

RECEIVED

LOT

18

ADDRESS (SITE)

1648 Forge Pond

PERMIT NO.

791-96

APR 29 1996

Order



CONSTRUCTION PERMIT APPLICATION

DIV. OF INSPECTION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1648 Forge Pond Rd
2. Name of Owner in Fee: Jackie Aponte
- Address 1648 Forge Pond Rd Brick 08601
street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: OWNER Tel. (____) _____
- Address _____
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
- Address _____
6. Responsible Person in Charge of Work owner Tel. (____) _____

II. PROPOSED WORK

1. ☐ Minor work
(single trade)
2. ☐ Small Job (\$5,000
and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☒ Plumbing
8. ☐ Electrical
9. ☐ Elevator Devices
10. ☐ Asbestos Abatement
11. ☐ Demolition
- TOTAL COSTS**

Est. Cost

150.00

elec. to gas!

OPTIONAL (for office use only)[illegible]

III. DO YOU WANT: (optional) 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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing		25-	
4. Fire Protection		33	
5. Elevator Devices			
6. Subtotal	\$	58-	
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	58-00	

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

(office use only)

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:

LDS BR 10103489

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 Jackie Cepert Date 4-29-96

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 _____ Date _____

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ 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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Date Issued 02/09/99
Control #
Permit # 96-791

Block 833 Lot 18 Qual
Work Site Location 1648 FORGE POND RD
Owner in Fee/Occupant APONTE J
Address SAME
BRICK, NJ 08724-
Telephone
Contractor H O M E O W N E R
Address
Telephone () Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

[] 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.

[X] 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.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, _____ or the owner will be subject to fine or order to vacate:

Home Warranty No.
Type of Warranty Plan: [] State [] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NAC 5:17, 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 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.

[] 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 _____, _____.

CONSTRUCTION OFFICIAL
U.C.C. P250 (rev. 3/96)

J. Curran
W. W. W.

Fee \$ _____ 0
Paid [X] Check No. _____ 354
Collected by: _____ TL



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

SEP 4 96 008085

FEE (Office Use Only)

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

Block 833 Lot 18

Work Site Location 16415 Forge Road Rd

Owner in Fee Jacquelyn H. Poff

Address 16415 Forge Road Rd

Tele. ()

Contractor Owner

Address Same

Tele. ()

Lic. No.

Federal Emp. No. or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R.3 Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[] No Plans Required

Joint Plan Review Required:

[] Bldg. [] Plumb.

[] Fire [] Elevator

[] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved By:

INSPECTIONS

Type:

Rough

Temporary

Constr. Serv.

TCO

Other

Service

Final

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Dates (Month/Day)

Failure

Failure

Approval

Initial

D. TECHNICAL SITE DATA

NO. SIZE ITEM

Fixtures (1)

Receptacles (2)

Switches (3)

Total 1 + 2 + 3

Kw Range

Kw Oven(s)

Kw Surface Unit

hp Dishwasher

hp Garbage Disposal

Kw Dryer

Kw A/C Unit

Burglar Alarms

Intercoms Panels

Smoke Detectors

hn Whirlpool/sna

Pool Bonding

hp Pool Filter Motor

Pool Lights

Kw Water Heater(s)

Kw Central heat:

oil, gas or elec.

Kw Baseboard Heat Units

Thermostats

hp Heat Pump

hp Pump(s)

Amp Motor Control Center/Sub Panels

Signs

Light Standards

hp Motors—Fractional H.P.

hp Motors—All Others

Kw Transformers

Kw Generators

Amp Service Entrance

Other

1

Collected by:

Administrative Surcharge

Paid [] Check # 501

Minimum Fee

DCA Training Fee

TOTAL FEE

\$

\$

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75.00

35

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FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

5/2/98
7/9/98

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

Block 833 Lot 18
Work Site Location 1648 Forge Road RD

Owner in Fee JACQUE APARTS
Address 1648 Forge Road RD

Tele. [REDACTED]
Contractor QUAYE
Address 1648 Forge Road RD

Lic. No. [REDACTED]
Federal Emp. No. [REDACTED] or Social Security No. [REDACTED]

B. FIRE PROTECTION CHARACTERISTICS

Use Group [REDACTED] Present [REDACTED] Proposed [REDACTED]
Constr. Class. [REDACTED] Present [REDACTED] Proposed [REDACTED]
Heating Systems [REDACTED] New [REDACTED] Existing [REDACTED]
Type: [REDACTED] Gas [REDACTED] Oil [REDACTED] Electrical [REDACTED] Solar [REDACTED]
Location: [REDACTED] Other [REDACTED]
Total Est. Cost of Fire Prot. Work \$ [REDACTED] [] Other [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)	Initial
[] No Plans Required	Type:	Failure	Failure
Joint Plan Review Required:	Suppression Test	Failure	Approval
[] Bldg. [] Plumb.	Fire Alarm Test	Failure	Approval
[] Elec. [] Elevator	Smoke Test	Failure	Approval
[] Fire Plans Approved	Mechanical	Failure	Approval
Date: <u>4/30/98</u>	TCO	Failure	Approval
Approved by: <u>[Signature]</u>	Other	Failure	Approval
SUBCODE APPROVAL:	Other	Failure	Approval
[] CO [] CCO <u>14CA</u>	Other	Failure	Approval
Date: <u>2-3-98</u>	Other	Failure	Approval
Approved by: <u>[Signature]</u>	Other	Failure	Approval

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.
[Signature]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
L.P.G. Storage Tanks
L.N.G. Storage Tanks

Wet Sprinkler Heads
Dry Sprinkler Heads
TOTAL

Smoke Detectors
Heat Detectors
TOTAL

Stand Pipes
Kitchen Hood Exhaust Systems

Pre-Engineered Systems
CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas or Oil Fired Appliance
OTHER

Paid [] Check #
Collected by: [Signature]

FEE (Office Use Only)

Administrative Surcharge \$ 33
Minimum Fee \$ 33
DCA Training Fee \$ 33
TOTAL FEE \$ 33



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received _____
Date Issued _____
Control # _____
Permit # _____

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

Block 833 Lot 18
Work Site Location 1648 Forge Road RD

Owner in Fee JACKIE A. BART
Address 1648 Forge Road RD

Tele. _____

Contractor QUAKER
Address 1648 Forge Road RD

Tele: (____) _____

Lic. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Constr. Class: _____ Present _____ Proposed _____

Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____

Location: _____
Total Est. Cost of Fire Prot. Work \$ _____ [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: _____ INSPECTIONS: _____

[] No Plans Required _____ Type: _____ Dates (Month/Day) _____
Joint Plan Review Required: _____

[] Bldg. [] Plumb. _____ Fire Alarm Test _____
[] Elec. [] Elevator _____ Smoke Test _____

[] Fire Plans Approved _____ Mechanical _____
Date: 4/30/96 TCO _____

Approved by: _____ Other _____
SUBCODE APPROVAL: _____ Other _____
[] CO [] CCO [] CA _____ Other _____

Date: _____
Approved by: _____

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.

JACKIE A. BART
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervision

Proprietary Supervision

Flammable Liquid Storage Tanks

Combustible Liquid Storage Tanks

L.P.G. Storage Tanks

L.N.G. Storage Tanks

Wet Sprinkler Heads

Dry Sprinkler Heads

TOTAL

Smoke Detectors

Heat Detectors

TOTAL

Stand Pipes

Kitchen Hood Exhaust Systems

Pre-Engineered Systems

CO₂ Suppression

Halon Suppression

Foam Suppression

Dry Chemical

Wet Chemical

Gas or Oil Fired Appliance

OTHER

FEE (Office Use Only)

Wet Sprinkler Heads	Number	() Capacity	Fuel
Dry Sprinkler Heads		() Capacity	Fuel
TOTAL		() Capacity	Fuel
Smoke Detectors		() Capacity	Fuel
Heat Detectors			
TOTAL			
Stand Pipes			
Kitchen Hood Exhaust Systems			
Pre-Engineered Systems			
CO ₂ Suppression			
Halon Suppression			
Foam Suppression			
Dry Chemical			
Wet Chemical			
Gas or Oil Fired Appliance			
OTHER			
Administrative Surcharge			
Paid [] Check #			
Minimum Fee			
DCA Training Fee			
TOTAL FEE			

33



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

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

Block 833
Work Site Location 1648 Forge Road Lot 18 RD

Owner in Fee 1648 Forge Road
Address 1648 Forge Road RD

Tele. [REDACTED]

Contractor QUINER

Address _____

Tele. (____) _____

Lic. No. _____ or Social Security No. _____

Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____

Water Service Size _____

Estimated Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: _____

☐ No Plans Required _____

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Fire _____

☐ Plumb. Plans Approved _____

Date: 4-30-96

Approved by: [Signature]

SUBCODE APPROVAL: _____

☐ CO ☐ CCO ☐ CA _____

Approved by: _____

Date: _____

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]
Signature-Contractor Seal

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

Electric gas

NO. FEE (Office Use Only)

Water Closet _____

Urinal/Bidet _____

Bath Tub _____

Lavatory _____

Shower _____

Floor Drain _____

Sink _____

Dishwasher _____

Drinking Fountain _____

Washing Machine _____

Hose Bibb _____

X Gas Piping 15

Fuel Oil Piping _____

Water Heater _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrap _____

Water Cooled A/C _____

or Refrigeration Unit _____

Sewer Connection _____

Water Service Connection _____

Gas Service Connection _____

Active Solar System _____

Other _____

1648 Dryer

Administrative Surcharge \$ 10

Paid ☐ Check # _____ Minimum Fee \$ 25

Collected by: _____ TOTAL \$ _____



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

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

Block 833
Work Site Location 1648 Forge Road RD Lot 18

Owner in Fee Westside Alliance
Address 1648 Forge Road RD

Tele. [REDACTED]
Contractor QUINN
Address _____

Tele. () _____
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Slab				
☐ Joint Plan Review Required:					
☐ Bldg. ☐ Elec. ☐ Fire	Rough				
☐ Plumb. Plans Approved	Water				
Date: <u>4-30-96</u>	Sewer				
Approved by: <u>[Signature]</u>	Fixtures				
	Gas Equipment				
	Gas Final				
SUBCODE APPROVAL:	Solar				
☐ CO ☐ CCO ☐ CA	TCO				
Approved by: _____					
Date: _____					

C. CERTIFICATION IN LIEU OF OATH

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.

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

[Signature]
Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

Electric gas

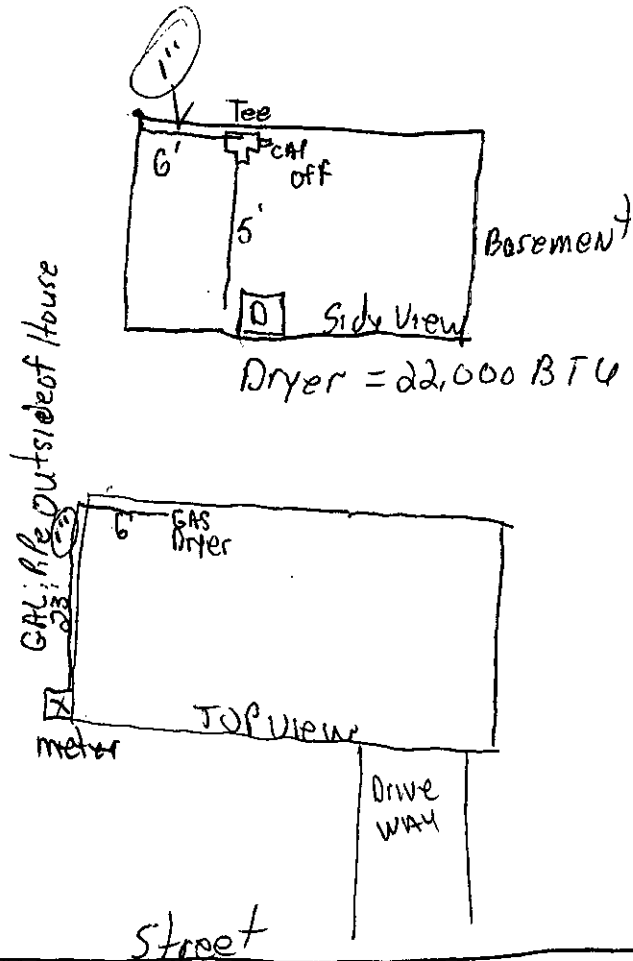
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
☒	Gas Piping	<u>15-</u>
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge \$ 10-
Paid ☐ Check # _____ Minimum Fee \$ 25-
Collected by: _____ TOTAL \$ 25-

1648 Forge Pond RD
Brick

Lot 18

Block 833



At this time I am only installing a gas dryer. I will install a GAS water Heater 32,000 BTU & a gas stove @ 70,000 BTU @ a later date

