Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 526 LOT 14 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 22-2670

CONSTRUCTION PERMIT APPLICATION

C-22-001566

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

I. IDENTIFICATION

1. Proposed Work Site at: 973 ROSEWOOD AVE BRICK NJ 08723
2. Name of Owner in Fee: KATHRYN HELFREY
   Tel. [redacted] e-mail [redacted]
   Address 973 ROSEWOOD AVE (street) BRICK (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Proficient Plumbing Tel. (848) 448-3539
   Address 482 Jackson Ave e-mail proficientplumbinghtg@yahoo.com
   Brick, NJ 08723
   License No. OR, if new home, Builder Reg. No. 12513 Exp. Date 06/30/2023
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 272089065 FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Paul Wylam
   Tel. (848) 448-3539 FAX: _____

RECEIVED BUILDING MAR 16 2022

RECEIVED PLANNING APR 26 2022

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		150 ✓	
3. Plumbing			
4. Fire Protection			
5. ~~Elevator Devices~~ Mechanical		157 ✓	
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		7.5	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

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 — Boiler Combi Unit
- ☐ 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)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing Mech
- ☐ Fire Protection
- ☐ Elevator

Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
				5/6/22	TEH			
				5-5-22	COM			

TOTAL COST $0

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Select Group
3. Change in Use Group, Indicate Presen Select Group

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

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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. 5:23-2.15(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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 PAUL WYLAM

Address 482 JACKSON AVE

BRICK, NJ 08723

Telephone (848) 448-3539

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

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		
Building		Energy		Other
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.				

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued	12/29/2022
Control Number	C-22-001566
Permit Number	22-2670
Permit Issue Date	9/27/2022
Certificate Number	22-2670

Identification

Work Site Location: 973 ROSEWOOD AVE. Brick Township, NJ Block: 526 Lot: 14 Qual:
Owner in Fee: HELFREY, KATHRYN
Owner Address: 973 ROSEWOOD AVE BRICK NJ 08723
Telephone: [redacted]
Contractor: Proficient Plumbing & Heating
Address: 482 JACKSON AVE Brick NJ 08723
Telephone: (848) 448-3539 Fax: Federal Emp. Number:
License Number or Builders Registration 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: ALTERATION - RESIDENTIAL - ...INSTALL NAVIEN COMBI UNIT

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: 12/29/2022

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/27/22
Control #
Date Issued
Permit # 22-2670

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

Block 2.26 Lot 14 Qualification Code

Work Site Location 973 Rosewood Avenue Brick

Owner in Fee:

Tel. ( ) e-mail

Address 973 Rosewood Avenue Brick
street municipality zip code

Contractor: DeSanto Electric LLC Tel. (908) 910 8668

Address 31 Princeton Avenue Brick NJ 08724 e-mail desantoelectric@gmail.com

Contractor License No. [redacted] 17368 Exp. Date 3/2024

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

Federal Emp. ID No. 460 755 299 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved Spec
Date: 5/5/22 Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-5-22
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12-21-22
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	10-25-22		12-20-22	
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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: ANDREW LOSMAN

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: outlet elec for boiler

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received 9/27/22
Control # 22-2670
Date Issued
Permit #

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

Block 526 Lot 14 Qualification Code

Work Site Location 973 ROSEWOOD AVE BRICK NJ 08723

Owner in Fee: KATHRYN HELFREY

Te [redacted] e-mail [redacted]

Address 973 ROSEWOOD AVE (street) BRICK (municipality) 08723 (zip code)

Contractor: Proficient Plumbing Tel. (848) 448-3539

Address 482 Jackson Ave e-mail proficientplumbing htg @ yahoo.com

Brick, NJ 08723

Contractor License No. 12513 Exp. Date 06/30/2023

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 272089065 FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 8,975

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.

Applicant sign/Contractor sign and seal here:

Print name here: PAUL WYLAM

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALLED NAVIEN NCB240/110 COMBI BOILER

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[✓] Mechanical Plans Approved
Date 5-5-22 Approved by: [illegible]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 5-5-22
Approved by: [illegible]
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 10-26-22
Approved by: [illegible]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping			10-25-22	[illegible]
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final			10-25-22	[illegible]

NO.	FIXTURE/EQUIPMENT
	Water Heater
	Fuel Oil Piping Connections
	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
	Generator
1	Other

FEE (Office Use Only)

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

* 10-25-22
Had test on gas Ok
Roped 1" 6ft. right off
meter
GRP

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/27/22
Control #
Date Issued
Permit # 22-2670

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 973 Riselwood Avenue Brick

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address 973 Riselwood Avenue Brick
street municipality zip code

Contractor: DiSanto Electric LLC Tel. (908) 910 8668

Address 31 Princeton Avenue e-mail drsantoelectric@gmail.com
Brick NJ 08724

Contractor License No. 173608 Exp. Date 3/2024

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

Federal Emp. ID No. 460 755 299 FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____

[ ] Electric Plans Approved Spec
Date: 5/5/22 Approved by: [illegible]

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-5-22
Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

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: [signature]

Print name here: ANDREW L DISANTO

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Outlet elec for Patio

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		_____	
		TOTAL NUMBERS	$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		_____	

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

CONSTRUCTION PERMIT

Date Issued 9/27/22
Control # C-22-001566
Permit # 22-21710

IDENTIFICATION Block: 526 Lot: 14 Qualifier
Work Site Location: 973 ROSEWOOD AVE. Brick Township, NJ
Owner in Fee HELFREY, KATHRYN
973 ROSEWOOD AVE BRICK NJ 08723
Telephone: [redacted]

Contractor Proficient Plumbing & Heating
Address 482 JACKSON AVE Brick NJ 08723
Telephone (848) 448-3539
Lic. No. or Bldrs. Reg. No. 12513
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
ALTERATION - RESIDENTIAL ..INSTALL NAVIEN COMBI UNIT

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$125.00
DCA Training Fee	$17
CO Fee	
Other	$0
Total	$292
Check No.	(240)
Cash	$0
Credit	$0
Collected By	

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 $9,175

David J. Newman Jr 5/9/22
Construction Official Date

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.

☑ 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.

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received 9/27/22
Control #
Date Issued
Permit # 22-2670

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

Block 526 Lot 14 Qualification Code

Work Site Location 973 ROSEWOOD AVE BRICK NJ 08723

Owner in Fee: KATHRYN HELFREY

[redacted] e-mai [redacted]

Address 973 ROSEWOOD AVE (street) BRICK (municipality) 08723 (zip code)

Contractor: Proficient Plumbing Tel. (848) 448-3539

Address 482 Jackson Ave e-mail proficientplumbing htg @ yahoo.com

Brick, NJ 08723

Contractor License No. 12513 Exp. Date 06/30/2023

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 272089065 FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 8,975

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date 5-5-22 Approved by: WS
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 5-5-22
Approved by: Tom Actiny
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

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.
Applicant sign/Contractor sign and seal here:

Print name here: PAUL WYLAM

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALLED NAVIEN NCB240/110 COMBI BOILER

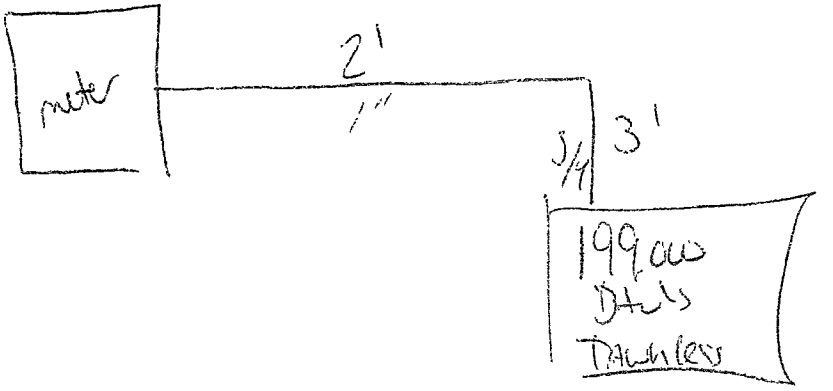
NO.	FIXTURE/EQUIPMENT
	Water Heater
	Fuel Oil Piping Connections
	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
	Generator
1	Other

FEE (Office Use Only)

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BL 526 · Lot 14
973 Rosewood Ave



PLUMBING
MAY 05 2022
APPROVED

FILE COPY

Gas line to Tankless
199,000 Btu's
10' longest length
1" pipework

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 526 LOT 14 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 973 ROSEWOOD AVE BRICK NJ 08723

Owner in Fee KATHRYN HELFREY

Verifying Individual PAUL WYLAM Company Proficient Plumbing

Address 482 Jackson Ave (Street) Brick, (City) NJ (State) 08723 (Zip Code)

Tel: (848) 448-3539 Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:

	Oil to Gas Conversion
	Gas to Oil Conversion
✔	Gas Appliance Replacement
	Oil to Oil Replacement
	Other _____

Existing Vent/Chimney: Size 2 Inch PVC

	"B" Label Vent
	"L" Label Vent
	Flexible Liner
X	Power Vent/Exhauster

	Chimney-Interior
	Chimney-Exterior
	Masonry Chimney-Tile Lined
	Masonry Chimney-Unlined
	Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	NAVIEN COMBI	Oil / Gas / Other: GAS	199,000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? | Natural Draft | Fan-assisted Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ Signature _____ Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____ Signature _____ Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ Signature 3/22/2022 Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

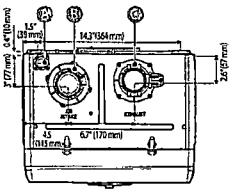
_____ Signature _____ Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

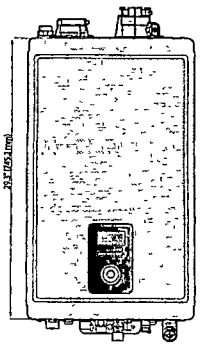
All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

Dimensions

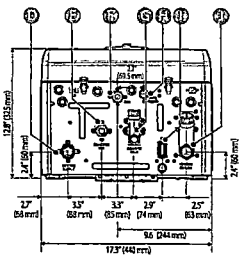
Overhead View



Front View



Supply Connections



		Connection Size
(A)	Pressure Relief Valve Adapter	Φ 3/4"
(B)	Air Intake	Φ 2"
(C)	Exhaust	Φ 2"
(D)	Heating Supply	Φ 1"
(G)	DHW Hot Water Outlet	Φ 3/4"
(E)	Gas Supply Inlet	Φ 3/4"
(F)	DHW Cold Water Inlet	Φ 3/4"
(H)	Auto Feeder Inlet (Make-up Water)	Φ 1/2"
(J)	Condensate Outlet	Φ 1/2"
(J)	Heating Return	Φ 1"

Ratings & Specifications

Model Number[1]	Navien Condensing Boiler Space Heating Ratings — Heating Input (MBH) Min	Heating Input (MBH) Max	Heating Capacity[2] (MBH)	Net AHRI Rating Water[3] (MBH)	AFUE[2] (%)	Other Specifications — Water Pressure	Water Connection Size (Supply, Return)
NCB-190/060H	11	60	56	49	95.0	12-30 psi	1" NPT
NCB-190/080H	11	80	74	64			
NCB-240/110H	13	110	102	89			
NCB-240/130H	13	130	120	104			
NCB-250/150H	14	150	138	120			

[1] Ratings are the same for natural gas models converted to propane use.

[2] Based on U.S. Department of Energy (DOE) test procedures.

[3] The net AHRI water ratings shown are based on a piping and pickup allowance of 1.15

Consult Navien before selecting a boiler for installations having unusual piping and pickup requirements, such as intermittent system operation, extensive piping systems, etc

Navien Condensing Boiler Domestic Hot Water Ratings — Model Number	Input Ratings (BTU/H) Min	Input Ratings (BTU/H) Max	Other Domestic Hot Water Specifications — Water Pressure PSI	Minimum Flow Rate GPM (L/m)	Flow Rate 45°F (25°C) Temp Rise GPM (L/m)	DHW Connection Size — Supply	DHW Connection Size — Return
NCB-190/060H	10,700	160,000	15–150	0.5 (1.9)	6.4 (24.2)	3/4" NPT	3/4" NPT
NCB-190/080H							
NCB-240/110H	13,300	199,900			7.9 (30.0)		
NCB-240/130H							
NCB-250/150H	14,000	210,000			8.4 (31.8)		

Item		Specifications		
		NCB-190/060H NCB-190/080H	NCB-240/110H NCB-240/130H	NCB-250/150H
Dimensions		17.3" W x 29.3" H x 12.8" D		
Boiler weight	Empty	87 lbs (40 kg)	96 lbs (44 kg)	
	With water	93 lbs (42 kg)	102 lbs (46 kg)	
Installation type		Indoor wall-hung		
Venting type		Forced draft direct vent		
Ignition		Electronic ignition		
Natural gas supply pressure (from source)		3.5" to 10.5" WC		
Propane gas supply pressure (from source)		8.0" to 13.5" WC		
Natural gas manifold pressure		-0.01" WC to -0.31" WC	-0.06" WC to -0.24" WC	-0.06" WC to -0.26" WC
Propane gas manifold pressure		-0.04" WC to -0.33" WC	-0.06" WC to -0.26" WC	-0.06" WC to -0.28" WC
Gas connection size		3/4" NPT		
Power supply	Main supply	120V AC, 60Hz		
	Maximum power consumption	Up to 15 amperes		
Materials	Casing	Cold-rolled carbon steel		
	Heat exchangers	Stainless steel		
Venting	Exhaust	2" or 3" PVC, CPVC, approved polypropylene 2" or 3" special gas vent type BH (Class III, A/B/C) 2" or 3" stainless steel		
	Intake	2" or 3" PVC, CPVC, polypropylene 2" or 3" special gas vent type BH (Class III, A/B/C) 2" or 3" stainless steel		
	Vent clearance	0" to combustibles		
Safety devices		Flame Rod, APS, Ignition operation detector, water temperature high limit switch, exhaust temperature high limit sensor, water pressure sensor, burner high limit fuse, vent installation detector		

Navien reserves the right to change specifications at any time without prior notice

Please refer to www.NavienInc.com to verify you have the most current information

DHW Temp Rise °F (°C)	DHW Flow Rates GPM (L/m) NCB-190/060H NCB-190/080H	NCB-240/110H NCB-240/130H	NCB-250/150H
35 (19)	8.2 (31.1)	10.4 (39.5)	10.8 (40.9)
40 (22)	7.2 (27.3)	9.0 (34.1)	9.5 (35.8)
45 (25)	6.4 (24.2)	7.9 (30.0)	8.4 (31.8)
50 (28)	5.8 (21.8)	7.2 (27.3)	7.6 (28.6)
55 (31)	5.2 (19.8)	6.6 (25.0)	6.9 (26.0)
60 (33)	4.8 (18.2)	6.0 (22.7)	6.3 (23.8)
67 (37)	4.3 (16.3)	5.4 (20.4)	5.6 (21.4)
70 (39)	4.1 (15.6)	5.1 (19.3)	5.4 (20.4)
77 (43)	3.7 (14.2)	4.7 (17.8)	4.9 (18.6)
80 (44)	3.6 (13.6)	4.5 (17.0)	4.7 (17.9)
85 (47)	3.4 (12.8)	4.2 (15.9)	4.4 (16.8)
90 (50)	3.2 (12.1)	4.0 (15.1)	4.2 (15.9)
100 (56)	2.9 (10.9)	3.6 (13.6)	3.8 (14.3)

Model Transition — Discontinued NCB-E	New NCB-H
NCB-150E DHW: 12,000–120,000 BTU/H HTG: 60 MBH	**NCB-190/060H** DHW: 10,700–160,000 BTU/H HTG: 60 MBH
NCB-180E DHW: 14,000–150,000 BTU/H HTG: 80 MBH	**NCB-190/080H** DHW: 10,700–160,000 BTU/H HTG: 80 MBH
NCB-210E DHW: 18,000–180,000 BTU/H HTG: 100 MBH	**NCB-240/110H** DHW: 13,300–199,900 BTU/H HTG: 110 MBH
NCB-240E DHW: 18,000–199,900 BTU/H HTG: 120 MBH	**NCB-240/130H** DHW: 13,300–199,900 BTU/H HTG: 130 MBH
	AN INDUSTRY FIRST **NCB-250/150H** DHW: 14,000–210,000 BTU/H HTG: 150 MBH

Accessories

NaviLink™ Wi-Fi Control PBCM-AS-001 **NaviLink™ Cable** GXXX001659	**Combi-boiler Primary Manifold Kit** 30026576A	**Residential Neutralizer** (1 unit) GXXX001322 **Residential Replacement Media** GXXX001323	**Light Commercial Neutralizer** (up to 6 units) GXXX001324 **Light Commercial Replacement Media** GXXX001328	**PeakFlowE™ Anti-scale System** GXXX001725 **PeakFlowE™ Replacement Media** GXXX001726 **PeakFlow™ Replacement Media** GXXX001327	**NaviCirc™ Recirculation Valve** **NaviCirc™** PFFW-SXX-001 **NaviCirc™ Kit** 30022965A	**Cascade Cable** GXXX000546	**Zone Pump Controller** **2 Zones** PFMZ-02P-001 **3 Zones** PFMZ-03P-001 **4 Zones** PFMZ-04P-001 **6 Zones** PFMZ-06P-001	**Universal Temperature Sensor** GXXX001769	**Common Vent Collar Kit** 30014367A Includes cascade cable (GXXX000546), common vent collar damper and VID jumper cable	**NaviClean™ Magnetic Filter for Boilers** GXXX001727	**Ready-Link® Rack Base (V3) and Add-on Rack(s)** **Base (V3)** GFFMKDIZUS-005 **Add-on (V3)** GFFMKDIZUS-006

Navien Inc., 20 Goodyear, Irvine, CA 92618 800-519-8794 NavienInc.com

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