

# CONSTRUCTION PERMIT APPLICATION

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

BLOCK 1728 LOT 2 QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) \_\_\_\_\_

1003 Pottery Plaza PERMIT NO. \_\_\_\_\_

*SF*  
*#110999*

OCCUPANCY LOAD \_\_\_\_\_

USE GROUP \_\_\_\_\_

Plan Approval

Bldg. \_\_\_\_\_ Fire \_\_\_\_\_

Elec. \_\_\_\_\_ Plbg. N.T.D. 9/29/10

**I. IDENTIFICATION**

1. Proposed Work Site at: 1003 NOTTINGHAM

2. Name of Owner in Fee: ATL FAREO DESIGN INC (609) 222 0011  
Address: 1241 WILLIAMS ST HAMMERTON NJ 08610  
Street Municipality Zip code

3. Ownership in Fee: Public Private \_\_\_\_\_

4. Principal Contractor: PHILIP MULLER Tel: (609) 8882022  
Address: 581 BROAD ST PHILADELPHIA PA 19106

5. Architect or Engineer: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_  
FAX: (\_\_\_\_) \_\_\_\_\_

6. Responsible Person in Charge of Work: PHILIP MULLER  
Tel: (609) 8882022 FAX: (\_\_\_\_) \_\_\_\_\_

*Plbs Work*  
*SEP 27 2010*

*\*CONSTRUCTION PERMIT OFFICE\**

II. PROPOSED WORK		Est. Cost	OPTIONAL (for office use only)							
			Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Rejection	Re-viewer
1. <input type="checkbox"/>	Minor Work									
2. <input type="checkbox"/>	New Building									
3. <input type="checkbox"/>	Addition									
4. <input type="checkbox"/>	Alteration									
5. <input type="checkbox"/>	Fire Protection									
6. <input checked="" type="checkbox"/>	Plumbing	<u>1200</u>								
7. <input type="checkbox"/>	Electrical									
8. <input type="checkbox"/>	Elevator Devices									
9. <input type="checkbox"/>	Asbestos Abat. Subch. 8									
10. <input type="checkbox"/>	Lead Hazard Abatement									
11. <input type="checkbox"/>	Demolition									
TOTAL COSTS		<u>1200.00</u>								

**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

**V. FEE SUMMARY (for office use only)**

	Update	Update
1. Building	\$ _____	
2. Electrical	\$ _____	
3. Plumbing	\$ <u>75</u>	
4. Fire Protection	\$ _____	
5. Elevator Devices	\$ _____	
6. Subtotal	\$ _____	
7. Less 20% for State Plan Review	\$ _____	
8. Subtotal	\$ _____	
9. DCA Training Fee	\$ _____	
10. Subtotal	\$ <u>2</u>	
11. Cert. of Occupancy	\$ _____	
12. Other	\$ _____	
13. TOTAL	\$ <u>77</u>	

**VI. BUILDING/SITE CHARACTERISTICS**

1. Number of Stories \_\_\_\_\_ ft.

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 \_\_\_\_\_

**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: \_\_\_\_\_



**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 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 Anthony Mirelli

Address 58 L Avenue Dr

Princeton NJ 08610

Telephone (609) 888 0202

Signature \_\_\_\_\_

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



TOWNSHIP OF HAMILTON  
 2090 GREENWOOD AVENUE  
 HAMILTON, NJ 08650-0150  
 609 - 890-3666

10/6/10  
 Control Number: 114099  
 Application Date: 09/27/2010

2010 3529

**CONSTRUCTION PERMIT**

**IDENTIFICATION**

**OWNER/PROPERTY DETAILS**

Block: 1728	Lot: 2	Qualification Code:	
Work Site Location:	1003 NOTTINGHAM WAY HAMILTON		
Owner In Fee:	ALFRED DESSALINES	Contractor:	Anthony Minelli
Address:	611 SAXONY DRIVE	Address:	581 Arena Dr.
	FAIRLESS HILLS PA 19030		Hamilton, NJ 08610 -
Telephone:	(215) - 888-6632	Telephone:	() -
Use Group(s):	R-5	Lic. No. / Bldrs. Reg. No.:	2220
		Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:  
 Plumbing Work

ESTIMATED COST OF WORK:

Cost of Construction: 0.00  
 Cost of Rehabilitation: 1,200.00  
 Cost of Demolition: 0.00

Total Cost: \$1,200.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	\$75.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$2.00
DCA Minimum	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
<b>Total</b>	<b>\$77.00</b>
All Fees Waived:	No

Amount to be Paid: \$77.00

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.

*Raymond A. Lumio*  
 RAYMOND A. LUMIO  
 Construction Official

*10/1/10*  
 Date

*Called 10/5/10 Jeff M...*

Note:



PLUMBING SUBCODE  
TECHNICAL SECTION

1003 Potteryham



Date Received  
Control #  
Date Issued  
Permit #

10/6/2010  
2010  
[Seal]

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

D. TECHNICAL SITE DATA (List of all fixtures.)  
NO. FIXTURE/EQUIPMENT

Block 1003 Lot 2 Qualification Code \_\_\_\_\_  
Work Site Location 1003 Potteryham

Owner in Fee \_\_\_\_\_  
Address \_\_\_\_\_

Contractor Matthew Moore LLC  
Address 581 Gardner Rd. 05676  
Tel ( 603 ) 556-0202 FAX (          )         

Contractor License No. 3220  
Federal Emp. No. \_\_\_\_\_

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed \_\_\_\_\_  
Building Sewer Size 1 1/2" Public Sewer \_\_\_\_\_  
Water Service Size 1" Private Septic \_\_\_\_\_  
Est. Cost of Plumbing Work \$ 1100.00 Private Well \_\_\_\_\_

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 Plumbing Contractor [ ] Exempt Applicant

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[ ] No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Slab	
[ ] Building [ ] Electric	Rough	
[ ] Fire [ ] Elevator	Water	
[X] Plumbing Plans Approved	Sewer	
Date: <u>11/5/10</u>	Fixtures	
Approved by: <u>N. 25135</u>	Gas Equipment	
SUBCODE APPROVAL	Gas Piping	
[ ] CO [ ] CCO [X] CA	LP Gas Tank	
Date: <u>11/5/10</u>	Fuel Oil Piping	
Approved by: <u>N. 05705</u>	Solar	
	TCO	

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	
LP Gas Tank	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Sewer Connection	
Water Service Connection	
Stacks	
Other <u>WWT</u>	<u>25-</u>
Other _____	
Administrative Surcharge \$	
Minimum Fee \$	<u>15-</u>
State Permit Surcharge Fee \$	<u>12-</u>
TOTAL FEE \$	<u>77-</u>

# PLAN REVIEW AND INSPECTION

DATE

JOB CONDITION/COMMENTS

11-5-10

Final: add correct screws to greenfield hangers

add hanger (4' max)

No leaks

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

4" R

existing 4" EI

to existing

upward to 3 second  
door back

old work

4" EI

4" EI

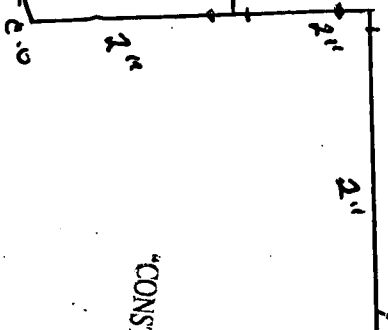
4" R

1/2"  
M. Washers

2 1/4"

RISINK

1 1/2" base



2" PVE NEW WORK

2"

2"

CONSTRUCTION PERMIT OFFICIAL

5801  
E

SEP 27 2010

1003 Matthews

M. MINELLI PLUMBING & HEATING 412 2830

581 Green Dr. Gaithersburg, MD 20878

PLANS RELEASED  
 PLUMBING SUBCODE OFFICIAL  
 N.I.D. 5/27/10  
 SIGNATURE DATE



PLUMBING SUBCODE  
TECHNICAL SECTION

SEP 27 2010



10/6/10  
2010  
[Seal]

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

Block 1188 Lot 1003 Willingham Qualification Code \_\_\_\_\_

Owner in Fee Richard Depaola  
Address 1241 Williams St Hamden CT 06610

Tel (609) 722-0021  
Contractor Canary Mmole  
Address: 581 Quaker Ave Dr Hamden CT 06610

Tel (609) 889-0202 FAX ( )  
Contractor License No. 2220

Federal Emp. No. \_\_\_\_\_  
B. PLUMBING CHARACTERISTICS

Use Group Present Proposed \_\_\_\_\_  
Building Sewer Size 4" Public Sewer \_\_\_\_\_  
Water Service Size 1" Public Water \_\_\_\_\_ Private Well \_\_\_\_\_  
Est. Cost of Plumbing Work \$ 1800.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Slab				
<input type="checkbox"/> Building	Roof				
<input type="checkbox"/> Fire	Water				
<input checked="" type="checkbox"/> Plumbing Plans Approved	Sever				
Date: <u>5/25/10</u>	Fixtures				
Approved by: <u>NG/2</u> <u>5139</u>	Gas Equipment				
SUBCODE APPROVAL	Gas Piping				
<input type="checkbox"/> CO	LP Gas Tank				
<input type="checkbox"/> CCO	Fuel Oil Piping				
<input type="checkbox"/> CA	Solar				
Date: _____	TCC				
Approved by: _____					

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

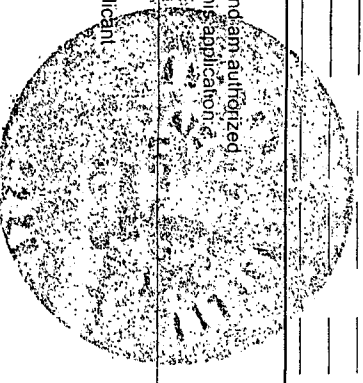
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other <u>vent</u>	<u>25-</u>
	Other _____	

Administrative Surcharge	\$	<u>75-</u>
Minimum Fee	\$	<u>75-</u>
State Permit Surcharge Fee	\$	<u>77-</u>
TOTAL FEE	\$	<u>177-</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.

Applicant's Signature/Contractor's Seal and Signature  
Canary Mmole  
[X] Licensed Plumbing Contractor [ ] Exempt Applicant





Date Issued  
Control #  
Permit #

# CONSTRUCTION PERMIT NOTICE

Block 1728 Lot 2

Work Site Location: 1003 N. Huntington

## AUTHORIZED FOR:

- |  |  |
|--|--|
| <input type="checkbox"/> BUILDING            | <input type="checkbox"/> ELECTRICAL      |
| <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> FIRE PROTECTION |
| <input type="checkbox"/> ELEVATOR DEVICES    | <input type="checkbox"/> DEMOLITION      |
| <input type="checkbox"/> OTHER _____         |  |

Description of Work: \_\_\_\_\_

This notice shall be posted conspicuously at the work site and shall remain so until issuance of a certificate.



# **N.J. STATE LAW**

## **13:45A — 16.2**

**FOR INSPECTION  
BUILDING  
ELECTRIC  
PLUMBING  
FIRE PROTECTION  
ELEVATOR**

**FINAL INSPECTIONS  
ARE REQUIRED BEFORE  
FINAL PAYMENT IS MADE  
TO CONTRACTOR**

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

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

Name of Code & Edition \_\_\_\_\_ Name of Code & Edition \_\_\_\_\_

Building \_\_\_\_\_ Other \_\_\_\_\_

Electrical \_\_\_\_\_ Energy \_\_\_\_\_

Plumbing \_\_\_\_\_ Barrier Free \_\_\_\_\_

Fire Protection \_\_\_\_\_ Flood Hazard \_\_\_\_\_

Mechanical \_\_\_\_\_ As Built Elevation Cert. \_\_\_\_\_

Other \_\_\_\_\_

**X. CERTIFICATES ISSUED (office use only)**

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval	No. _____	_____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

APPROVAL PRIOR TO ISSUING A CERTIFICATE OF OCCUPANCY - RESIDENTIAL AND COMMERCIAL

	<u>DATE</u>	<u>SIGN</u>
<input type="checkbox"/> Application for C of O given when calling for final inspections	_____	_____
<input type="checkbox"/> All technicals signed by prospective inspectors	_____	_____
<input type="checkbox"/> Homeowner's Warranty Form with Buyer's name on it	_____	_____
<input type="checkbox"/> Mercer County Soil Approval, except for land disturbed under 5,000 square feet <input type="checkbox"/> Temp. <input checked="" type="checkbox"/> Clear	_____	_____
Reason _____		
Authorized by _____		
<input type="checkbox"/> Public Works Approval (copy sent to Engineering) <input type="checkbox"/> Temp. <input checked="" type="checkbox"/> Clear	_____	_____
Reason _____		
Authorized by _____		
<input type="checkbox"/> Septic System and/or water approval from Health Dept.	_____	_____
<input type="checkbox"/> Final Asbuilt approved by Engineering or memo stating posting of bond	_____	_____
<input type="checkbox"/> C of O Typed after all approvals are given	_____	_____
<input type="checkbox"/> Other _____	_____	_____