20080470

BLOCK 143.04 LOT 16 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 49493

change to contractor

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 43 WATERFORD AVE
2. Name of Owner in Fee: CHEN Tel. [redacted]
   Address SAME (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: AFG CONSTRUCTION Tel. (732) 935-1202
   Address 227 RT 537 E. COLTS NECK, NJ 07722
   License No. OR, if new home, Builder Reg. No. 13VH00322900 Exp. Date 12/31/08
   Federal Employee No. 22-3541536 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (732) 740-1574 FAX: ( ) 935-1204

V. FEE SUMMARY (for office use only)

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

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	

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									
☒ b. Alteration	4000				3.3.08				
☐ c. Renovation	~~4000~~								
☐ d. Reconstruction									
5. ☑ Fire Protection	100				3/5/08				
6. ☑ Plumbing	1200				3/5/08		6/16/08		
7. ☑ Electrical	700				3/5/08				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	6000								

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

U.C.C. F100-1 (rev. 12/03)

65384

3847 7/7/08 CK 4061 - 61 -

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(e)1.vii:

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 3/.10

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 A+G CONSTRUCTION

Address 227 RT 537 E. COLTS NECK, NJ 07722

Telephone (732) 740-1574

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

Marlboro Township
1979 Township Drive
Marlboro NJ 07746
732-536-0200

CERTIFICATE

IDENTIFICATION

Date Issued: 12/16/2008
Control #: 49493
Permit #: 20080470

Block: 143.04 Lot : 16 Qual: _____
Work Site Location: 43 WATERFORD AVENUE
TOWNSHIP OF MARLBORO
Owner in Fee: CHEN, TZU-HAO & HUI-CHIEH HE
Address: 43 WATERFORD AVENUE
MORGANVILLE NJ 07751
Telephone: [redacted]
Agent/Contractor: A & G CONSTRUCTION/ALAN GABRIEL
Address: 227 COUNTY ROAD 537 E
COLTS NECK,, NJ -
Telephone: 732 935-1202
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No. 15-0446547
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
convert part of garage into a bedroom, convert 1/2 bath to a full bath with standing shower rr

Update Desc. of Wk/Use:
ELECTRICAL 60 AMP PANEL

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than or the owner will be subject to fine or order to vacate.

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on a written certification, lead abatement was performed as per NJAC 5:17 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 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.

[ ] **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

Joseph LaBruzza, Construction Official

Fees: $0.00
Paid [X] Check No: 3847
Collected by: VW

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 3/11/08
Permit # 49493
20080470

IDENTIFICATION Block 143.04 Lot 16 Qualification Code

Work Site Location 43 WATERFORD AVE

Owner in Fee CHEN

Address SAME

Tel. [redacted]

Contractor A+G CONSTRUCTION

Address 227 RT 537 E
COLTS NECK NJ 07722

Tel. (732) 835-1202

Lic. No. or Bldrs. Reg. No. 13VH04222961

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: Remodel Entry Bath (add Shower) Bedroom in Garage

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 $ 6000

Construction Official

3-5-08
Date

PAYMENTS (Office Use Only)	
Building	100 —
Electrical	65 —
Plumbing	65 —
Fire Protection	65 —
Elevator Devices	
Other	
DCA State Permit Fee	8 —
Cert. of Occupancy	
Other	
Total	303 —
Check No.	3847
Cash	
Collected by	

(see reverse side)

UCC F170 (rev. 01/04)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

50728

~~CONSTRUCTION~~ PERMIT UPDATE

Date Issued 3/7/08

Permit # 20080470

IDENTIFICATION Block 143.04 Lot 16 Qualification Code

Work Site Location 43 WATERFORD AVE

Owner in Fee CHEN

Address UNK

Tel. [redacted]

Contractor AT 6 CONSTRUCTION

Address 227 RT 537 E

COLTS NECK, NJ

Tel. (732) 240-1174

Lic. No. or Bldrs. Reg. 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:

1 60 AMP PANEL

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 $ 300

Construction Official

6-16-08

Date

U.C.C. F170 (rev. 01/04)

PAYMENTS (Office Use Only)

Building

Electrical 65

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total 65

Check No 4061

Cash

Collected by

(see reverse side)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/11/08
Control # 49463
Date Issued
Permit # 20080470

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

Block 143.04 Lot 16 Qualification Code

Work Site Location 43 WATERFORD AVE

Owner in Fee: CHEN

Tel. [redacted] e-mail

Address STATE
street municipality zip code

Contractor: A+G CONSTRUCTION Tel. (732) 535-1202

Address 223 RT 537 E. COLTS NECK, NJ e-mail

Contractor License No. or Builder Registration No. 13VH06322200 Exp. Date 12/31/08

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

Federal Emp. ID No. 22-354-1536 FAX: (732) 535-1204

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footing
- [ ] Foundation
- [X] Frame
- [X] Other Duplex 3-5-08

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 40,000
3. Total (1+ 2) $ 40,000

U.C.C. F110 (rev. 7/06)

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMODEL EXISTING BATH (ADD SHOWER)

BEDROOM IN GARAGE

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [X] Other INTERIOR RENOVATION
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $
Minimum Fee $ 100.00
State Permit Surcharge Fee $ 5.00
TOTAL FEE $ 105.00

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/11/08
Control # A 1413

Date Issued
Permit # 20080470

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

Block 143.04 Lot 16 Qualification Code

Work Site Location 47 WATERFORD AVE

Owner in Fee: CHEN

Tel. [redacted] e-mail

Address SAME
street municipality zip code

Contractor: A+L CONSTRUCTION Tel. (732) 535-1212

Address 227 RT 537 E. COLTS NECK NJ e-mail

Contractor License No. or Builder Registration No. 13VH06322500 Exp. Date 12/31/08

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

Federal Emp. ID No. 22-754-1536 FAX: (732) 535-1244

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[X] Frame		
[ ] Other Sealed 3.5 psf		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-13-08
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			6/26/08	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. of Stories

Height of Structure Ft.

Area — Largest Floor Sq. Ft.

New Bldg. Area/All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 4000
3. Total (1+ 2) $ 4000

U.C.C. F110 (rev 7/06)

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE EXISTING BATH (NO SHOWER)
BEDROOM IN GARAGE
1 BATH

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other INTERIOR RENOVATION
[ ] Demolition

FEE (Office Use Only)

$	
Administrative Surcharge $	
Minimum Fee $	100
State Permit Surcharge Fee $	5
TOTAL FEE $	105

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 7/7/08
Control # 50734
Date Issued
Permit # 20080470

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

Block 1143.04 Lot 76 Qualification Code

Work Site Location 43 WATERFORD AVE

Owner in Fee: CHEN

Tel. ([redacted]) e-mail

Address SAME
street municipality zip code

Contractor: Hiber Electric CO Tel. (732) 224-8645

Address 202 Beechwood Dr. Shrewsbury e-mail

Contractor License No. 13434 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 $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date/ Initial

[✓] No Plans Required 6/16/08 JC

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 6/16/08

Approved by: JC

SUBCODE APPROVAL

[ ] 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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ONE SUB-PANEL

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	
1	60	AMP Subpanels	65
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 65

ACTION OFFICE SUPPLIES, INC (800) 298-1000

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 7/7/08
Control # 508786

Date Issued
Permit # 2008470

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

Block 1143.04 Lot 16.10 Qualification Code

Work Site Location 103 WATERFORD AVE.

Owner in Fee: CHEV

Tel. [redacted] e-mail

Address SAME
street municipality zip code

Contractor: Hilton Electric CO Tel. (732) 224-8645

Address 202 Beechwood Dr. Shrewsbury e-mail

Contractor License No. 13434 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 $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date/ Initial

[X] No Plans Required 6/16/08

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 6/16/08

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 12/16/08

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-9-08	TJC
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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ONE SUB-PANEL

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	
1	60	AMP Subpanels	65
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 65

Notes: Part of ~~garage~~ to bedroom
½ Bath to full bath

Small Job

MARLBORO TOWNSHIP CONSTRUCTION DEPT.
1979 Township Drive
Marlboro, NJ 07746
JOSEPH LABRUZZA
Construction Official

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/11/08
Control # 49493
Date Issued
Permit # 20080470

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

Block 143.04 Lot 16 Qualification Code
Work Site Location 43 WATERFORD AVE
Owner in Fee CITEN
Address same
Tel [redacted]
Contractor Haiben Electric Co.
Address 202 Beechwood Drive Shrewsbury N.J. 07702
Tel (732) 224-8645 FAX ( )
Contractor License No. 13474
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 700

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.

Thos M. Haiben
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
5		Lighting Fixtures	
~~20~~		Receptacles	
5		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
18			
		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	

Administrative Surcharge $
Minimum Fee $ 65.00
State Permit Surcharge Fee $ 1.00
TOTAL FEE $ 66.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 3/20/08
Approved by:

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

INSPECTIONS — Dates (Month/Day)

Type:	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

U.C.C. F120 (rev. 07/03)

Notes: Addt of 2 to bedroom
½ Bath to full bath

20080470

MARLBORO TOWNSHIP CONSTRUCTION DEPT.
1979 Township Drive
Marlboro, NJ 07746
JOSEPH LABRUZZA
Construction Official

Small Job

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/11/08
Control # 4149
Date Issued
Permit # 20080470

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

Block 14.04 Lot 16 Qualification Code
Work Site Location 43 WATERFORD AVE
Owner in Fee OWN
Address SAME

[redacted] Electric Co.
Address 202 Beechwood Drive Shrewsbury, N.J. 07702
Tel (732) 224-8645 FAX ( )
Contractor License No. 13424
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 700

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.

Thomas M. Fuchs
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
5		Lighting Fixtures	
9		Receptacles	
5		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
18		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	

Administrative Surcharge $
Minimum Fee $ 65.-
State Permit Surcharge Fee $ 1.-
TOTAL FEE $ 66.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 3/21/08
Approved by: JM

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 4/10/08
Approved by: JM

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Rough			3/21/08	CK
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-9-08	TK
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/11/08
Control # 49493
Date Issued
Permit # 20080470

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

Block 143.04 Lot 16 Qualification Code _____
Work Site Location 43 WATER FORD AVE
_____
Owner in Fee CHEN
Address SAME
[redacted]
Contractor HABER ELECTRIC
Address 202 BERGENLINE AV
SINGAC BORO, NJ. 07302
Tel (732) 224-8645 FAX ( ) _____
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing
[ ] Other _____ Location of Main Control Valve: _____
Location: _____

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 3/18/08
Approved by: _____
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

U.C.C. F140
(rev. 1/04)

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. _____
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[✓] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____	2	
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____
Minimum Fee $ 65.00
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/11/08
Control # 494913
Date Issued
Permit # 2008 0470

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

Block 113, 114 Lot 16 Qualification Code

Work Site Location 43 WATER FRONT AVE

Owner in Fee CITY

Address SAME

Tel [redacted]

Contractor HALTER FIRE INC

Address 202 BERDANDS AVE
SUMMERSET NJ. 08872

Tel (732) 221-4645 FAX ( )

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel:

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 3/5/08

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 6/19/08

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			6/19/08	✓
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/19/08	✓
Other				

U.C.C. F140
(rev. 1/04)

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[✓] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices	2	
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $ 65.00

State Permit Surcharge Fee $

TOTAL FEE $

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/11/08
Control # 49493
Date Issued
Permit # 20080470

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

Block 143.04 Lot 16 Qualification Code _____
Work Site Location 43 WATERFORD AVE

Owner in Fee CHEN
Address SAME

Tel [redacted]
Contractor Final Adjustment (PHH | C-Hanna
Address 1275 Route 9 South Suite 1
Ocean NJ 07757
Tel (732) 528-1683 FAX (_____) _____
Contractor License No. 8468
Federal Emp. No. 150-52-9368

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 $ 1200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 3/5/08
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Shower Pan				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Mechanical				
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'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) $
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
1	Shower	
	Floor Drain	
1	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 _____	
	Other _____	

Administrative Subcharge $ _____
Minimum Fee $ 60
State Permit Surcharge Fee $ _____
Description of work
Total Fee $ _____

U.C.C. F130
(rev. 01/04)

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/11/08
Control # 49493
Date Issued
Permit # 2008 0470

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

Block 113.04 Lot 16 Qualification Code ______
Work Site Location 13 WATERFORD AVE

Owner in Fee CHEN
Address SAME

Tel [redacted]
Contractor [illegible]
Address [illegible]
[illegible] 07?57
Tel (732) 574-1[illegible] FAX (______)
Contractor License No. [illegible]
Federal Emp. No. [illegible]

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 $ 1200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: ______
Approved by: ______

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6/9/08
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough			3/21/08	[initials]
Water				
Sewer				
Shower Pan				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Mechanical				
TCO				
FINAL			6/9/08	[initials]

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
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
1	Shower	
	Floor Drain	
1	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	
	Other	

Administrative Subcharge $ 65
Minimum Fee $
State Permit Surcharge Fee $
Description of work
Total Fee $

U.C.C. F130
(rev. 01/04)

TOWNSHIP OF MARLBORO
(732) 536-0200

APPLICATION FOR ZONING APPROVAL

Permit # 08-102986

BLOCK 143.04 LOT 16 DAYTIME PHONE [redacted] DATE 2/4/08

OWNER'S NAME TZU-HAI CHEN

OWNER'S ADDRESS 43 WATERFORD AVE MORGANVILLE, NJ 07751

WORKSITE ADDRESS (If Different) _____

Application is hereby made for a Zoning Permit in accordance with the requirements of the Township of Marlboro. The sub-joined statement and drawings submitted herewith are herby made a part of this application. I hereby agree to comply with all ordinances and governing regulations of the Township of Marlboro. If any use or building or structure applied for herein shall be in violation of the above, the zoning officer shall have the right to stop such use or work on the premises until such violation shall have been corrected and there shall be no liability on the part of the Township of Marlboro because of such stoppage.

CONTRACTOR'S NAME SELF

ADDRESS _____

PHONE 732 946 7651

Explain in detail the proposed construction: Converting part of garage into a bedroom. Convert the half bath into a full bath by adding a shower.

State size of new construction (sq. ft.) and dimensions 10' x 19'

Attach two (2) copies of survey with proposed construction drawn in to scale. Survey must be up to date and must be certified by homeowner stating that, "This survey is a true and exact representation of my property as it exists today."

For Tenant Fit-Up: Name of Business _____ USE _____

New Construction: Model Name _____ Development _____

Attach two copies of reduced front elevation.

If "Look-A-Like", list three structural changes: 1. _____ 2. _____ 3. _____

AFFIDAVIT TO BE SIGNED BY APPLICANT

COUNTY OF MONMOUTH
:SS:
STATE OF NEW JERSEY

DATE: 2/4/08

I, TZU-HAO CHEN, being of full age and duly sworn, depose and say that I am the owner in fee simple of the premises herein described and shown on the accompanying drawings, and that the use or occupancy herein described will be done in accordance with all laws and ordinances of the Township of Marlboro pertaining thereto.

All statements herein made by me are true to the best of my knowledge and belief.

Signature of Applicant _____ Date 2/4/08

or

Signature of Agent _____ Date _____
(If accompanied by authorization letter from homeowner)

Sworn to and Signature of Applicant
Subscribed before me this 4 day of February

NOTARY PUBLIC

(for office use only)

One car garage. Once enough to hold a full size car is left to remain.

Approved: _____ Zoning Officer Date 2/4/08

DENIAL OF ZONING PERMIT (IF APPLICABLE)

_____

_____

_____

Zoning Officer _____ Date _____

OFFICE OF THE CONSTRUCTION OFFICIAL

Marlboro Township
1979 Township Drive
Marlboro, NJ 07746

732-536-0200

Project Inspection Activity Report

Permit No.: 20080470
Issued On: March 12,2008
Closed On:

IDENTIFICATION

Work Site Location: 43 WATERFORD AVENUE
Block : 143.04 Lot : 16

Owner In Fee: CHEN, TZU-HAO & HUI-CHIEH HE

Address: 43 WATERFORD AVENUE
MORGANVILLE , NJ 07751

Subcodes:					
Bldg	Elec	Fire	Plmb	Elev	Mech
Y	Y	Y	Y	N	N

Work Type and Description: Altrtn
Number of Updates: 0

convert part of garage into a bedroom, convert 1/2 bath to a full bath with standing shower rr

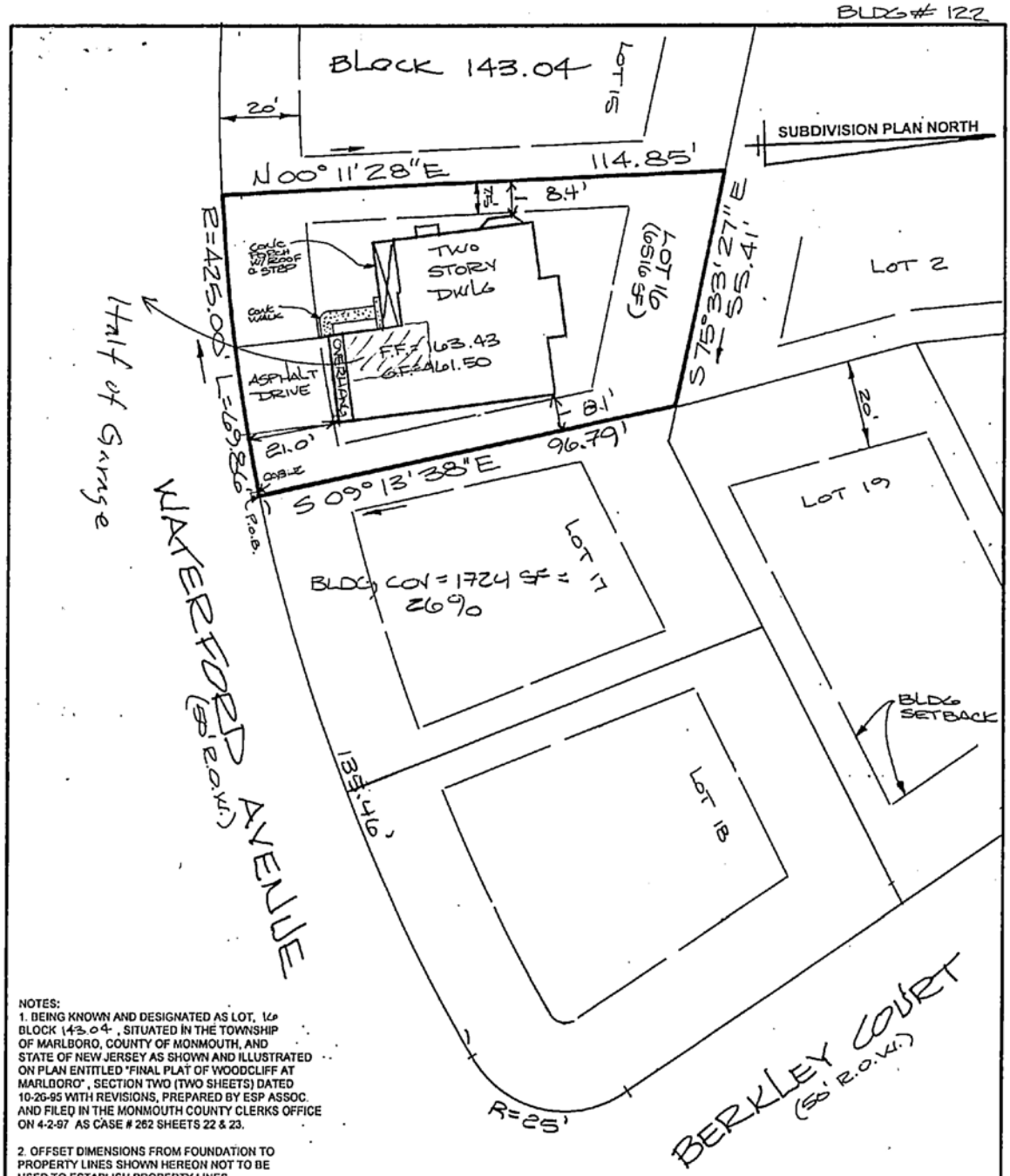
HISTORY

Requested On	Inspected On	Subcode	Inspector	Inspection Types and Results			Comment
06/12/2008	06/12/2008	Building	SL	FINAL : P	:	:	
03/25/2008	03/25/2008	Building	SL	FRAME : P	FireStopping : P	INSULATION : P	Check under floor ventilation at final
06/09/2008	06/09/2008	Electrical	***	FINAL : P	:	:	
03/21/2008	03/21/2008	Electrical	CC	ROUGH : P	:	:	
06/09/2008	06/09/2008	Fire	JB	FINAL : P	:	:	
06/09/2008	06/09/2008	Plumbing	RV	FINAL : P	:	:	
03/21/2008	03/21/2008	Plumbing	MC	ROUGH : P	:	:	

Total Inspections: Bldg - 2 Elec - 2 Fire - 1 Plmb - 2 Elev - 0 Mech - 0

Legend : P-Pass F-Fail C-Cancel X-Not Ready N-Not Done ***-Third Party Agency

BLDG # 122



NOTES:
1. BEING KNOWN AND DESIGNATED AS LOT 16 BLOCK 143.04, SITUATED IN THE TOWNSHIP OF MARLBORO, COUNTY OF MONMOUTH, AND STATE OF NEW JERSEY AS SHOWN AND ILLUSTRATED ON PLAN ENTITLED "FINAL PLAT OF WOODCLIFF AT MARLBORO", SECTION TWO (TWO SHEETS) DATED 10-26-95 WITH REVISIONS, PREPARED BY ESP ASSOC. AND FILED IN THE MONMOUTH COUNTY CLERKS OFFICE ON 4-2-97 AS CASE # 262 SHEETS 22 & 23.

2. OFFSET DIMENSIONS FROM FOUNDATION TO PROPERTY LINES SHOWN HEREON NOT TO BE USED TO ESTABLISH PROPERTY LINES.

3. PROPERTY SUBJECT TO DECLARATION OF COVENANTS AND RESTRICTIONS (AND ALL EASEMENTS DESCRIBED THEREIN) FOR WOODCLIFF AT MARLBORO, RECORDED IN THE MONMOUTH COUNTY CLERKS OFFICE ON 4-24-97 IN DEED BOOK 5594, PAGE 276 ET. SEQ. , AS THE SAME MAY BE NOW OR HEREAFTER LAWFULLY AMENDED.

4. PROPERTY CORNERS NOT SET AT THIS TIME.

TO:
DONALD P. HENDERSON, HUSBAND
PATRICIA D. HENDERSON, WIFE
INTERCOUNTY MORTGAGE, INC.,
ITS SUCCESSORS AND/OR ASSIGNS
EASTERN TITLE AGENCY/ CHICAGO TITLE INSURANCE COMPANY
RICHARD E. BECK, ESQ.

I CERTIFY THAT THIS SURVEY IS A TRUE AND EXACT REPRESENTATION OF MY PROPERTY AS IT EXISTS TODAY.

SIGNATURE 2/4/08

2) 8-25-97 (FINAL)
1) 6-10-97 FNDTN. LOC.

IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY. I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND IN MY PROFESSIONAL OPINION THIS SURVEY IS ACCURATE (EXCEPT SUCH EASEMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS AND NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSURER OF TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN HEREON.

Thomas Muir

N.J. LAND SURVEYOR LICENSE NO. 21218

THOMAS MUIR

WOODCLIFF AT MARLBORO

SURVEY OF LOT 16 BLOCK 143.04

TOWNSHIP OF MARLBORO

MONMOUTH COUNTY, NEW JERSEY

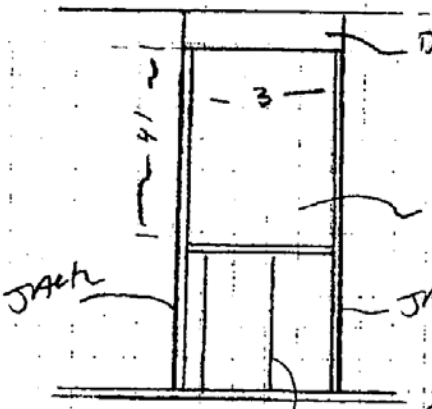
Najarian Associates
Civil, Hydraulic, Environmental Engineers
Planners & Surveyors
One Industrial Way West Eatontown, N.J. 07724

DATE:	SCALE:	DWG. NO.
2-11-97	1" = 30'	1479

BLK 143.04
LOT 16
CHEN
43 WATERFORD AVE

RECEIVED
MAR 03 2008
CONSTRUCTION DEPT
TOWNSHIP OF MARLBORO

(NOTE) TWO EXTERIOR DOORS - SAME FRAMING



DATE 3-5-08
RELEASED
BUILDING SUBCODE

SCALE 1/4" = 1'

NO LIVING SPACE ABOVE GARAGE

R30 / ABOVE

DBL PLATE INTO EXISTING CEILING JOIST

10'6"

R19

2"X4" -16" O.C.

R13

1/2" ROCK INSIDE

5/8" ROCK OUTSIDE

3/4" T&G STURDI-FLOOR

2"X10" LEDGER

2"X10" FLOOR JIT 16" O.C

GAR. FLOOR

22 CAL YELLOW SHOT INTO SLAB

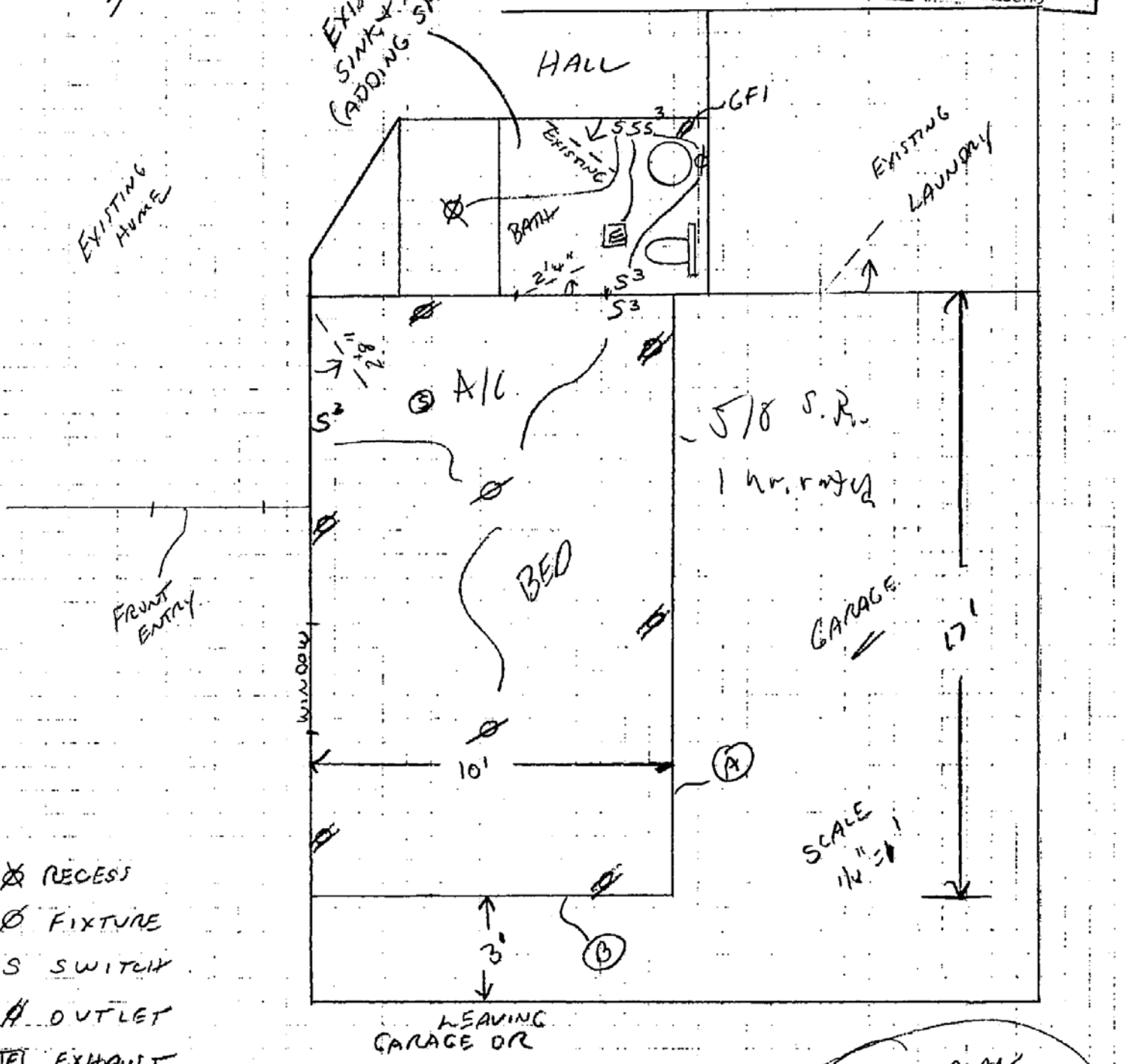
2"X4" ACQ PLATE

THIS IS FOR WALLS (A)+(B) - SEE FLOOR PLAN

OTHER 2 WALLS ARE EXISTING HOME. ON EXISTING WALLS - FLOOR JIT WILL SIT ON EXISTING PLATES TO MATCH UP WITH EXISTING FLOOR. R13 IN EXISTING EXTERIOR WALL

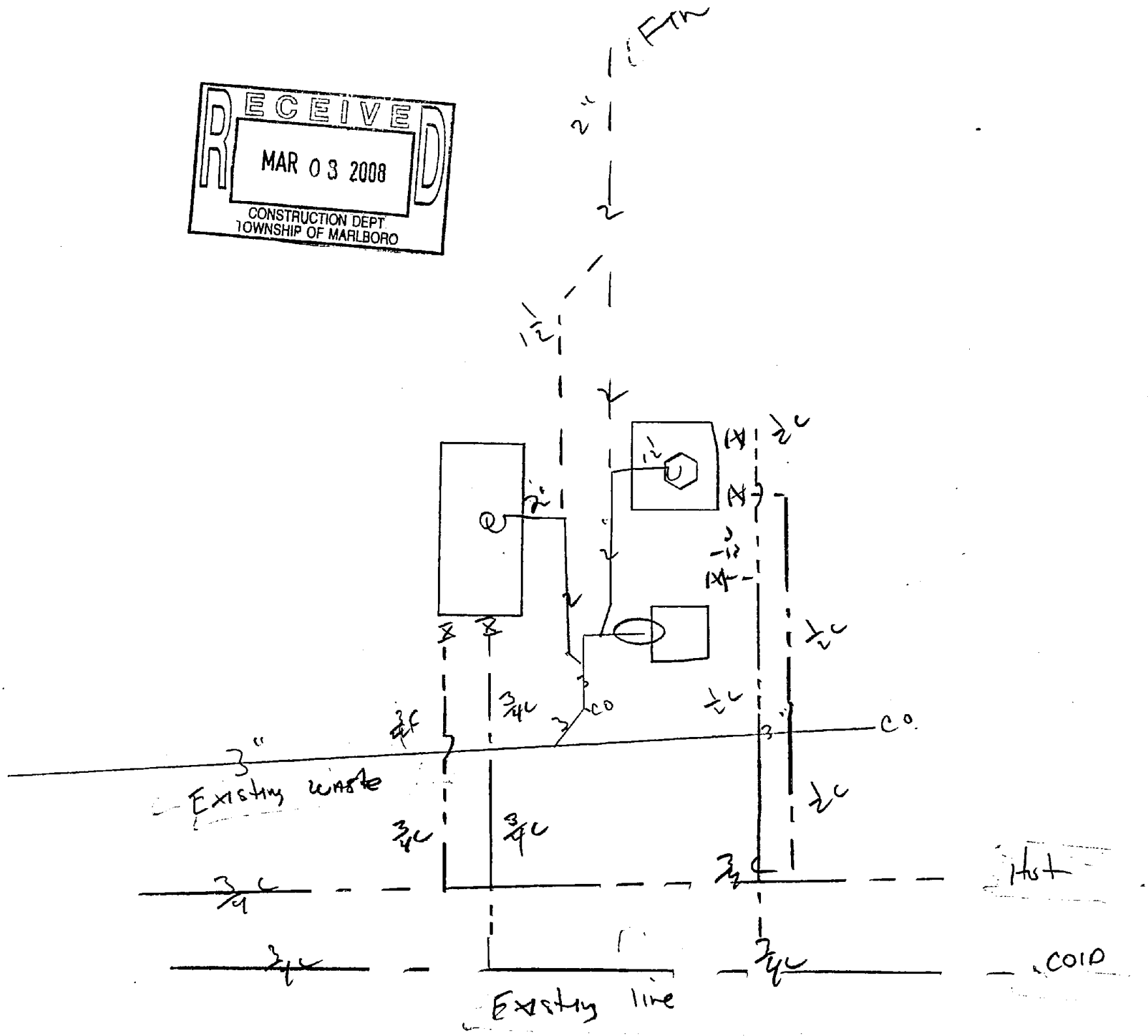
Blk 143.04
Lot 16
CHEN
43 WATERFORD AVE

RECEIVED
MAR 03 2008
CONSTRUCTION DEPT
TOWNSHIP OF MARLBORO



RECESS
FIXTURE
S SWITCH
OUTLET
EF EXHAUST
S SMOKE

FLOOR PLAN & ELECTRIC



OFFICE OF THE CONSTRUCTION OFFICIAL

Marlboro Township
1979 Township Drive
Marlboro, NJ 07746

732-536-0200

Project Inspection Activity Report

Permit No.: 20080470
Issued On: March 12,2008
Closed On:

IDENTIFICATION

Work Site Location: 43 WATERFORD AVENUE
Block : 143.04 Lot : 16

Owner In Fee: CHEN, TZU-HAO & HUI-CHIEH HE

Address: 43 WATERFORD AVENUE
MORGANVILLE , NJ 07751

Subcodes:					
Bldg	Elec	Fire	Plmb	Elev	Mech
Y	Y	Y	Y	N	N

Work Type and Description: Altrtn
Number of Updates: 1

convert part of garage into a bedroom, convert 1/2 bath to a full bath with standing shower rr

HISTORY

Requested On	Inspected On	Subcode	Inspector	Inspection Types and Results			Comment
06/12/2008	06/12/2008	Building	SL	FINAL : P	:	:	
03/25/2008	03/25/2008	Building	SL	FRAME : P	FireStopping : P	INSULATION : P	Check under floor ventilation at final
06/09/2008	06/09/2008	Electrical	***	FINAL : P	:	:	
03/21/2008	03/21/2008	Electrical	CC	ROUGH : P	:	:	
06/09/2008	06/09/2008	Fire	JB	FINAL : P	:	:	
06/09/2008	06/09/2008	Plumbing	RV	FINAL : P	:	:	
03/21/2008	03/21/2008	Plumbing	MC	ROUGH : P	:	:	

Total Inspections: Bldg - 2 Elec - 2 Fire - 1 Plmb - 2 Elev - 0 Mech - 0

Legend : P-Pass F-Fail C-Cancel X-Not Ready N-Not Done ***-Third Party Agency

all subs closed - NO CA issued not in pending

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Division of Consumer Affairs

HAS REGISTERED

A & G Construction & Building Inc
Alan Gabriel
227 County Road 537 E
Colts Neck NJ 07722-1545

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

11/01/2007 TO 12/31/2008
VALID

13VH00322900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Lawrence DeMaio
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
A & G Construction & Building Inc
FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor
NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
11/01/2007 TO 12/31/2008
VALID
SIGNATURE
13VH00322900

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

PLAN REVIEW COVERSHEET

CTL # 49493

DATE: 3/4/08 BLK 143.04 LOT 16

DATE RELEASED FROM ZONING (if applicable): _____

NAME: Chen

ADDRESS: 43 Waterford Ave

TYPE OF WORK: Remodel Existing Bath (add Shower) Bedroom in Garage Change of Contractor

BUILDING	RELEASED 3-5-08	DENIED	
ELECTRIC W	RELEASED 3/5/08	DENIED	
PLUMBING	RELEASED 3/5/08	DENIED	
FIRE/HEAT	RELEASED 3/5/08	DENIED	

NOTES: The Chen's hired a Contractor—

RESUBMITTED 3/4/08

☑ Building ☑ Electric ☑ Plumbing ☑ Fire

ZONING NOT REQUIRED

Zoning Official

Date