

BLOCK 1033.05 LOT 32 ADDRESS (SITE) 85 OAK KNOLL DR. PERMIT NO. 944-97

RECEIVED

APR 14 1997

APPROVED
4-14-97



CONSTRUCTION PERMIT APPLICATION

DIV. OF CONSTRUCTION Application completes: Sections I, II, III (optional), IV, VI and VII

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	\$	106.00	0.00

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. 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	

I. IDENTIFICATION

- Proposed Work-site at: 85 OAK KNOLL DR.
- Name of Owner in Fee: GEORGE PIZZUTA Tel. ()
Address SAME AS WORK SITE
street municipality zip code
- Ownership in Fee: Public _____ Private ☒
- Principal Contractor: LANIAN'S PLUMBING Tel. (905) 751 1560
Address 19 CAPITAL REEF R.D. HOWELL N.T.
License No. OR, if new home, Builder Reg. No. 10329 Exp. Date 6/30/97
Federal Emp. No. _____ Social Security No. _____
- Architect or Engineer _____ Tel. ()
Address _____
- Responsible Person in Charge of Work: JOHN J LANIAN Tel. (905) 751-1560

II. PROPOSED WORK

- ☐ Minor work (single trade)
- ☐ Small Job (\$5,000 and no prior approvals)
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Fire Protection
- ☐ Plumbing
- ☐ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abatement
- ☐ Demolition

Est. Cost

800.-

Pool Heater.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
WLB	4/14/97						
			4/14/97		5/9/97		
			4/16/97		5/9/97		

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2 ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- ☐ Hotels (R-1)
- ☐ Multi-Family (R-2)
- ☐ Two-Family (R-3) BOCA
- ☐ Two-Family (R-4) CABO
- ☒ One-Family (R-3) BOCA
- ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:

LDS BR 10412115

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 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 LOWAN'S PLUMBING & HEATING
Address 19 CAPITAL CREEK RD. LAWRENCEVILLE, N.J. 07731

Telephone (908) 751 1560

Signature [Signature] Date 4/14/97

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		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. _____	_____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

4/22/97

944-97

IDENTIFICATION Block 1033.05 Lot 32Work Site Location 85 DAK KNOB DR.Contractor Langan's Plumb.Address 19 MAHARAJA RD.

Hoboken, N.J.

Owner in Fee George P. LujanAddress SAMU

Tele. ()

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. 22-543858

or Social Security No. [REDACTED]

hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ OTHER☐ ELECTRICAL ☐ FIRE PROTECTION☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

(Pool Heater)

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 \$ 800

C.C. Form F-170C

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE 2 CANARY - TAX ASSESSOR 3 PINK - JACKET 4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building

Plumbing 1/0

Electrical

Fire Protection 25

Other

Other

DCA Training Fee 1-

Cert. of Occ.

Other

Total 106

Check No.

Cash

Collected By: A. Lujan



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 4/22/97
Date Issued _____
Control # 944-97
Permit # _____

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

Block 1033.05 Lot 32
Work Site Location 85 ORK KNOLL DR.
BRECKTOWNSHIP
Owner in Fee SOME AS ABOVE
Address _____
Tele. (____) _____
Contractor LANGAN'S PLUMBING + HEATING
Address 19 CAPITOL REEF R.D. HOWELL N.J.
07731
Tele. (908) 751 1560
Lic. No. 10329
Federal Emp. 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: OUTSIDE POOL HEATER
Total Est. Cost of Fire Prot. Work \$ _____ ☐ Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)			
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Suppression Test	_____	_____	_____	_____
Joint Plan Review Required:	Fire Alarm Test	_____	_____	_____	_____
☐ Bldg. ☐ Plumb.	Smoke Test	_____	_____	_____	_____
☐ Elec. ☐ Elevator	Mechanical	_____	_____	_____	_____
☐ Fire Plans Approved	TCO	_____	_____	_____	_____
Date: <u>4/14/97</u>	Other <u>Pool Heater</u>	_____	_____	_____	_____
Approved by: _____	Other _____	_____	_____	_____	_____
SUBCODE APPROVAL:	Other _____	_____	_____	_____	_____
☐ CO ☐ CCO ☒ CA		_____	_____	_____	_____
Date: <u>5/9/97</u>		_____	_____	_____	_____
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.

[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 () Capacity _____ Fuel _____
Combustible Liquid Storage Tanks () Capacity _____ Fuel _____
L.P.G. Storage Tanks () Capacity _____ Fuel _____
N.G. Storage Tanks () Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	_____	_____
Dry Sprinkler Heads	_____	_____
TOTAL	_____	_____
Smoke Detectors	_____	_____
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	☒	<u>35</u>
OTHER	_____	_____

Administrative Surcharge \$ 35
Paid ☐ Check # _____ Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

4/22/97
944-97

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

Block 1033.05 Lot 32
Work Site Location 85 OAK KNOLL DR. BRECKENSHIRE

Owner in Fee GEORGE PIZZUTA
Address SAME AS ABOVE

Contractor LANDAN'S PLUMBING & HEATING

Address 19 CARTEL REEF R.O. HOWELL N.J. 07731

Lic. No. 10327

Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Estimated Cost of Plumbing Work \$ 1600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plans Required

Joint Plan Review Required:

☐ Bldg. ☐ Elec.

☐ Fire ☐ Elevator

☒ Plumb. Plans Approved

Date: 4-16-97

Approved by: [Signature]

SUBCODE APPROVAL:

☐ CO ☐ CCO ☒ A

Approved By: [Signature]

Date: 5-9-97

INSPECTIONS

Type: Failure Failure Approval Initial

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment 5-9-97 5-9-97 [Signature]

Gas Piping [Signature] 5-7-97 [Signature]

Solar _____

TCO _____

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

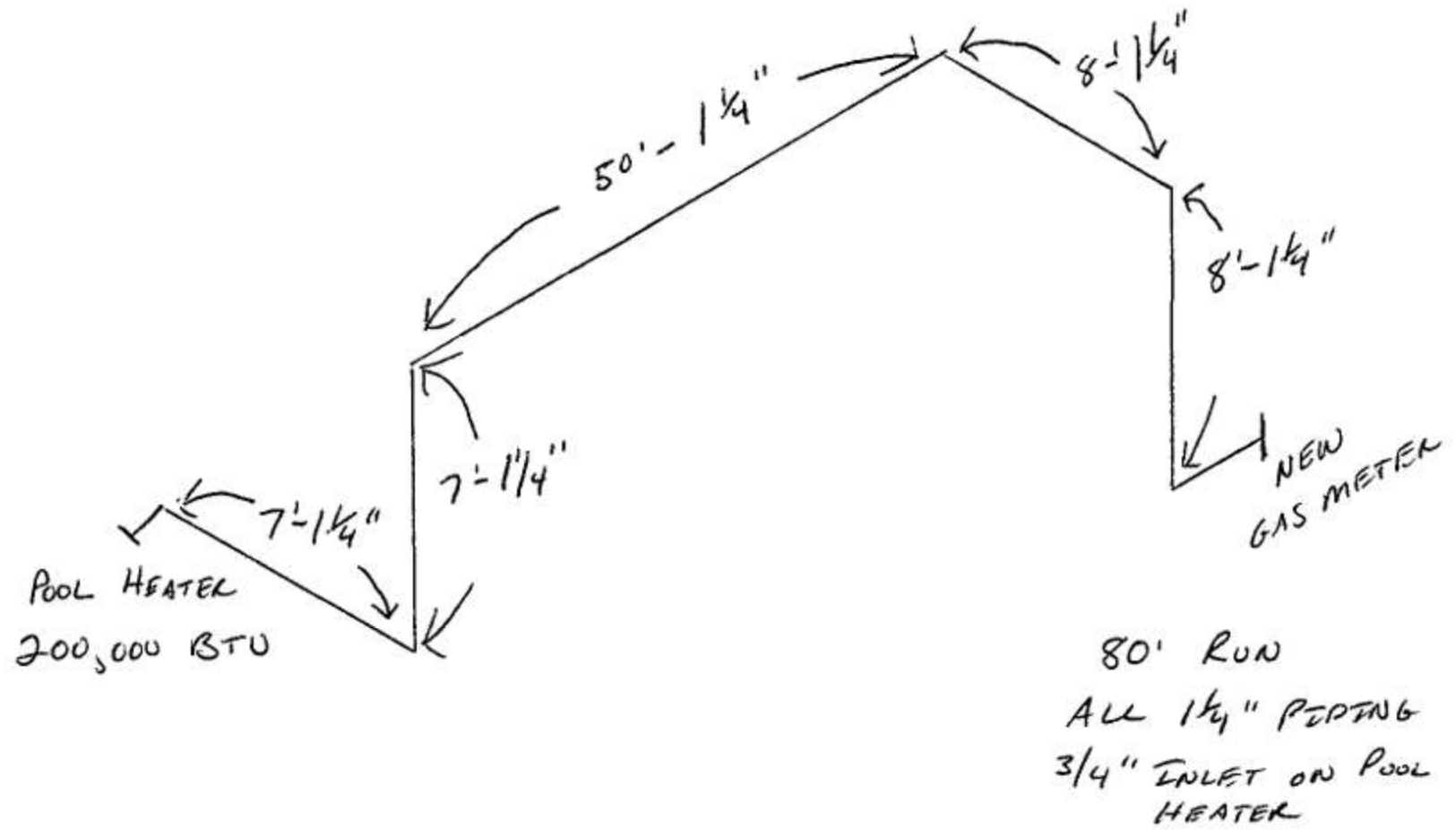
☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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	_____
1	Fuel Oil Piping	35
1	Gas Piping	35
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Active Solar System	_____
_____	Other	_____

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ 70
DCA Training Fee \$ _____
Collected by: _____ TOTAL \$ _____

Block # 1033.05
Lot # 32



John A. Long

P. Long 7-16-97