BLOCK 552.01 LOT 18.01 QUALIFICATION CODE _____ ADDRESS (SITE) 2545 HOOPER AVE PERMIT NO. 18-2404

CONSTRUCTION PERMIT APPLICATION

C18-003159

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

I. IDENTIFICATION

1. Proposed Work Site at: 2545 HOOPER AVE BRICK, NJ 08723
2. Name of Owner in Fee: BOTTAZZI'S REDLION TAVERN INC%02284
   Tel. _____ e-mail _____
   Address 1 CVS DRIVE (street) WOONSOCKET RI (municipality) 02895 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: ACTION PLUMBING INC Tel. (856) 985-9909
   Address 7 EAST STOW ROAD e-mail _____
   MARLTON, NJ 08053
   License No. OR, if new home, Builder Reg. No. 10300 Exp. Date 06/30/2019
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 223457434 FAX: (856) 985-2570
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun ACTION PLUMBING INC
   Tel. (856) 985-9909 FAX: (856) 985-2570

AUG 15 2018

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		150	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		2	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	152	

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)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☒ Plumbing	950								
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$950								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Select Group
3. Change in Use Group, Indicate Presen Select Group

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/1/2019
Control Number C-18-003159
Permit Number 18-2404
Permit Issue Date 8/29/2018
Certificate Number 18-2404

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2545 HOOPER AVE. CVS Brick Township, NJ Block: 552.01 Lot: 18.01 Qual:

Owner in Fee: BOTTAZZI'S REDLION TAVERN INC%02284

Owner Address: 1 CVS DRIVE WOONSOCKET RI 02895

Telephone:

Contractor ACTION PLUMBING

Address 7 EAST STOW ROAD MARLTON NJ 08053

Telephone: (856) 985-9909 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M 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:

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 ACTION PLUMBING INC.

Address 7 EAST STOW ROAD

MARLTON, NJ 08053

Telephone (856) 985-9909

Signature Michael P. O'Hara

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/29/18
Control #
Date Issued
Permit # 8404

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

Block 552.01 Lot 18.01 Qualification Code

Work Site Location 2545 HOOPER AVE
BRICK, NJ 08723

Owner in Fee: BOTTAZZI'S REDLION TAVERN INC%02284

Tel. e-mail

Address 1 CVS DRIVE WOONSOCKET RI 02895
(street / municipality / zip code)

Contractor: ACTION PLUMBING INC Tel. (856) 985-9909

Address 7 EAST STOW ROAD e-mail
MARLTON, NJ 08053

Contractor License No. 10300 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223457434 FAX: (856) 985-2570

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 $ 950

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: 9-7-18
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			9-7-18	

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: Michael F. O'Hara

Print name here: MICHAEL F. O'HARA

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL, TEST & CERTIFY 1 NEW BACKFLOW DEVICE

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 $

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

DK-18-0021

Action Plumbing Inc.

Picture 1 of 1 For WIP: 2769-15827

ACTION PLUMBING

NEWWA Backflow Prevention Device Assembly Test Report Form

OWNER OF PROPERTY CUS

MAILING ADDRESS 2545 Hooper ave

Brick (TOWN) NJ 08723 (ZIP)

CONTACT PERSON

DEVISE ADDRESS

(TOWN) (ZIP)

EXACT DEVICE LOCATION Stock Room

DEVICE IDENTIFICATION # 058116

TEST KIT SERIAL # 1114790 CALIBRATION DATE 1/27/18

DATE 7/31/18 TIME 3:45 PM

TESTED BY [redacted] Steve Walker

CERTIFICATE # 27978

RPZ ☒ DCVA ☐ PVB ☐ SRVB ☐

MAKE Watts MODEL NO. 009

SIZE 1" SERIAL NO. 058116

METER # 73602023

TEST AFTER INSTALLATION ☒

TEST AFTER REPAIR ☐

ANNUAL TEST ☐

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 ☐	CLOSED TIGHT ☐ LEAKED ☐	YES ☐ NO ☐	DID NOT OPEN ☐ OPENED AT			YES ☐ NO ☐
8.4 PSID		OTHER ☐	2.8 PSID	1.0 PSID	PSID	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 PSID DID NOT OPEN ☐

AT THE TIME OF TEST, THE DOWNSTREAM SHUT-OFF VALVE WAS: CLOSED TIGHT ☒ LEAKED ☐ OTHER ☐

LINE PRESSURE 75 PSI PROTECTION TYPE: SERVICE LINE ☐ FIRE SERVICE LINE ☐ INTERNAL DOMESTIC PLUMBING SYSTEM ☒

SIGNATURE OF CERTIFIED TESTER

PASS ☒ FAIL ☐ OTHER ☐

New

TEST WITNESSES BY:	REMARKS
WATER WORKS OFFICIAL:	
OWNER AGENT:	
STATE OFFICIAL :	SERVICE RESTORED ☒

CONSTRUCTION PERMIT

Date Issued 8/29/2018
Control # C-18-003159
Permit # 18-2404

IDENTIFICATION Block: 552.01 Lot: 18.01 Qualifier

Work Site Location: 2545 HOOPER AVE. CVS Brick Township, NJ

Owner in Fee: BOTTAZZI'S REDLION TAVERN INC%02284
1 CVS DRIVE WOONSOCKET RI 02895

Telephone:

Contractor: ACTION PLUMBING
Address: 7 EAST STOW ROAD MARLTON NJ 08053

Telephone: (856) 985-9909
Lic. No. or Bldrs. Reg. No. 10300 10300 10300
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 $950

Construction Official — Date 8/29/18

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$152
Check No.	996605
Cash	$0
Credit	$0
Collected By	Nichol Ponsi

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.

☐ 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.

Action Plumbing Inc. BP-12-0067

Picture 3 of 3 For WIP: 2769-15741

ACTION PLUMBING

NEWWA Backflow Prevention Device Assembly Test Report Form

OWNER OF PROPERTY CUS
MAILING ADDRESS 2545 Hooper ave
Brick NJ 08723
(TOWN) (ZIP)

CONTACT PERSON
DEVISE ADDRESS
(TOWN) (ZIP)

EXACT DEVICE LOCATION Stock Room
DEVICE IDENTIFICATION # 160218
TEST KIT SERIAL # 1141790 CALIBRATION DATE 1/27/18

DATE 7/19/18 TIME 11:30 AM
TESTED BY Steve Walker
CERTIFICATE # 27978
RPZ ☒ DCVA ☐ PVB ☐ SRVB ☐
MAKE Watts MODEL NO. 009
SIZE 1 1/2 SERIAL NO. 160218
METER # 73602023

TEST AFTER INSTALLATION ☐
TEST AFTER REPAIR ☐
ANNUAL TEST ☒

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 ☑	CLOSED TIGHT ☐	YES ☐	DID NOT OPEN ☒			YES ☐
LEAKED ☐	LEAKED ☐	NO ☐	OPENED AT			NO ☐
8.0 PSID		OTHER ☐	PSID	PSID	PSID	OTHER ☐

DOUBLE CHECK VALVE DEVICE ASSEMBLY (DCVA)			AIR INLET VALVE
CHECK VALVE NO.1	CHECK VALVE NO.2	STATIC FLOW CONFIRMED	OPENED AT PSID
PSID	PSID	YES ☐ NO ☐ OTHER ☐	DID NOT OPEN ☐

AT THE TIME OF TEST, THE DOWNSTREAM SHUT-OFF VALVE WAS: CLOSED TIGHT ☐ LEAKED ☐ OTHER ☐

LINE PRESSURE 90 PSI PROTECTION TYPE: SERVICE LINE ☐ FIRE SERVICE LINE ☐ INTERNAL DOMESTIC PLUMBING SYSTEM ☒

PASS ☐ FAIL ☒ OTHER ☐

SIGNATURE OF CERTIFIED TESTER

OLD

TEST WITNESSES BY:	REMARKS
WATER WORKS OFFICIAL:	
OWNER AGENT:	
STATE OFFICIAL :	SERVICE RESTORED ☒

ASSE International

CERTIFICATION CARD

This card certifies that

Stephen M. Walker

has successfully completed the requirements for

Backflow Protection Assembly Tester

Certification Number: 27978

Expiration: 01/31/2021