

BLOCK 67D LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 51 Chambers Bridge PERMIT NO. 18-2920



CONSTRUCTION PERMIT APPLICATION

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

C18-003803

I. IDENTIFICATION

1. Proposed Work Site at: 51 Chambers Bridge Rd
2. Name of Owner in Fee: Paramount Realty Services
Tel. (732) 961-8140 e-mail _____
Address 1195 Rt 70 Suite 2000 Lakewood 08701
street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Flow Tech (H) Inter Tel. (732) 240-6222
Address 1537 Neptune Ave e-mail FTUJIM@GMAIL
Bracewood NJ 08722
License No. OR, if new home, Builder Reg. No. 11871 Exp. Date 6/30/19
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 223823137 FAX: (_____) _____
5. Architect or Engineer _____ 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	<u>200</u>	
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	<u>4</u>	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>204</u>	

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)

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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
		<u>01/04/18</u>						

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 _____

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.

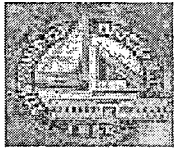
Agent Name Flora Tech Utilities

Address 1557 Neptune Ave
Beachwood NJ 08723

Telephone (732) 240-6223

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 11/16/2018
Control Number C-18-003803
Permit Number 18-2920
Permit Issue Date 10/17/2018
Certificate Number 18-2920

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 51 CHAMBERS BRIDGE RD Brick Township, NJ Block: 672 Lot: 8 Qual: _____

Owner in Fee: PARAMOUNT PLAZA AT BRICK LLC

Owner Address: 1195 ROUTE 70 LAKEWOOD NJ 08701

Telephone: _____

Contractor Flow Tech Utilities

Address 1537 Neptune Ave. Beachwood NJ 08722

Telephone: (732) 240-6222 Fax: (732) 341-0278

License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3823137

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: AUXILIARY METER, 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

Date Printed: 11/16/2018

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



PLUMBING SUBCODE TECHNICAL SECTION



Zakson's

Date Received

Control #

Date Issued

Permit #

10/17/18
18-2920

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

Block 672 Lot 8 Qualification Code _____

Work Site Location 51 Chambers Bridge RD

Best Buy Plaza - Next to Zakson's

Owner in Fee: Para Mont Realty Services

Tel. 732 961 8140 e-mail _____

Address 1195 Rt 70 Suite 200 Lakewood NJ 08701

Contractor: Flow Tech Utilities Tel. 732 240-6222

Address 1537 Neptune Ave e-mail _____

Berkeleywood NJ 08722

Contractor License No. 11871 Exp. Date 6/30/19

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223823137 FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size 1" Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 2000-

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: 10-10-18

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 10-10-18

Approved by: _____

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LPGas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)

Failure

Failure

Approval

Initial

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: James G. ...

☒ Licensed Plumbing Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

As per Meter for (awn)
existing Sprinkler System

QTY.

FIXTURE/EQUIPMENT

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

Other

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

18-2920

QPCTMR 09/13

Physical Connection Permit No.: _____ -WPC_____



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
Quarterly Physical Connection Test & Maintenance Report

1 st Quarter ☐ 01/01-03/31	2 nd Quarter ☐ 04/01-06/30	3 rd Quarter ☐ 07/01-09/30	4 th Quarter ☒ 10/01-12/31
--	--	--	---

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 test and inspection performed by a Certified Tester. These forms shall be kept at the facility for a period of 5 years (N.J.A.C. 7:10-10.2(f)) and be exhibited upon request.

Date of test 11 / 12 / 2018

To:

From: (Name of Permit Holder)

Flow Tech Utilities
1537 Neptune Ave
Basking Ridge NJ 08842

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 be in compliance with this regulation.

Description of Valve
Manufacturer: WATTS ☐ RPZ ☒ DCVA
Model Number: 800 M4QT Size: 1 in.
Serial Number: 951516
Comments and Notations: Device is a PVB psi 53/50
Device meets height requirements for install

Location of Valve
ZACKSON furniture outlet
51 Chambersbridge Road, Brick
Front right of store

Test Kit Serial # 0048423 Calibration Date 11/29/17	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	1 st Check	2 nd Check	Relief Valve POPPETT	1 st Check	2 nd Check
Initial Test	Closed Tight ☒ at 2.25 psid Leaked ☐	Closed Tight ☐ at _____ psid Leaked ☐	Opened at 1.8 psid	OK ☐	OK ☐
Passed ☒ Failed ☐	No. 2 Shut-off Valve Closed Tight ☒ Leaked ☐ By-pass Used ☐		Did Not Open ☐	Failed ☐	Failed ☐
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____ psid	Closed Tight ☐ _____ psid	Opened at _____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True

Certified Testers Name: Raphael Hughes, Jr.

Witnesses to test and inspection

Name: _____ Title: _____

Certified Testers Signature: _____

Representing: _____

Certifying Authority: New England Water Works Assoc.

Name: _____ Title: _____

Cert. ID #: 6912 Exp. Date: 02 / 28 / 2021

Representing: _____

Tester Phone No: 908-600-3923



CONSTRUCTION PERMIT

10/17/18
Date Issued 10C-18-003803
Control # 18-0100
Permit #

IDENTIFICATION Block: 672 Lot: 8 Qualifier _____
Work Site Location: 51 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor Flow Tech Utilities
Address 1537 Neptune Ave. Beachwood NJ 08722
Owner in Fee PARAMOUNT PLAZA AT BRICK LLC
1195 ROUTE 70 LAKEWOOD NJ 08701 Telephone: (732) 240-6222
Lic. No. or Bldrs. Reg. No. 11871 11871 11871
Telephone: _____ Federal Employee. No. 22-3823137

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, 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 \$2,000

D. Newman
Construction Official

10/10/18
Date

U.C.C. F170
equity (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$200
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$4
CO Fee	
Other	\$0
Total	\$204
Check No.	<u>2511</u>
Cash	\$0
Credit	\$0
Collected By	

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.

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: 10/4/18

Applicant's Name: Jim Gith Telephone No.: 848-992-0279

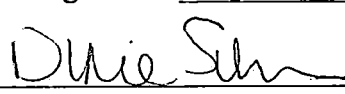
Mailing Address: 51 Chambers Bridge Rd

Service Location: 51 Chambers Bridge Rd

Account Number: 9764128-8 Block: 672 Lot: 8

Size of Existing Service: 2" Size of Existing Meter: 2"


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 and 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 \$6.04 per 1,000 gallons for the first 18,000, thereafter; \$7.59 per 1,000 gallons.