumbing	600								
☐ Fire Protection									
☐ Elevator									
TOTAL COST	600								

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/15/2018
Control Number C-17-002561
Permit Number 17-1968
Permit Issue Date 6/13/2017
Certificate Number 17-1968

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1662 FORGE POND RD Brick Township, NJ Block: 833 Lot: 1 Qual:

Owner in Fee: PACHOLEC, EUGENIUSZ & KONRAD

Owner Address: 944 SYLVIA CT BRICK NJ 08724

Telephone:

Contractor PERFECT SEAL PLUMBING HEATING LLC

Address 25 DONNA DRIVE CLIFTON NJ 07013

Telephone: (201) 250-6323 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

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

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: 6/15/2018

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6/13/17
Control # [redacted]
Date Issued
Permit # 17 1668

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

Block 837 Lot 01 Qualification Code

Work Site Location 1662 Forge Pond Rd

Owner in Fee: Konrad Puchalec

Tel. [redacted] e-mail [redacted]

Address 1662 Forge Pond Rd Brick 08724
street municipality zip code

Contractor: Perfect Seal Plumbing & Heating Tel. (201) 2506328

Address 25 Donna Dr e-mail

Clifton NJ 07013

Contractor License No. 12878 Exp. Date 6-30-17

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 600

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:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-13-17
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~~	PVB 6-28-17			
~~Solar~~ Aux yoke			6-28-17	
TCO				
Final	6-6-18		6-13-18	

Submit Test Report to office Inspection

FAX MHA

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: Krystian Zajac

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Addition of extra Auxiliary Meter and upgrading current meter to 1"

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	
1	Water Service Connection	
	Stacks	
1	Other AUX Meter	

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

Submit by Email | Print Fo

QPCTMR 09/07

Physical Connection Permit No.: _____-WPC_____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
[X]	[ ]	[ ]	[ ]
04/01-06/30	07/01-09/30	10/01-12/31	01/01-03/31

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, **and are to be submitted with the Physical Connection Renewal Application.**

Date of test 05 / 31 / 18

To:
Pacholec Residence
1662 Forge Pond Rd.
Brick, New Jersey

From: (Name of Permit Holder)
Fire Systems of New Jersey, LLC
Robert Solomon - License Holderer
1080 Farmingdale Road
Jackson, New Jersey 08527

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve (PVB) ~~RPZ~~ ~~DCVA~~

Manufacturer: Wilkins
Model Number: 720-A Size: 1 in.
Serial Number: CB 3337381
Comments and Notations: _____

Location of Valve
Lawn Sprinkler

	PRESSURE TEST REDUCED PRESSURE ZONE ASSEMBLY DOUBLE CHECK VALVE			INTERNAL INSPECTION DOUBLE CHECK VALVE ASSEMBLY	
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test	Closed Tight [✓] at 1.5 psid	Closed Tight [✓] at n/a psid	Opened at 1.1 psid	OK [ ]	OK [ ]
Passed [✓]	Leaked [ ]	Leaked [ ]			
	No. 2 Shut-off Valve Closed Tight [✓]		Did Not Open [ ]	Failed [ ]	Failed [ ]
Failed [ ]	Leaked [ ]	By-pass Used [ ]			
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight [ ] _____ psid	Closed Tight [ ] _____ psid	Opened at _____ psid	OK [ ]	OK [ ]

The Results Shown Above are Certified to be True

Certified Testers Name: Robert G. Solomon
Certified Testers Signature: _____
Certifying Authority: New England Water Works
Cert. ID #: 10636 Exp. Date: 7 /31/2019

Witnesses to test and inspection

Name: Mrs. Pacholec Title: Owner
Representing: Owner
Name: N/A Title: N/A
Representing: _____

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 06/12/17

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.

(X) Check if contractor.

Agent Name Perfect Seal Plumbing & Heating LLC

Address 25 Donna Dr

Clifton NJ 07013

Telephone (201) 250 6323

Signature _____

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

Test Procedure for Backflow Preventer Valve Assembly
Set Up Procedure for Testing

1. Verify that upstream shut-off valve No. 1 is open, and there is water pressure. Close downstream shut-off valve No. 2. **Note for Reduced Pressure Zone Valves:** *A discharge from the relief port indicates a leaking No. 1 check valve. If there is no discharge No. 1 check can be assumed to be holding tight.*
2. Flush test cocks Nos. 2, 3 & 4.
3. Close Test Kit high valve (A) and low valve (B), leave vent valve (C) open.

Reduced Pressure Zone Valve Assembly Test

A) Test the **first check valve** for tightness at a minimum of 5 PSID of static pressure:
1. Connect high-pressure hose to test cock #2.
2. Connect low-pressure hose to test cock #3.
3. Open test cocks #2 & #3.
4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
6. Observe stable differential pressure on gauge and record on test form. (Must be 5 PSID Minimum)

B) Test the **second check valve** for tightness against backpressure:
1. Connect vent hose to test cock #4.
2. Open test cock #4.
3. Open test kit high valve (A)... **Slowly**.
4. Observe gauge and record on test form. Second check is tight if differential pressure drops slightly and holds steady. If pressure continues to drop until relief port discharges second check is leaking.

C) Test **No. 2 shut-off valve** for tightness:
1. Close test cock #2.
2. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests **A & B are invalid;** since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.

D) Test the operation of the **differential pressure relief valve:** Relief valve must open at a minimum of 2PSID below inlet.
1. Open test cock #2, test kit high valve (A) shall remain open and close test kit vent valve (C).
2. **Slowly** open the test kit low valve (B) until the differential pressure begins to fall... **Slowly.**
3. Observe the relief valve port for the first discharge of water and record the pressure differential on the gauge at this point on the form.

Double Check Valve Assembly Test

A) Test the **first check valve** for a minimum of 1 PSID of static pressure drop:
1. Connect high-pressure hose to test cock #2.
2. Connect low-pressure hose to test cock #3.
3. Open test cocks #2 & #3.
4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) **Slowly**.
6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

B) Test the **second check valve** for a minimum of 1 PSID static pressure drop: (close test cocks #2 & #3 and remove high & low-pressure hoses)
1. Connect high-pressure hose to test cock #3.
2. Connect low-pressure hose to test cock #4.
3. Open test cocks #3 & #4.
4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) **Slowly**.
6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

C) Test **No. 2 shut-off valve** for tightness:
1. Repeat procedure for test A.
2. Connect vent hose to test cock #4.
3. Open test cock #4.
4. Open test kit high valve (A) **Slowly**.
5. Close test cock #2.
6. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests **A & B are invalid;** since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.

Physical Connection Permit No.: Physical Connection Permit No.:_____-WPC_____

* * * Communication Result Report (Jun. 13. 2018 8:03AM) * * *

1)
2)

Date/Time: Jun. 13. 2018 8:02AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
1808	Memory TX	97324585378	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/13/17
Control #
Date Issued
Permit # 17-1968

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

Block 837 Lot 01 Qualification Code
Work Site Location 1662 Forge Pond Rd
Owner in Fee Konrad Pochodec
Tel. 848 992-5511 e-mail Konj4214@gmail.com
Address 1662 Forge Pond Rd Brick 08724
Contractor Perfect Seal Plumbing & Heating Tel. (201) 2506822
Address 25 Joanna Dr. e-mail
Clifton NJ 07013
Contractor License No. 12878 Exp. Date 6-30-18
Home Improvement Contractor Registration No. or Exemption Reason (if applicable)
Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS
Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 600

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:
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK Addition of extra Auxiliary Meter and upgrading current meter to 1"

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:
Approved by:
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				
~~Backflow~~	PVB 6817		6817	
~~Sales~~ Aux yoke				
TCO				
Final	6-6-18		7-3-18	

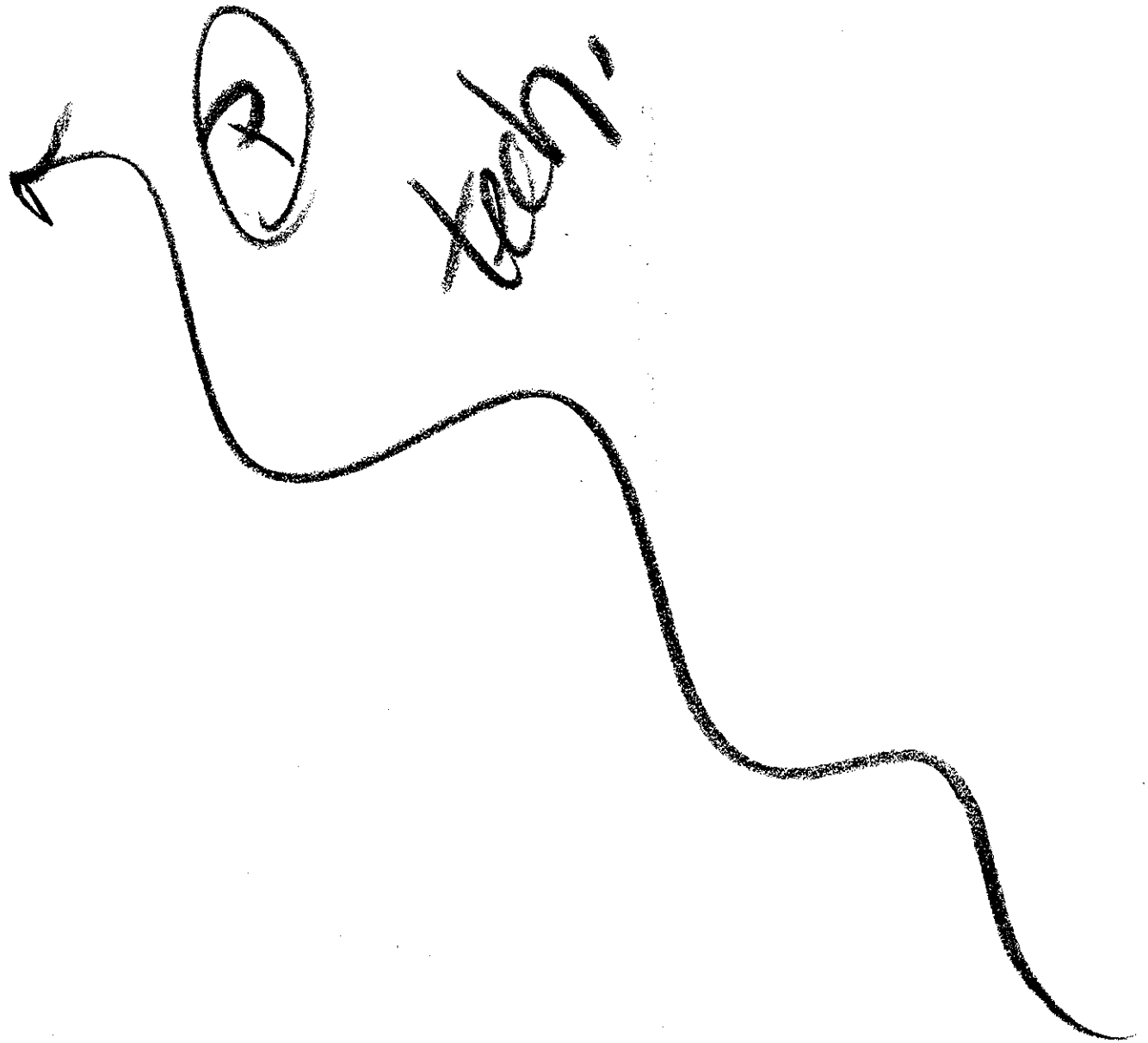
~~Submit Test Report~~
~~office Inspection~~ Fax Wnh

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	
1	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
2	Water Service Connection	
	Stacks	
1	Other AUX Meter	

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

U.C.C. F130 (rev. 11/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

6-28-17
PVB not in & Test Report
6-6-18
~~Test~~ Report
office Inspect



CONSTRUCTION PERMIT

Date Issued 6/13/17
Control # C-17-002561
Permit # B-1964

IDENTIFICATION Block: 833 Lot: 1 Qualifier

Work Site Location: 1662 FORGE POND RD Brick Township, NJ

Owner in Fee: PACHOLEC, EUGENIUSZ & KONRAD
944 SYLVIA CT BRICK NJ 08724

Telephone:

Contractor: PERFECT SEAL PLUMBING HEATING LLC
Address: 25 DONNA DRIVE CLIFTON NJ 07013

Telephone: (201) 250-6323
Lic. No. or Bldrs. Reg. No. 12878 12878 12878
Federal Employee. No.

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

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 $600

D. Newman Jr./mp 6/13/17
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$175
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$176
Check No.	141
Cash	$0
Credit	$0
Collected By	M. Fagan

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.

#1960
PLUMBING $175.00
$1.00
CHECK $176.00

☑ 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.

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

APPLICATION FOR AUXILIARY WATER METER

Date: 06/12/17

Applicant's Name: KONRAD PALHOLEC Telephone No.: [redacted]

Mailing Address: 1662 FORGE POND RD

Service Location: -11-

Account Number: 12332005-0 Block: 833 Lot: 01

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

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 and 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 4 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 $6.04 per 1,000 gallons for the first 18,000, thereafter; $7.59 per 1,000 gallons.