BLOCK 1170 LOT 14.02 QUALIFICATION CODE _____ ADDRESS (SITE) 1640 Rt 88 Ste 102 PERMIT NO. 17-0099

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII CIM-000014

I. IDENTIFICATION

1. Proposed Work Site at 1640 Rt 88 Ste 102
2. Name of Owner in Fee: Meridian Health Realty Corp
   Tel. (____) _____ e-mail _____
   Address 1640 Rt 88 Ste 102 (street) Brick, NJ (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Michael J. Belanger Plumbing & Heating, Inc. Tel. (____) _____
   Address 1526 Whitesville Rd. e-mail _____
   Toms River, NJ 08755
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 505-8666 FAX: (____) _____
   Plumbing License number 9465
5. Architect or Engineer 22-3344256 Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	150		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Surcharge Fee	1		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 151		

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		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

COMMERCIAL

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair		12/28/10							
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing					1-5-11				
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/24/2017
Control Number C-17-000014
Permit Number 17-0099
Permit Issue Date 1/12/2017
Certificate Number 17-0099

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1640 ROUTE 88 UNIT 102 Brick Township, NJ Block: 1170 Lot: 14.02 Qual:

Owner in Fee: BRICK ORTHOPAEDIC REAL ESTATE PARTN

Owner Address: 1200 EAGLE AVENUE OCEAN NJ 07712

Telephone:

Contractor Michael Belanger

Address 1926 Whitesville Rd. Toms River NJ 08753

Telephone: (732) 732-505-8666 Fax: (732) 505-8880

License Number or Builders Registration Number: 9465 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: BACKFLOW PREVENTER

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: 1/24/2017

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 1/12/17

Date Issued Permit # 17-0099

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

Block 1170 Lot 14.02 Qualification Code

Work Site Location 1640 Rt 88 Ste 102
Brick, NJ 08724

Owner in Fee: Meridian Health Realty Corp

Tel. (732) 864-5099 e-mail mjbplumb1@verizon.net

Address 1640 Rt 88 Ste 102
street municipality zip code

Contractor: Michael J. Belanger Plumbing & Heating, Inc. Tel. ( )

Address 1926 Whitesville Rd. Toms River, NJ 08755 e-mail

Contractor License No. 309-8666 Exp. Date

Home Improvement Contractor Registration or Exemption Reason (if applicable):
Plumbing License number 9485

Federal Emp. ID No. 223344256 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer X Private Septic

Water Service Size Public Water X Private Well

Est. Cost of Plumbing Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 1-5-17
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-18-17
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			1-17-17	WM

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.

Michael J. Belanger
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

COMMERCIAL

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

1" RPZ on R/O equipment
Dialysis Center

U.C.C. F130 (rev. 12/05)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

ASK FOR JOHN PANNONE

NEWWA Backflow Prevention Device Assembly Test Report Form

Owner of Property: Fresenius Medical Care - Brick
Mailing Address: 1640 Rt 88 Ste 102
Brick, NJ 08724 (City, Town) (Zip)
Contact Person: John Pannone

Device Address and Location: 1640 Rt 88 Ste 102 Brick, NJ 08724
Device Identification Number:

Test Kit Serial #: 5887 Calibration Date: 7/18/16

Date: 12/27/16 Time: 5PM
Tested by: Michael J Belanger
Certificate #: 9751

RPZ ☒ DCVA ☐ PVB ☐ SRVB ☐
Make: Watts Model No.: LF009M2QT
Size: 1" Serial No.: 091300
Test After Installation ☒
Test After Repairs ☐
Annual Test ☐
Other: ☐

Reduced Pressure Backflow Prevention Device Assembly (RPZ)

Check Valve No. 1	Check Valve No. 2 Tightness	Flow Condition Evaluated	Relief Valve DP Opening Point	Check Valve No. 2 DP
Closed Tight ☒ Leaked ☐ 7.4 PSID	Closed Tight ☒ Leaked ☐	Flow ☐ No-Flow ☒	Opened at PSID 4.0 Did Not Open ☐	2.4 PSID

Pressure Vacuum Breaker (PVB) Spill Resistant Vacuum Breaker (SRVB)

Check Valve DP	Flow Condition Evaluated
PSID	Flow ☐ No-Flow ☐

Double Check Valve Device Assembly (DCVA)

Backpressure Test		Check Valve No. 1 DP	Check Valve No. 2 DP	Flow Condition Evaluated
TC#1 PSI	TC#4 PSI	PSID	PSID	Flow ☐ No-Flow ☐

Air Inlet Valve DP Opening Point

Opened at PSID
Did Not Open ☐

At the time of the test, the downstream shut-off valve was: Closed Tight ☐ Leaked ☐ Not Tested ☐

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

Signature of Certified Tester

PASS ☒ FAIL ☐ OTHER ☐

Test Witnessed by:
Water Works Official

Owner Agent

State Official

Remarks

Service Restored ☒

1/6/17
Called

CONSTRUCTION PERMIT

Date Issued 1/12/17
Control # C-17-000014
Permit # 17-0099

IDENTIFICATION Block: 1170 Lot: 14.02 Qualifier
Work Site Location: 1640 ROUTE 88 UNIT 102 Brick Township, NJ

Owner in Fee: BRICK ORTHOPAEDIC REAL ESTATE PARTN
1200 EAGLE AVENUE OCEAN NJ 07712
Telephone:

Contractor: Michael Belanger
Address: 1926 Whitesville Rd. Toms River NJ 08753
Telephone: (732) 732-505-8666
Lic. No. or Bldrs. Reg. No. 9465 9465 9465
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

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 $500

Construction Official

Date 1/6/17

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$151
Check No.	3445
Cash	$0
Credit	$0
Collected By	Matt Fuger

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.

$150.00
DCA $1.00
CHECK $151.00

☐ 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.