



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 HAMMILTON NJ 08610
street municipality zip code

3. Ownership in Fee: Public Private _____

4. Principal Contractor: PHILIPPO MURRILL Tel: (609) 8882022
Address: 581 BROAD ST PHILADELPHIA PA 19106
License No. OR, if new home, Builder Reg. No. 2220 FAX: () ()
Exp. Date _____

5. Architect or Engineer: _____ Tel: () ()
FAX: () ()

6. Responsible Person in Charge of Work: PHILIPPO MURRILL
Address: _____ 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</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 :

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> 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	
Total	\$77.00
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 A. ...*

Note:



PLUMBING SUBCODE TECHNICAL SECTION

1003 Potteryham



Date Received
Control #
Date Issued
Permit #

10/6/2010
2010

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.)

Block 1003 Lot 2 Qualification Code _____

Work Site Location 1003 Potteryham

Owner in Fee _____

Address _____

Tel () _____

Contractor Matthew Merritt

Address 531 Granite Dr

Tel () 550-0202 FAX () 550-76

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 _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW No Plans Required

Joint Plan Review Required: _____

Building Electric

Fire Elevator

Plumbing Plans Approved

Date: 11/5/10

Approved by: N. 25135

SUBCODE APPROVAL

CO CCO CA

Date: 11/5/10 N. 25135

Approved by: N. 25135

INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
Slab					
Rough					
Water					
Sewer					
Fixtures					
Gas Equipment					
Gas Piping					
LP Gas Tank					
Fuel Oil Piping					
Solar					
TCO					

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

FEE (Office Use Only)

Administrative Surcharge	\$	15-
Minimum Fee	\$	2-
State Permit Surcharge Fee	\$	77-
TOTAL FEE	\$	25-

U.C.C. F130 (rev. 1/04)

- 1 White = OFFICE COPY
- 2 Canary = APPLICANT COPY
- 3 Tag = INSPECTOR COPY

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 second
door back

old work

4" EI

4" EI

4" R

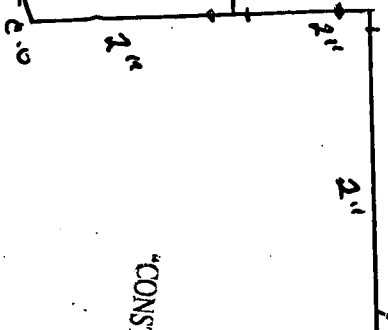
1/2"

M. Washers

2 1/4"

RISINK

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

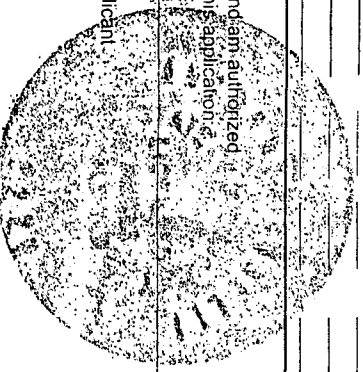
Use Group Present Proposed _____
Building Sewer Size 4" Public Sewer _____
Water Service Size 1" Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 1800.00

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: _____					

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



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	\$	



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 _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)

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

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 _____	_____	_____