Quest Meter

BLOCK 852 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 1754 Forge Pond Rd. PERMIT NO. 12-0861

# CONSTRUCTION PERMIT APPLICATION

C12-001117

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

**I. IDENTIFICATION**

1. Proposed Work Site at: 1754 Forge Pond Rd. Brick
2. Name of Owner in Fee: John A. Lopez
   T [redacted]
   Address 1754 Forge Pond Rd. Brick, NJ 08724 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Self - John A. Lopez Te [redacted]
   Address 1754 Forge Pond Rd. e-m
   License No. OR, if new home, Builder Reg. No. 10 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: Homeowner, John Lopez
   Te [redacted] )

**V. FEE SUMMARY (for office use only)**

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ | | |
| 2. Electrical | | 50 ✓ | 40.00 ✓ |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | | | |
| 7. Less 20% for State Plan Review | $ | 1.- | |
| 8. Subtotal | $ | | |
| 9. State Permit Surcharge Fee | | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | $ | 51.- | 100.- |

**I. 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
- ☐ New Building
- ☐ Addition 08-11
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

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

FOR OFFICE USE ONLY (Optional)

| | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| ☐ Building | | | | | | | | | |
| ☐ Electrical | | | | | 6-7-12 | JD | | | |
| ☑ Plumbing | 500 | Bob | 4/4/12 | | 4-5-12 | JW | 6-7-12 | | WCM |
| ☐ Fire Protection | | | | | | | | | |
| ☐ Elevator | | | | | | | | | |
| 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. ☐ 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 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 4/4/12

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 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.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/20/2012
Control Number C-12-001117
Permit Number 12-0861
Permit Issue Date 4/10/2012
Certificate Number 12-0861

# Certificate

Construction Code Division

(Certificate of Approval)

## Identification

Work Site Location: 1754 FORGE POND RD. Brick Township, NJ Block: 852 Lot: 10 Qual:

Owner in Fee: LOPEZ, JOHN A SR

Owner Address: 1754 FORGE POND RD BRICK NJ 08724

Telephone: [redacted]

Contractor LOPEZ, JOHN A SR

Address 1754 FORGE POND RD BRICK NJ 08724

Telephone: [redacted] Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: AUXILIARY METER

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: 6/20/2012* U.C.C. F260 (rev. 08/05)

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

update

Date Received 6-11-12
Control #
Date Issued
Permit # 12-0861 + A

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

Block 852 Lot 10 Qualification Code

Work Site Location 1754 Forge Pond Rd. Brick NJ 08724

Owner in Fee: JOHN LOPEZ

Tel. [redacted]

Address 1754 Forge Pond Rd. Brick NJ 08724
street municipality

Contractor: Self / John Lopez [redacted]

Address 1754 Forge Pond. Rd.

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100 -

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[✓] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 6-7-12
Approved by: JS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-19-12
Approved by: JS

| INSPECTIONS | Dates (Month/Day) | | | |
|---|---|---|---|---|
| Type: | Failure | Failure | Approval | Initial |
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 6-19-12 | DT |
| 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:

Print name here: JOHN LOPEZ

Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:

| # | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | 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 | |
| 1 | | Rain Sensor | |

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

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received / Control # 12-0861

Date Issued / Permit # 4/10/12

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

Block 852 Lot 10 Qualification Code

Work Site Location 1754 Forge Pond Rd. Brick NJ 08724

Owner [redacted]

Tel [redacted]

Address 1754 Forge Pond Rd. Brick, NJ 08724
street municipality zip code

Contractor: Self, John A Lopez

Address 1754 Forge Pond Rd. Brick, NJ 08724 e-mail [redacted]

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

**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 $ 500

**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: JOHN A. LOPEZ

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: Auxiliary meter

| QTY. | 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 | |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| 1 | Other Aux Meter | |

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:_____ Approved by:_____

[ ] Plumbing Plans Approved

Date:_____ Approved by:_____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 4-5-12

Approved by: BW

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 6-14-12

Approved by: JW

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| Final | AUX METER 05.2012 | | 06.12.12 PA | |

05/22 - 12PM

(1) UDDAG IRRIGATION
BACKFLOW + SUPPLY
RAIN SENSOR

2) NEED BACKFLOW TEST (BACKWATER X 07)
RESULTS

NO

update

Date Received 6-11-12
Control #

Date Issued
Permit # 12-0861+A

# 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 852 Lot 10 Qualification Code

Work Site Location 1754 Forge Pond Rd.
Brick NJ 08724

Owner John Lopez

Tel. [redacted]

Address 1754 Forge Pond Rd. Brick NJ
street municipality

Contractor: Self/John Lopez T [redacted]

Address 1754 Forge Pond Rd. e-mail
Brick NJ 08724

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

**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 $ 100-

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 6-7-12 Approved by: WEW

[ ] Plumbing Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 6-14-12
Approved by: [signature]

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| Final | | | 06/21/12 | PA |
| | | | | |

**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: JOHN LOPEZ

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

| QTY. | 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 | |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| 1 | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| | Other | |

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

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

# FEDERAL IRRIGATION

**UNDERGROUND SPRINKLER SYSTEMS**
COMMERCIAL • RESIDENTIAL
INSTALLATION • MAINTENANCE

## NEWWA Backflow Prevention Device Assembly Test Report Form

Owner of Property: John Lopez
Mailing Address: 1754 Forge Pond Rd
Brick NJ 08723
(Town) (Zip)
Contact Person: John Lopez
Device Address: 1754 Forge Pond Rd
Brick, NJ 08723
(Town) (Zip)
Exact Device Location: Left side of house
Device Identification Number: 881845
Test Kit Serial #: 03112591 Calibration Date: 3/21/12

Date: 6-5-12 Time: 11:43AM
Tested by: Joseph Montalban JR
Certificate #: 10859
RPZ ☐ DCVA ☐ PVB ☒ SRVB ☐
Make: Watts Model No.: 800M4
Size: 1" Serial No.: 247743
Test After Installation ☒
Test After Repairs ☐
Annual Test ☐
Other ☐

| *Reduced Pressure Backflow Prevention Device Assembly (RPZ)* | | | | | *PVB or SRVB* | |
|---|---|---|---|---|---|---|
| **Check Valve No. 1** | **Check Valve No. 2** | **Static Flow Confirmed** | **Relief Valve** | **Check Valve No. 2** | **Check Valve** | **Static Flow Confirmed** |
| Closed Tight ☐ Leaked ☐ ___ PSID | Closed Tight ☐ Leaked ☐ | Yes ☐ No ☐ Other ☐ | Did Not Open ☐ Opened at ___ PSID | ___ PSID | 2 PSID | Yes ☒ No ☐ Other ☐ |

| *Double Check Valve Device Assembly (DCVA)* | | | **Air Inlet Valve** |
|---|---|---|---|
| **Check Valve No. 1** | **Check Valve No. 2** | **Static Flow Confirmed** | |
| ___ PSID | ___ PSID | Yes ☐ No ☐ Other ☐ | Opened at 1 PSID Did Not Open ☐ |

At the time of the test, the downstream shut-off valve was: Closed Tight ☐ Leaked ☐ Other ☐

Line Pressure ___ PSI | Protection Type: Service Line ☐ Fire Service Line ☐ Internal Domestic Plumbing System ☒

Signature of Certified Tester: Joseph A Montalban Jr

PASS ☒ FAIL ☐ OTHER ☐

Test Witnessed by:
Water Works Official
Owner Agent
State Official

Remarks

Service Restored ☐

732-349-9905 • Fax 732-349-9935
State Irrigation Lic. #0002042

New England Water Works Association

Recognizes: ***Joseph A. Montalban***

As a Certified Backflow Prevention Device Inspector

Certification No: **10859**

Expiration Date: **3/31/2014**

4/10/12 John

# CONSTRUCTION PERMIT

Date Issued 4/10/12
Control # C12-001117
Permit # 12-0861

IDENTIFICATION Block: 852 Lot: 10 Qualifier
Work Site Location: 1754 FORGE POND RD. Brick Township, NJ
Owner in Fee: LOPEZ, JOHN A SR
1754 FORGE POND RD BRICK NJ 08724
Telephone: (732) 995-6268

Contractor: LOPEZ, JOHN A SR
Address: 1754 FORGE POND RD BRICK NJ 08724
Telephone: (732) 995-6268
Lic. No. or Bldrs. Reg. No.
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:
AUXILIARY METER

**Note: If constuction 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** $500

Construction Official

Date 4-5-12

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $0 |
| Electrical | $0 |
| Plumbing | $50 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $1 |
| CO Fee | |
| Other | $0 |
| Total | $51 |
| Check No. | 346 |
| Cash | $0 |
| Credit | $0 |
| Collected By | |

U.C.C. F170
equiv (rev 8/03)

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.

04/10/12 4:04PM 001558#3561
REV.001
PLUMBING $50.00
DCA $1.00
CHECK $51.00

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.

# PERMIT UPDATE

Date Update Issued 6-11-12
Control # C-12-002055
Permit # 12-0861+A

IDENTIFICATION Block: 852 Lot: 10 Qualifier
Work Site Location 1754 FORGE POND RD. Brick Township, NJ
Owner in Fee LOPEZ, JOHN A SR
1754 FORGE POND RD BRICK NJ 08724
Telephone: (732) 995-6268

Contractor LOPEZ, JOHN A SR
Address 1754 FORGE POND RD BRICK NJ 08724
Telephone: (732) 995-6268
Lic. No. or Bldrs. Reg. No.
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:
BACKFLOW PREVENTER/LAWN SPRINKLER, RAIN SENSOR

**Note: If constuction 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** $200

Construction Official 6-8-12 Date

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $0 |
| Electrical | $40 |
| Plumbing | $60 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $0 |
| CO Fee | |
| Other | $0 |
| Total | $100 |
| Check No. | |
| Cash | 100 = $0 |
| Credit | $0 |
| Collected By | |

U.C.C. F170
equiv (rev 8/03)

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.

update

Date Received 6-11-12
Control #

Date Issued
Permit # 12-0861 H

# 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 852 Lot 10 Qualification Code

Work Site Location 1754 Forge Pond Rd. Brick NJ 08724

Owner in Fee: John Lopez

Tel. (732) 995-6268 e-mail lopez-19@comcast.net

Address 1754 Forge Pond Rd. Brick NJ
street municipality

Contractor: Self / John Lopez Tel. (732) 995-6268
zip code

Address 1754 Forge Pond Rd. e-mail
Brick NJ 08724

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

**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 $ 100 -

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| 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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: John Lopez

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

| QTY. | 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 | |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| 1 | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| | Other | |

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

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

update

Date Received 6-11-12
Control #
Date Issued
Permit # 12-0861 + A

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

Block 852 Lot 10 Qualification Code

Work Site Location 1754 Forge Pond Rd. Brick NJ 08724

Owner in Fee: JOHN LOPEZ

Tel. ( [redacted]

Address 1754 Forge Pond Rd. Brick NJ 08724
street municipality

Contractor: Self / John Lopez T [redacted]

Address 1754 Forge Pond. Rd. e-mai [redacted]

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100 –

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[✓] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 6-11-12
Approved by: JS

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

INSPECTIONS

| Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| 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: John Lopez

Print name here: JOHN LOPEZ

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | 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 | |
| 1 | | Main Sign | |

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

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received 12-0861
Control #

Date Issued 4/10/12
Permit #

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

Block 852 Lot 10 Qualification Code

Work Site Location 1754 Forge Pond Rd. Brick NJ 08724

Owner JOHN A. LOPEZ

Tel. ( [redacted]

Address 1754 Forge Pond Rd. Brick, NJ 08724
street municipality

Contractor: Self, John A Lopez [redacted]
e-n

Address 1754 Forge Pond Rd. Brick, NJ 08724

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

**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 $ 500

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4.5.12
Approved by: BM

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

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| 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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: [signature]

Print name here: JOHN A. LOPEZ

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Auxiliary meter

| QTY. | 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 | |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| 1 | Other Aux meter | |

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

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

**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: 9 MAR 12

Applicant's Name: John Lopez Telephone N [redacted]

Mailing Address: 1754 Forge Pond Rd. Brick 08724

Service Location: Same as mailing address

Account Number: 1244160-0 Block: 852 Lot: 10

Size of Existing Service: 3/4 Size of Existing Meter: 3/4

Applicant's 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 as 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 $5.66 per 1,000 gallons for the first 18,000 thereafter; $7.00 per 1,000 gallons.

AUXILIARY METER

_✓_ LETTER FROM BTMUA, SIGNED BY BTMUA AND DATED NO NO MORE THEN 30 DAYS OLD.

_____PLUMBING TECH FORM – SEALED AND SIGNED BY LICIENSED PLUMBER OR SIGNED BY HOMEOWNER.

_____WHAT IS AUXILIARY METER BEING USED FOR???

____EXISTING HOSE BIBS

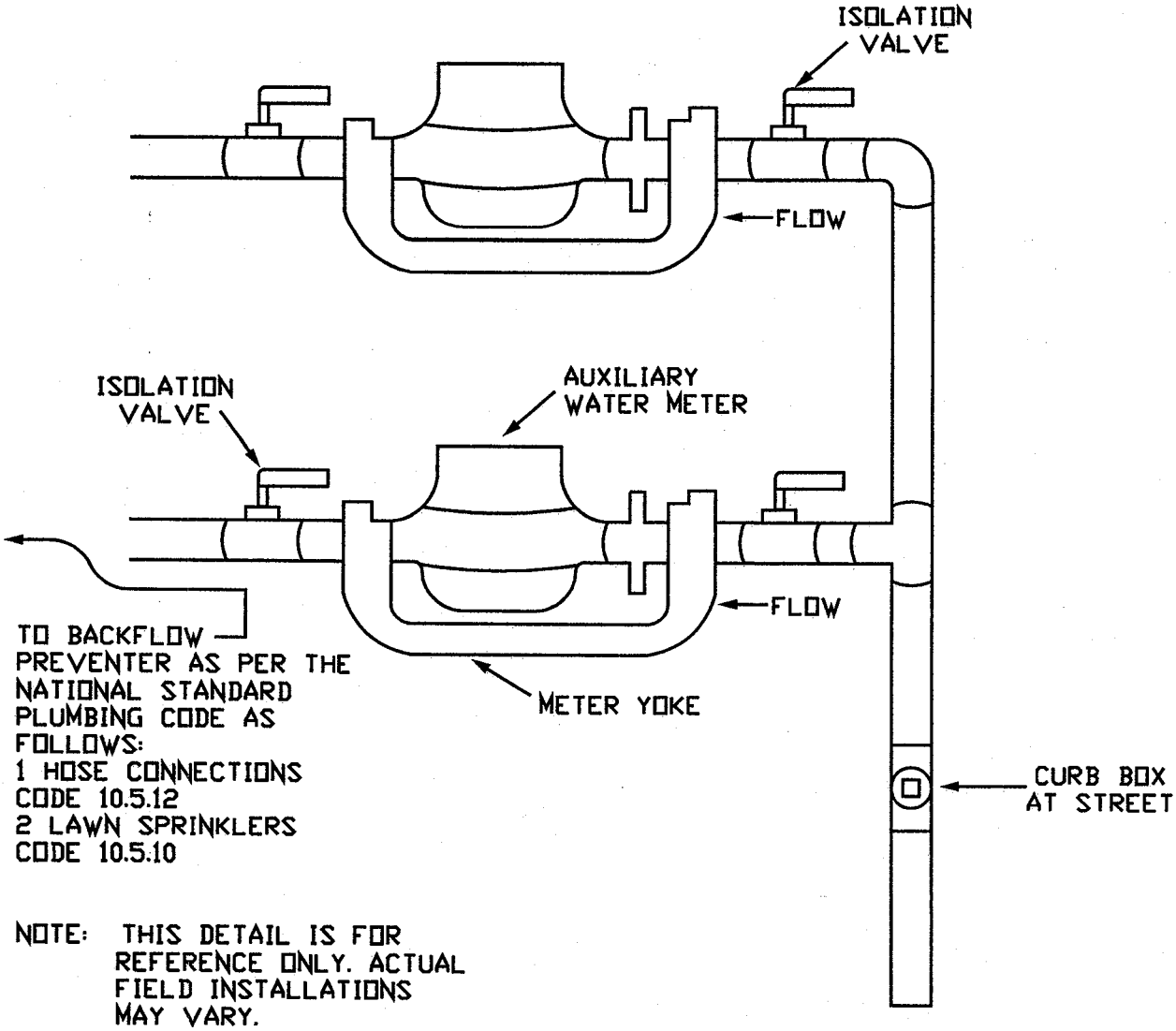
____EXISTING SPRINKLER SYSTEM (MUST HAVE BACKFLOW PREVENTOR)

____NEW SPRINKLER SYSTEM (MUST HAVE BACK-FLOW PREVENTOR AND RAIN SENSOR (WILL NEED ELECTRIC)

**** A NEW SPRINKLER SYSTEM DOES NOT HAVE TO HAVE AN AUXILIARY METER.

**** A SPRINKLER ON A WELL DOES NOT REQUIRE A BACKFLOW PREVENTOR.

# EXISTING WATER METER




TO BACKFLOW PREVENTER AS PER THE NATIONAL STANDARD PLUMBING CODE AS FOLLOWS:
1 HOSE CONNECTIONS CODE 10.5.12
2 LAWN SPRINKLERS CODE 10.5.10

NOTE: THIS DETAIL IS FOR REFERENCE ONLY. ACTUAL FIELD INSTALLATIONS MAY VARY.

TOWNSHIP OF BRICK
BUILDING DEPARTMENT

PLUMBING INSPECTIONS DETAIL P-0212

| DRAWN BY: | DATE: | REVIEWED BY: | REV. # |
|---|---|---|---|
| P.A. | FEB. 2012 | D.N. | 1 |

# TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723



**Department of Community Development & Land Use**

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

To: Residents/Contractors

From: Daniel F. Newman, Jr. Construction Official

Re: Backflow Preventer – New Requirements

Date: March 22, 2012

Please be advised that staring immediately, there are new requirements for backflow preventers. Below is the updated criteria.

**ALL BACKFLOW PREVENTERS REQUIRE A CERTIFICATE TEST**

**Residential** - Upon installation of a new backflow, it must be tested by a certified individual who is recognized by the DEP to perform backflow testing. The test certification must be on site at the time of inspection. No further testing will be required.

**Commercial** - Upon installation of new backflow, it must be tested by a certified Individual who is recognized by the DEP to perform backflow testing. The test certification must be submitted along with a check for $60 to the Township of Brick. You will be required to submit annual test results. You will be contacted by mail before your certification is expired.

Should you have any questions regarding these changes, please do not hesitate to contact this office.

DFN/mjr

311 ACCESS BRICK TOWNSHIP

## All permits must be paid for by Cash or Check

Checks are to be made out to: **THE TOWNSHIP OF BRICK**

Credit cards are not accepted

Payments may be made through

www.officialpayments.com
or Call 1-800-2pay-tax
(1-800-272-9829)

There is a nominal charge for this service. Payment must be arranged before you pick up your permit.

At the prompt, enter jurisdiction code 4045 and you also need to know the Control# of the permit.

Permits may be picked up in the building department between:

**8:00 am and 4:00 pm**

To arrange inspections call:
1-732-262-4627