BLOCK 1170 LOT 14.02 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 09-1239

CONSTRUCTION PERMIT APPLICATION C09-00117

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1640 RT. 88 BRICK NJ 08723
2. Name of Owner in Fee: SHELDON GROSS REALTY
   Tel. (973) 325-6200 e-mail _____
   Address 80 MAIN ST. (street) W. ORANGE (municipality) NJ 07052 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: ABSOLUTE PROTECTIVE SYSTEMS Tel. (732) 287-4500 x122
   Address 3 KELLOGG CT. UNIT 13 e-mail donm@absps.com
   EDISON NJ 08817
   License No. OR, if new home, Builder Reg. No. NEWHA CERT #8250 Exp. Date 2/28/10
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 222364084 FAX: (732) 287-4502
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun DONALD MASTRO
   Tel. (732) 287-4500 x 122 FAX: (732) 287-4502

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		40 ✓	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$	1 ✓	
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	41 ✓	

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 ☐ 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)

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		KD	5/21/09						
☐ Electrical									
☐ Plumbing					5-26-09	2	6/16/09		
☐ 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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

U.C.C. F100-1 (rev. 12/07)

Called 5/28/09

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 _____

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.

(X) Check if contractor.

Agent Name ABSOLUTE PROTECTIVE SYSTEMS

Address 3 KELLOGG CT. UNIT 13
EDISON NJ 08817

Telephone (732) 287-4500 x 122

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

CONSTRUCTION PERMIT

Date Issued 5-29-09
Control # C-09-001717
Permit # 09-1539

IDENTIFICATION Block: 1170 Lot: 14.02 Qualifier
Work Site Location: 1640 ROUTE 88 UNIT 101 Brick Township, NJ
Owner in Fee: BRICK ORTHOPAEDIC REAL ESTATE PARTN
1200 EAGLE AVENUE OCEAN NJ 07712
Telephone: (973) 325-6200

Contractor: ABSOLUTE PROTECTIVE SYSTEMS
Address: 3 KELLOGG CT UNIT B EDISON NJ 08817-
Telephone: (732) 287-4502
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2364084

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:
ANNUAL PERMIT ANNUAL BACKFLOW INSPECTION 2009

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
Check No.	27628
Cash	$0
Credit	$0
Collected By	

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 $275

Construction Official

1-26-09
Date

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

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

05/29/09 1:31PM 001558#1279
#002 SERV.002

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.

#1279
DCA $40.00
$1.00
$41.00

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.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/16/2009
Control Number C-09-001717
Permit Number 09-1239
Permit Issue Date 5/29/2009
Certificate Number 09-1239

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1640 ROUTE 88 UNIT 101 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: (973) 325-6200

Contractor ABSOLUTE PROTECTIVE SYSTEMS

Address 3 KELLOGG CT UNIT B EDISON NJ 08817-

Telephone: (732) 287-4502 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-2364084

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: ANNUAL PERMIT ANNUAL BACKFLOW INSPECTION 2009

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: 6/16/2009 U.C.C. F260 (rev. 08/05)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-1239

Date Issued / Permit # 5-29-09

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

Block 1170 Lot 1402 Qualification Code

Work Site Location 1640 RT. 88
BRICK NJ 08723

Owner in Fee: SHELDON GROSS REALTY

Tel. (973) 325-6200 e-mail

Address 80 MAIN ST. (street) W. ORANGE (municipality) 07052 (zip code)

Contractor: ABSOLUTE PROTECTIVE SYSTEMS Tel. (732) 287-4500 x122

Address 3 KELLOGG CT. UNIT 13 EDISON NJ 08817 e-mail donm@absps.com

Contractor License No. NJ WA CERT #8250 Exp. Date 2/28/10

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

Federal Emp. ID No. 222364084 FAX: (732) 287-4502

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 $ 275

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5-26-09
Approved by: BD

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6-16-09
Approved by: BD

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			6-16-09	BD

SEE ATTACHED TEST RESULTS

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's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TEST OF EXISTING BACKFLOW PREVENTER

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 TEST	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

ABSOLUTE PROTECTIVE SYSTEMS, INC.

3 KELLOGG COURT, UNIT 13 • EDISON, N.J. 08817
(732) 287– 4500 • FAX (732) 287- 4502

SECURITY AND FIRE PROTECTION SYSTEMS AND EQUIPMENT • N.J. BUS. PERMIT P00101 N.J.D.F.S.

FACSIMILE TRANSMITTAL

DATE: 6/11/09

TO: Brick Twp

ATTN: Plumbing Subcode

FROM: Don Mastro

RE: Backflow test results

69-1239
1170 - 1402

REPLY: ASAP _____ WHEN READY _____ NOT NECESSARY _____ CALL ME _____.

SEND CONFIRMATION: YES _____ NO _____ SEND DRAWING: YES _____ NO _____.

TOTAL PAGES, INCLUDING COVER SHEET 3.

COMMENTS:

Here are the results from the test I performed at 1640 Rt. 88 as well as a copy of my license to test backflow devices.

Please do not hesitate to call upon us to quote, design, install, or service any of the following categories of work:

ALARM SYSTEMS
ACCESS CONTROL (CARD READER) SYSTEMS
CLOSED CIRCUIT TELEVISION
EXIT/EMERGENCY LIGHTING
FIRE SPRINKLERS
FIRE PUMPS
STANDPIPE SYSTEMS AND HOSE STATIONS
PORTABLE FIRE EXTINGUISHERS
KITCHEN EXHAUST HOODS AND FIRE SUPPRESSION
CLEAN AGENT FIRE SUPPRESSION
CENTRAL STATION MONITORING
DESIGN / ENGINEERING / CAD DRAWINGS

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st ☑ Quarter 4/1-6/30 | 2nd ☐ Quarter 7/1-9/30 | 3rd ☐ Quarter 10/1-12/31 | 4th ☐ Quarter 1/1-3/31

BSDW-QPCTMR 01/02

Physical Connection Permit No. 09-1239

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of 'Water and Local Administrative Authority within 5 Days of each tets & Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

Date of Test: 6 / 4 / 09

To: Brick Twp. Plumbing Subcode
401 Chambers Bridge Rd.
Brick NJ 08723

From: Sheldon Gross Realty
(Name of Permit Holder)
80 Main St.
West Orange NJ 07052

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to e in compliance with this regulation.

Description of Valve

Manufacture of Valve: Ames
Model Number: 2000SS RPZ ☐ DCVA ☑
Serial Number: 123760 Size 6 in

Location of Valve

Brick Medical Artts Bldg.
1640 Rt. 88
Brick NJ 08723

Comments & Notations: Downstream Shutoff Closed Tight? (YES) NO

BLOCK 1170 LOT 14.02

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☑ Failed ☐	Closed Tight ☑ At 3.8 psid Leaked ☐	Closed Tight ☑ At 3.4 psid Leaked ☐	Opened At _____ psid Did Not Opened ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs & Materials Used					
Test After Repair &Assembly	Closed Tight ☐ At _____ psid	Closed Tight ☐ At _____ psid	Opened At _____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True.

Certified Testers Name: Donald M. Mastro Jr.

Certified Testers Signature: [signature]

Certifying Authority: NEWWA

Cert. ID#: 8250 **Expiration Date:** 2 / 28 / 10

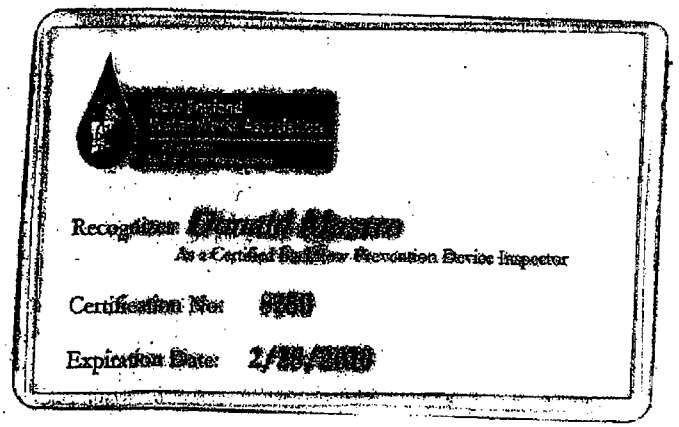
Witnesses to test & Inspection

Name: [illegible] **Title:** Bldg Maint

Representing:

Name: **Title:**

Representing:


Recognizes
As a Certified
Certification No:
Expiration Date:

11 11 14.02

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 09-1239

Date Issued Permit # 5-29-09

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

Block 1170 Lot 1402 Qualification Code _____

Work Site Location 1640 RT. 88

BRICK NJ 08723

Owner in Fee: SHERMAN GROSS REALTY

Tel. (973) 325-6200 e-mail _____

Address 80 MAIN ST. (street) W. ORANGE (municipality) 07052 (zip code)

Contractor: NASCENT PROTECTIVE SYSTEMS Tel. (732) 287-4514 x122

Address 3 KINGS CT UNIT 13 OLD BRIDGE NJ 08857 e-mail dan@gabspc.com

Contractor License No. MECHANICAL #8750 Exp. Date 2/28/10

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

Federal Emp. ID No. 22-2366108 FAX: (732) 287-4512

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 $ 275

JOB SUMMARY (Office Use Only)

PLAN REVIEW
- [✓] No Plans Required
- Joint Plan Review Required:
- [ ] Building [ ] Electric
- [ ] Fire [ ] Elevator
- [ ] Plumbing Plans Approved

Date: 5-26-09

Approved by: [signature]

SUBCODE APPROVAL
- [ ] 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				

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]

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TEST OF EXISTING BACKFLOW PREVENTER

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 TEST	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	
	Other _____	

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

11 16 14.02

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-1239

Date Issued / Permit # 5-29-09

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

Block 1170 Lot 1402 Qualification Code _____

Work Site Location 1640 RT. 88
BRICK NJ 08723

Owner in Fee: SHERON GROSS REALTY

Tel. (973) 325-6200 e-mail _____

Address 80 MAIN ST. (street) W. ORANGE (municipality) 07052 (zip code)

Contractor: NASSAU FIRE PROTECTIVE SYSTEMS Tel. (732) 287-4414 x122

Address 3 KILMER COURT EDISON NJ 08817 e-mail dawn@nfpsc.com

Contractor License No. NASSAU CONT #8750 Exp. Date 2/28/11

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

Federal Emp. ID No. 22-2366118 FAX: (732) 287-4152

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 $ 275

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5-26-09
Approved by: [signature]

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

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
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]
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TEST OF EXISTING BACKFLOW PREVENTER

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 TEST	
____	Greasetrap	
____	Sewer Connection	
____	Water Service Connection	
____	Stacks _____	
____	Other _____	
____	Other _____	

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

New England Water Works Association

A Section of the American Water Works Association

Recognizes: ***Donald Mastro***

As a Certified Backflow Prevention Device Inspector

Certification No: **8250**

Expiration Date: **2/28/2010**