



Township of Plainsboro  
 641 Plainsboro Road  
 Plainsboro, NJ 08536  
 609 - 7990909

*12/12/17 (JW)*  
*4/m w/contractor*

*20180060*  
 Control Number: 79848  
 Application Date: 12/04/2017

**CONSTRUCTION PERMIT**

**IDENTIFICATION**

**OWNER/PROPERTY DETAILS**

Block: 1512 Work Site Location:	Lot: 11 47 EDGEMERE AVENUE PLAINSBORO	Qualification Code:	Contractor: PETRO
Owner In Fee: WESP, WILLIAM Address: P O BOX 304 PLAINSBORO NJ 08536		Telephone: (609) 799-0920	Address: 800 State Road Princeton NJ 08540
Use Group(s): R-5		Lic. No. / Bldrs. Reg. No.: 36BI008389	Telephone: (609) 688-7811
		Federal Emp. No.: 6-1207261	

is hereby granted permission to perform the following work :

- BUILDING
- ELECTRICAL
- ELEVATOR DEVICES
- ASBESTOS ABATEMENT
- PLUMBING
- FIRE PROTECTION
- MECHANICAL
- LEAD HAZARD ABATEMENT
- DEMOLITION
- OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:  
 installation of indirect water heater

ESTIMATED COST OF WORK:

Cost of Construction: 0.00  
 Cost of Rehabilitation: 3,000.00  
 Cost of Demolition: 0.00

**Total Cost: \$3,000.00**

PAYMENTS (Office Use Only)	
Building	
Electrical	\$75.00
Plumbing	\$75.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$6.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
<b>Total</b>	<b>\$156.00</b>
All Fees Waived:	No

**Amount to be Paid: \$156.00**

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.

Brian K Miller  
 Construction Official

*12/14/17*  
 Date

*1/22/18*  
*1838939*  
*u*

Note:



# ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received  
Date Issued  
Control #  
Permit #



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

Block 512 Lot 1/2218  
Work Site Location 47 Edgemore Ave Plainboro NJ 08536  
Owner in Fee/Occupant William West  
Address same as above  
Tele. (609) 799-0920  
Contractor Felix  
Address 200 State Rd Princeton NJ 08540  
Tele. (609) 628-7811 Fax (609) 252-0219  
Lic. No. 13VH0388740 3/18  
Federal Emp. No. 061 207 261

## B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 Pole/Pad # \_\_\_\_\_  Temporary  Other \_\_\_\_\_  
Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
Est. Cost of Elec. Work \$ 175

## JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
<input checked="" type="checkbox"/> No Plans Required	<u>12/20/17</u>	<u>WJ</u>	Type:	Failure
Joint Plan Review Required:			Rough	Approval
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing		Temp. Serv.	Initial
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator		Constr. Serv.	
<input type="checkbox"/> Elec. Plans Approved			TCO	
Date: <u>12/20/17</u>			Other	
Approved by: _____			Service	
			Final	
SUBCODE APPROVAL			Temp. Cut-in-Card	Date Issued
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Final Cut-in-Card	Date Issued
Date: _____				
Approved by: _____				

## 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 Electrical Contractor  Exempt Applicant

## D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
		Receptacles	
		Switches <u>Reconnect</u>	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
<b>TOTAL NUMBERS</b>			\$
		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			\$ <u>75</u>
Minimum Fee			\$
DCA Training Fee			\$
<b>TOTAL FEE</b>			\$



# PLUMBING SUBCODE TECHNICAL SECTION



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

Block 1512 Lot 11 Qualification Code 210,0049  
Work Site Location 47 Edgemoor Ave Plainboro, NJ 08536

Owner in Fee: William Welp e-mail \_\_\_\_\_  
Tel. ( 609-799-0920 ) \_\_\_\_\_

Address \_\_\_\_\_  
Contractor: Peter-Daniel D. Romine Municipality \_\_\_\_\_ Tel. ( 732-489-9805 )

Address 9 New Street e-mail \_\_\_\_\_  
Starhope, N.J. 07874

Contractor License No. 36B100632600 Exp. Date 6/19  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

**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 \$ 8625.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW  
 No Plans Required  
 Partial - Underslab Utilities Approved  
 Date: 10/6/17 Approved by: SAD

Plumbing Plans Approved  
 Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Joint Plan Review Required:  
 Bldg.  Elec.  Fire.  Elev.

SUBCODE APPROVAL for PERMIT  
 Date: \_\_\_\_\_ Approved by: SAD

SUBCODE APPROVAL for CERTIFICATE  
 CO  CCO  CA  
 Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

INSPECTIONS	Dates (Month/Day)	
	Failure	Approval
Type: _____	_____	_____
Slab _____	_____	_____
Rough _____	_____	_____
Water _____	_____	_____
Sewer _____	_____	_____
Fixtures _____	_____	_____
Gas Equipment _____	_____	_____
Gas Piping _____	_____	_____
LPGas Tank _____	_____	_____
Fuel Oil Piping _____	_____	_____
Solar _____	_____	_____
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 sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: DANIEL D. ROMINE [X] Licensed Plumbing Contractor [ ] Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement indirect Hot Water Heater

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	_____
<u>1</u>	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	_____
<u>1</u>	Other <u>indirect H2O/H</u>	_____

Administrative Surcharge	\$	_____
Minimum Fee	\$	<u>75</u>
State Permit Surcharge Fee	\$	_____
TOTAL FEE	\$	_____

Date Received 10/4/17  
Control # 791848  
Date Issued 1/22/18  
Permit # 20180660