



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: Mayer 1657 Forge Pond

2. Name of Owner in Fee: Mayer Tel. ()
Address same
street municipality zip code

3. Ownership in Fee: Public Private P

4. Principal Contractor: Garriety Te [redacted]
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 _____
Tel. () _____ FAX () _____

Aux. Metal

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
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	\$		

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	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☒ Plumbing	300								
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	300								

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

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 _____ 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. 5:32-2.15(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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CAMBERS DRIVE RD
DIVISION OF INSPECTIONS

Date Issued 06/19/2002
Control #
Permit # 02-2212

NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 834 Lot 9 Dual

Work Site Location 1657 FORRE POUD RD

Contractor SURETY MECHANICAL

Owner to Fee PAYER, JAMES

Address 201 MAYAJO CT
TOMS RIVER, NJ 08735-

Address SAME
BRICK, NJ 08723-

Telephone (732)286-4522
Lic. No. or Bldg. Reg. No. 810 9310

Telephone () -

Federal Emp. No. 22-3683923

- Is hereby granted permission to perform the following work:
- | | | |
|---|--|--|
| ☐ BUILDING | ☒ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ PENALTY |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
- (Subchapter B only)

DESCRIPTION OF WORK:
ADD. WATER

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	15
Fire Protection	0
Elevator Devices	0
Other	0
OCA Training Fee	0
Cert. of Occupancy	0
Other	0
Total	15
Check No.	747
Cash	
Collected By	HJR

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 \$ 300

Construction Official
06/19/2002

U.C.C. F170 (rev. 3/96)

Date

06/19/02 09:26AM 00000002652
0002 SERV.002

81974
PLUMBING
CHECK \$15.00

1st April



**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 B34 Lot 8-12
Work Site Location 1657 Ferry Road Rd
Owner in Fee JAMES MAYER
Address 1657 Ferry Road Rd

Tele. ()
Contractor Garity Mechanical, Inc.
Address PO Box 277

Tele. () Whiting, NJ 08769-0277
Lic. No. 31-9510 Fax () 732-244-4508
Federal Emp. No. 28-3485995

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 \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS			
Joint Plan Review Required:		Type:	Failure	Dates (Month/Day)	Initial
☒	No Plans Required	Slab			
☐	Building	Rough			
☐	Fire	Water			
☐	Plumbing Plans Approved	Sewer			
Date:	<u>4/15/02</u>	Fixtures			
Approved by:	<u>[Signature]</u>	Gas Equipment			
SUBCODE APPROVAL		Gas Piping			
☐	CO	Solar			
☐	CCO	TCO			
Date:	<u>6-20-02</u>				
Approved by:	<u>[Signature]</u>				

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[] Licensed Plumbing Contractor [] Exempt Applicant



Date Received
Date Issued
Control #
Permit #

Update 02-19-02
02-2212
02-19-02
02-2212

D. TECHNICAL SITE DATA (List of all fixtures.)

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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other <u>AW meter</u>	
	Other	
	Other	

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$ <u>15</u>

732-468-5378



**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 834 Lot 8-12

Work Site Location 1657 Fary Road Rd

Owner in Fee JAMES Mager

Address 1657 Fary Road Rd

Tele. ()

Contractor

Address

Tele. () Fax ()

Lic. No. 151-9510

Federal Emp. No. 22-3485995

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 \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS				
☒ No Plans Required		Type:	Failure	Dates (Month/Day)	Approval	Initial
☐ Joint Plan Review Required:		Slab				
☐ Building ☐ Electric		Rough				
☐ Fire ☐ Elevator		Water				
☐ Plumbing Plans Approved		Sewer				
Date: <u>6/15/02</u>		Fixtures				
Approved by:		Gas Equipment				
SUBCODE APPROVAL		Gas Piping				
☐ CO ☐ CCO ☐ CA		Solar				
Date: <u>6/15/02</u>		TCO				
Approved by:						

C. CERTIFICATION IN LIEU OF BATH

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

Signature — Contractor's Seal

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA (List of all fixtures.)

NO. 1

FIXTURE/EQUIPMENT

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	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Sewer Connection	
Water Service Connection	
Stacks	
Other <u>ANY NEW</u>	
Other	
Other	

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$ <u>15</u>

Updated 02-19-02
02-22-02
02-19-02
02-22-02

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: 5-28-02

Applicant's Name: JAMES MAYER Telephone Number: [REDACTED]

Mailing Address: 1657 Forge Pond Rd.

Service Location: L344002
Account Number: _____ Block: 834 Lot: 8-12

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

James Mayer
Applicant's Signature

Carol Hundel
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.

Nicole 262-1028

meter \$165.00