

Tuesday

1512 11



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 47 EDGEMERE

2. Name of Owner in Fee: BILL WESP Tel. (799-0920)
 Address 47 EDGEMERE PLAINSBORO zip code _____

3. Ownership in Fee: Public _____ Private

4. Principal Contractor: MP HUNT & SON Tel. (8821325)
 Address 220 STOKES AVE

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Emp. No. 21-0695397 Social Security No. _____

5. Architect or Engineer _____ Tel. (____) _____
 Address _____

6. Responsible Person In Charge of Work MORRIS PHUNT Tel. (8821325)

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training 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. Building Area—All Floors _____ sq. ft.

5. Volume of 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 _____ sq. ft.
 no _____

11. Fire Grading _____

12. Max. Live Load _____

13. Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost
1. <input type="checkbox"/> Minor Work (single trade)	
2. <input type="checkbox"/> Small Job (\$5,000 and no prior approvals)	
3. <input type="checkbox"/> New Building	
4. <input type="checkbox"/> Addition	
5. <input type="checkbox"/> Alteration	
6. <input type="checkbox"/> Fire Protection	
7. <input type="checkbox"/> Plumbing	
8. <input type="checkbox"/> Electrical	
9. <input type="checkbox"/> Asbestos Abatement	
10. <input type="checkbox"/> Demolition	
TOTAL COSTS	<u>7850</u>

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates		Re-viewer
					Approval	Rejection	

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL-

1. Hotels (R-1)

2. Multi-Family (R-2)

3. Two-Family (R-3) BOCA

4. Two-Family (R-4) CABO

5. One-Family (R-3) BOCA

6. One-Family (R-4) CABO

No of dwelling units:
 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

U.C.C. Form F-100A

PLAN REVIEW APPROVAL

ZONING: _____

BUILDING: _____

ELECTRICAL: _____

PLUMBING: _____

FIRE: _____

H.V.A.C: _____

OTHER: _____

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 DEC 13 1991
 PLAINSBORO TOWNSHIP
 COMMUNITY DEVELOPMENT

RECEIVED
 DEC 16 1991
 PLAINSBORO TOWNSHIP
 COMMUNITY DEVELOPMENT

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 _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 _____

Address _____

Telephone (____) _____

Signature _____ Date _____

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	
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Fire Department									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Dept. of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Dept. of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/> Other									
<input type="checkbox"/>									
<input type="checkbox"/>									

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

Name of Code & Edition _____

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Mechanical _____

Energy _____

Barrier Free _____

Flood Hazard _____

As Built Elevation Cert. _____

Other _____

X. CERTIFICATES ISSUED (office use only)

<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	DATE EXPIRED _____
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	DATE EXPIRED _____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	DATE EXPIRED _____
<input type="checkbox"/> Certificate of Occupancy	No. _____	DATE EXPIRED _____
<input type="checkbox"/> Certificate of Approval	No. _____	DATE EXPIRED _____
<input type="checkbox"/> None	No. _____	DATE EXPIRED _____

OFFICE DATE RECEIVED: _____



Date Received
Date Issued
Control #
Permit #

12/16/91
910779

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

Block 25 Lot RECEIVED
Work Site Location 47 EDEEMERE

Owner in Fee BILL WESP
Address 47 EDEEMERE
PLAINSBORO
Tele. () 799-0920
Contractor MP. HUNT & SON INC
Address 220 STOKES AVE
W. TRENTON
Tele. () 882-1325
Lic. No. _____
Federal Emp. No. 21-0695397 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" SDR 35
Water Service Size _____
Estimated Cost of Plumbing Work \$ 1850

JOB SUMMARY (Office Use Only)						
PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)				
<input type="checkbox"/> No Plans Required	Type:	Failure	Failure	Approval	Initial	
Joint Plan Review Required:	Slab	_____	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire	Rough	_____	_____	_____	_____	_____
<input type="checkbox"/> Plumb. Plans Approved	Water	_____	_____	_____	_____	_____
Date: _____	Sewer	_____	_____	_____	_____	_____
Approved by: _____	Fixtures	_____	_____	_____	_____	_____
	Gas Equipment	_____	_____	_____	_____	_____
	Gas Final	_____	_____	_____	_____	_____
SUBCODE APPROVAL:	Solar	_____	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	TCO	_____	_____	_____	_____	_____
Approved by: _____						
Date: _____						

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Gas Piping	_____
_____	Fuel Oil Piping	_____
_____	Water Heater	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
<u>1</u>	Sewer Connection	<u>35.00</u>
_____	Water Service Connection	_____
_____	Gas Service Connection	_____
_____	Active Solar System	_____
_____	Other	_____

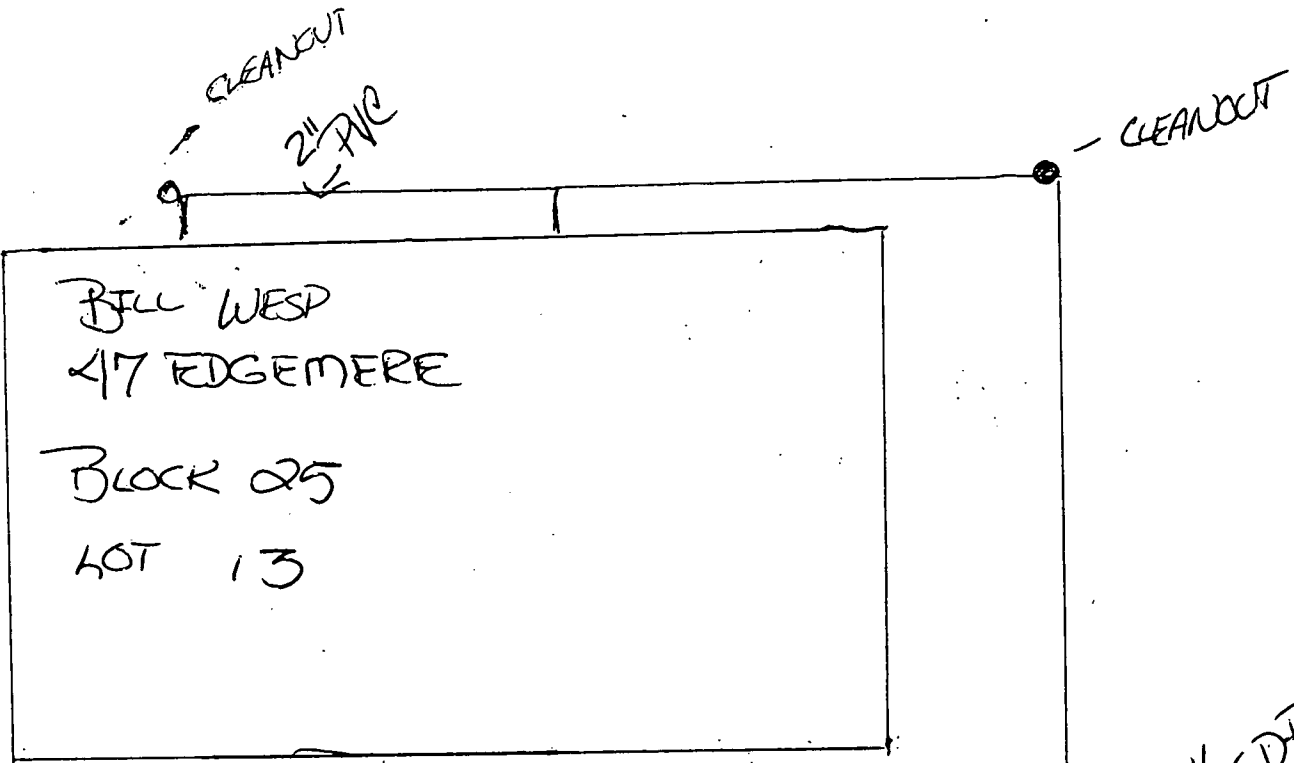
Administrative Surcharge \$ _____
Paid Check # 8147 Minimum Fee \$ 35.00
Collected by: [Signature] TOTAL \$ _____

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]
Signature-Contractor Seal

Licensed Plumbing Contractor Exempt Applicant



4" SDR35
SEWER
LINE

PLAINSBORO TOWNSHIP
COMMUNITY DEVELOPMENT

DEC 16 1991

RECEIVED

FDX-EMEP



Date Received
Date Issued
Control #
Permit #

12/12/91

910779

Plumbing

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

Block 25 47 Edgemoor Lot 13
 Work Site Location 47 Edgemoor
 Owner in Fee BELL UNITED
 Address 47 Edgemoor
 Tele. () 785-1320
 Contractor MP NUNZI & SONS INC
 Address 720 STONES AVE
 Tele. () 852-1325
 Lic. No. _____
 Federal Emp. No. 21-0095397 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
 Building Sewer Size 4" DIA 35
 Water Service Size 1" DIA
 Estimated Cost of Plumbing Work \$ 31850

JOB SUMMARY (Office Use Only)	
PLAN REVIEW:	INSPECTIONS: Dates (Month/Day)
<input type="checkbox"/> No Plans Required	Type: Failure Failure Approval Initial
Joint Plan Review Required:	Slab _____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire	Rough _____
<input type="checkbox"/> Plumb. Plans Approved	Water _____
Date: _____	Sewer _____
Approved by: _____	Fixtures _____
	Gas Equipment _____
	Gas Final _____
SUBCODE APPROVAL:	Solar _____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input checked="" type="checkbox"/> CA	TCO _____
Approved by: _____	
Date: <u>12/12/91</u>	

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.

Morris P. Nuzzi
Signature-Contractor Seal

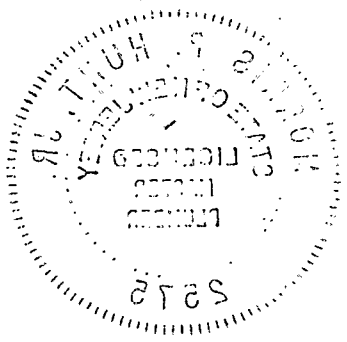
Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Gas Piping	_____
_____	Fuel Oil Piping	_____
_____	Water Heater	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
<u>1</u>	Sewer Connection	<u>6000</u>
_____	Water Service Connection	_____
_____	Gas Service Connection	_____
_____	Active Solar System	_____
_____	Other	_____

Administrative Surcharge \$ _____
 Paid Check # 5147 Minimum Fee \$ _____
 Collected by: AP TOTAL \$ 6000

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PLAINSBORO TOWNSHIP
COMMUNITY DEVELOPMENT





TOWNSHIP OF PLAINSBORO
 666 Plainsboro Road
 Suite 524-532
 P.O. Box 278
 Plainsboro, NJ 08536
 (609) 799-2700



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

12/16/91

910779

IDENTIFICATION Block 25 15 12 Lot 11

Work Site Location 47 Edgemere Contractor MP Hunt & Son

Owner in Fee Bill Wesp Address 220 Stokes Ave

Address 47 Edgemere Ewing Twp

Tele. () 799-0920 Tele. () 882-1325

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. 21-0695597

or Social Security No.

is hereby granted permission to perform the following work:

- BUILDING
- PLUMBING
- OTHER
- ELECTRICAL
- FIRE PROTECTION

DESCRIPTION OF WORK:

SEWER LINE

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 \$ \$1850.00

Justin [Signature]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	<u>\$35.00</u>
Plumbing	<u>\$35.00</u>
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	<u>\$35.00</u>
Check No.	<u>(#814)</u>
Cash	
Collected By:	<u>[Signature]</u>

(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 to the approved plans and 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 the following:
 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. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
 4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

- 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.
- A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.