

REPLACE WATER MAIN

BLOCK 547 LOT 24.01 QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) 479 BRICK BLVD PERMIT NO. 17-2687



# CONSTRUCTION PERMIT APPLICATION

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

C17-003433

| V. FEE SUMMARY (for office use only) |               | Update | Update |
|--------------------------------------|---------------|--------|--------|
| 1. Building                          | \$            |        |        |
| 2. Electrical                        | \$            |        |        |
| 3. Plumbing                          | \$ <u>400</u> |        |        |
| 4. Fire Protection                   | \$            |        |        |
| 5. Elevator Devices                  | \$            |        |        |
| 6. Subtotal                          | \$            |        |        |
| 7. Less 20% for State Plan Review    | \$            |        |        |
| 8. Subtotal                          | \$            |        |        |
| 9. State Permit Surcharge Fee        | \$ <u>3</u>   |        |        |
| 10. Subtotal                         | \$            |        |        |
| 11. Cert. of Occupancy               | \$            |        |        |
| 12. Other                            | \$            |        |        |
| 13. TOTAL                            | \$ <u>403</u> |        |        |

**I. IDENTIFICATION**

1. Proposed Work Site at: 479 BRICK BLVD BRICKTOWN NJ

2. Name of Owner in Fee: PMK FAMILY II LLC  
 Tel. (732) 684 6099 e-mail \_\_\_\_\_  
 Address 479 BRICK BLVD BRICKTOWN NJ

3. Ownership in Fee: Public \_\_\_\_\_ Private ✓ BRICKTOWN NJ

4. Principal Contractor: TW HUGHES TAVIN-HUGHES Tel. (232) 364 3634  
 Address 280 FARMING AVE e-mail \_\_\_\_\_  
TICKET NO. NJ 08527

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 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 Paul Kane  
 Tel. (732) 684 6099 FAX: (732) 477 7198

**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. Max. Live Load \_\_\_\_\_  
 7. Max. Occupancy Load \_\_\_\_\_  
 8. If Industrialized Building: State Approved \_\_\_\_\_ MOD  
 9. Total Land Area Disturbed \_\_\_\_\_ sq. ft.  
 10. Flood Hazard Zone \_\_\_\_\_  
 11. Base Flood Elevation \_\_\_\_\_ ft.  
 12. Wetlands yes \_\_\_\_\_ no \_\_\_\_\_

(office use only)

**IIa. PROPOSED WORK**

☐ Minor Work ☒ Repair ☐ Asbestos Abat. -Subch. 8 ☐ Addition ☐ Renovation ☐ Reconstruction ☐ Demolition ☐ Alteration ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

Aux-Motor Backflow

**IIb. SUBCODES**  
 (Check all that apply)

☐ Building ☐ Electrical ☒ Plumbing ☐ Fire Protection ☐ Elevator

| Est. Cost | Plans Rec'd by | Date Rec'd    | Rejection Date | Approval Date | Re-viewer | Resubmission Dates | Re-viewer |
|-----------|----------------|---------------|----------------|---------------|-----------|--------------------|-----------|
|           | <u>CUP</u>     | <u>8/2/17</u> |                |               |           |                    |           |
|           |                |               |                | <u>8-3-12</u> |           |                    |           |
|           |                |               |                |               |           |                    |           |
|           |                |               |                |               |           |                    |           |

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. <input type="checkbox"/> Elevators/Escalators/Lifts/<br>Dumbwaiters/Moving Walks | 4. <input type="checkbox"/> Refrigeration Systems                 | 8. <input type="checkbox"/> Smoke Control Systems in Open Wells | 12. <input type="checkbox"/> Fire Alarm |
| 2. <input type="checkbox"/> High Pressure Boilers                                   | 5. <input type="checkbox"/> Cross-Connections/Backflow Preventers | 9. <input type="checkbox"/> Underground Storage Tanks           |                                         |
| 3. <input type="checkbox"/> Pressure Vessels                                        | 6. <input type="checkbox"/> Hazardous Uses/Places of Assembly     | 10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs  |                                         |
|                                                                                     | 7. <input type="checkbox"/> Sprinklers/Standpipes                 | 11. <input type="checkbox"/> LPGas Tanks                        |                                         |



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723

Date Issued 8/25/2017  
Control Number C-17-003433  
Permit Number 17-2687  
Permit Issue Date 8/9/2017  
Certificate Number 17-2687

## Certificate

Construction Code Division  
(Certificate of Approval)

### Identification

Work Site Location: 479 BRICK BLVD. Brick Township, NJ Block: 547 Lot: 24.01 Qual: \_\_\_\_\_  
Owner in Fee: PMK FAMILY II LLC  
Owner Address: 479 BRICK BLVD BRICK NJ 08723  
Telephone: (732) 684-6099  
Contractor JW HUGHES INC T/A JIM HUGHES PLUMBING  
Address 280 FARADAY AVENUE JACKSON NJ 08527  
Telephone: (732) 364-3636 Fax: \_\_\_\_\_  
License Number or Builders Registration Number: BIO9234 Federal Emp. Number: 22-3039222

Home Warranty Number: \_\_\_\_\_

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification: \_\_\_\_\_

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: AUXILIARY METER, BACKFLOW PREVENTER, WATER SERVICE CONNECTION

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: \_\_\_\_\_



PLUMBING SUBCODE  
TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. 2014 UTILITY DIG NO: 1-800-272-1000.

Block 54 Lot 84.09 Qualification Code \_\_\_\_\_

Work Site Location 479 Baick Blvd NJ

Owner in Fee: PAK Family LLC

Tel. 732 6846099 e-mail \_\_\_\_\_

Address 479 Baick Blvd Baicktown NJ 08723

Contractor: J.W. Hughes Inc 732-364-3636

Address 280 Faraday Ave Jackson, NJ 08521

Contractor License No. BTD-9234 Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

B. PLUMBING CHARACTERISTICS

Use Group \_\_\_\_\_ Present \_\_\_\_\_ Proposed \_\_\_\_\_

Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

Water Service Size 1" Public Water \_\_\_\_\_ Private Well \_\_\_\_\_

Water Service Size 1500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial Under-slab Utilities Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Joint Plan Review Required: \_\_\_\_\_

☐ Blg. ☐ Elec. ☐ Fire ☐ Elev. \_\_\_\_\_

SUBCODE APPROVAL FOR PERMIT

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

SUBCODE APPROVAL FOR CERTIFICATE

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Approved by: \_\_\_\_\_

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor \_\_\_\_\_

sign and seal here: \_\_\_\_\_

Print name here: James W. Hughes

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

new water service

QTY. \_\_\_\_\_

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 \_\_\_\_\_

LP Gas Tank \_\_\_\_\_

Steam Boiler \_\_\_\_\_

Hot Water Boiler \_\_\_\_\_

Sewer Pump \_\_\_\_\_

Interceptor/Separator \_\_\_\_\_

Backflow Preventer \_\_\_\_\_

Greasetrap \_\_\_\_\_

Sewer Connection \_\_\_\_\_

Water Service Connection \_\_\_\_\_

Stacks \_\_\_\_\_

Other Auto Meter

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_

COMMERCIAL

Date/Time: Aug. 17. 2017 3:08PM

| File No. Mode  | Destination | Pg(s) | Result | Page Not Sent |
|----------------|-------------|-------|--------|---------------|
| 0912 Memory TX | 97329198081 | P. 3  | 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

B-1256.08  
L-14.01

1017656788  
1017657712

TOWNSHIP OF BRICK  
Office of the Municipal Engineer  
APPLICATION FOR STREET EXCAVATION  
(To be Completed by Applicant)

The issuance of this permit required the Permittee to comply with the terms and conditions of the Code of the Township of Brick, Chapter 404 entitled, "Streets and Sidewalks". The permittee is responsible to make all necessary engineering investigations to locate all underground utilities in the vicinity of work.

Date of Application: 8/15/17 Date of Excavation: 08/17/2017  
 Application is hereby made by: New Jersey Natural Gas Co hereafter known as the Permittee.  
 Address: 725 Vassar Ave., Lakewood, NJ 08701 Telephone #: 732-905-4351  
 To excavate a trench 3 feet wide by 3 feet long for the purpose of installing: Install 1/2" plastic pipe  
1-3x3 openings on W. Lake Dr. 206' S of W. Lake Dr. - Return - 3/4" and 5/8"  
 To service the property located at: 411 W. Lake Dr.  
 Contractor completing work: NTNG Crew Telephone #: 732-905-4351  
 Contractor's address: Same as applicant  
 Emergency Telephone #: 180-721-0051  
 Attach sketch of work location (including roads, distances, etc. for opening: 3 ft. x 3 ft. - 9 SP Total

PER SCHEDULE:  
 A. Application Fee (non-refundable) (Openings 50 SF or less, \$75.00)  
 (Openings 100 SF or less, \$100.00)  
 (Openings 200 SF or less, \$125.00)  
 (Openings 400 SF or less, \$175.00)  
 (Openings greater than 400 SF, \$250.00 + SP x \$0.50/LF over 400 LF)  
 Total for 1<sup>st</sup> Check #: 732-919-8081  
 B. Restoration Guarantee SP x \$25.00/SP (Min. \$1,000.00)  
 (refundable, see Chapter 404 for conditions)  
 (\* separate checks required) Total for 2<sup>nd</sup> Check #:

BRICK TOWNSHIP  
COMMUNITY DEVELOPMENT  
08/17/2017 000051  
3348 2:34PM ENTERED  
ROAD OPENING \$75.00  
CHECK #75.00  
THANK YOU

I hereby certify that I am familiar with the Code of the Township of Brick, Chapter 404 entitled, "Streets and Sidewalks" and agree to comply with all conditions therein.

Signature (Permittee): Ken Beck (PM) Date: 8/15/17

Permit #: RO-17-00478 (For Official Use Only, to be completed by Township Officials)

You are hereby granted permission to make an excavation on a Township Street at the location set forth herein, in accordance with the Code of the Township of Brick, Chapter 404 entitled, "Streets and Sidewalks" and agree to comply with all conditions therein, subject to the following special conditions:

☐ You are hereby denied permission to make an excavation for the following reasons:

Bureau of Traffic Safety (if required) Date

Marilyn Kocyla 8/17/17  
Municipal Engineer (or designee) Date

APPLICANT: When all signatures have been obtained, this form will become your permit. Please produce copy of form during construction upon request.

cc: Twp. Clerk, Public Works, Police Department

#00690786



# CONSTRUCTION PERMIT

Date Issued 8/9/17  
Control # C-17-003433  
Permit # 17-2687

IDENTIFICATION Block: 547 Lot: 24.01 Qualifier \_\_\_\_\_  
Work Site Location: 479 BRICK BLVD. Brick Township, NJ Contractor JW HUGHES INC T/A JIM HUGHES PLUMBING  
Address 280 FARADAY AVENUE JACKSON NJ 08527  
Owner in Fee PMK FAMILY II LLC Telephone: (732) 364-3636  
479 BRICK BLVD BRICK NJ 08723 Lic. No. or Bldrs. Reg. No. BIO9234 BIO9234 BIO9234  
Telephone: (732) 684-6099 Federal Employee No. 22-3039222

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, WATER SERVICE CONNECTION

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 \$1,500

[Signature]  
Construction Official

Date 8/3/17

U.C.C. F170  
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

| PAYMENTS (Office Use Only)      |        |
|---------------------------------|--------|
| Building                        | \$0    |
| Electrical                      | \$0    |
| Plumbing                        | \$400  |
| Fire Protection                 | \$0    |
| Elevator Devices                | \$0    |
| Other                           | \$0.00 |
| DCA Training Fee                | \$3    |
| CO Fee                          |        |
| Other                           | \$0    |
| Total                           | \$403  |
| Check No. <u>113</u>            |        |
| Cash                            | \$0    |
| Credit                          | \$0    |
| Collected By <u>[Signature]</u> |        |

#2687

PLUMBING - APPLICANT \$400.00

DCA \$3.00

CHECK \$403.00

## 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.

☒ 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 UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST

BRICK, NEW JERSEY 08724

(732) 458-7000 • FAX (732) 458-5378

APPLICATION FOR AUXILIARY WATER METER

Date: 8/1/17

Applicant's Name: PMK Family LLC Telephone No.: 732 684 6103

Mailing Address: 479 BRICK BLVD BRICK NJ

Service Location: same

Account Number: 9847205-0 Block: 547 Lot: 24

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

Margaret Kar  
Applicant's Signature

[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.