

BOROUGH OF FAIR LAWN  
8-01 FAIR LAWN AVENUE  
FAIR LAWN, NJ 07410

Date Issued 09/25/06  
Control #  
Permit # 062027

UCC NEW JERSEY  
CONSTRUCTION  
PERMIT

IDENTIFICATION Block 2613 Lot 17 Qual \_\_\_\_\_

Work Site Location 13-12 JEROME

Contractor J T O'BRIEN PLUMBING & HEATING

Owner in Fee KONYO

Address 10 RAILROAD AVENUE

Address SAME

RIDGEFIELD PARK, NJ 07660-

SAME, NJ 07410-

Telephone (201) 931-1333

Telephone (201) 398-0367

Lic. No. or Bldrs. Reg. No. 11633

Federal Emp. No. 26-0006573

Is hereby granted permission to perform the following work:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> BUILDING         | <input checked="" type="checkbox"/> PLUMBING        | <input type="checkbox"/> ASBESTOS ABATEMENT (Subchapter 8 only) |
| <input type="checkbox"/> ELECTRICAL       | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> LEAD HAZARD ABATEMENT                  |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL                 | <input type="checkbox"/> DEMOLITION                             |
|   |   | <input type="checkbox"/> OTHER _____                            |

DESCRIPTION OF WORK:

POOL HEATER & HOT WATER BOILER

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 \$ 2,050

\_\_\_\_\_  
Construction Official

09/25/06  
Date

PAYMENTS (Office Use Only)

Building	<u>0</u>
Electrical	<u>0</u>
Plumbing	<u>90</u>
Fire Protection	<u>50</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>3</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>143</u>
Check No.	<u>7717</u>
Cash	_____
Collected By	<u>MA</u>

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Other	_____
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UCC NEW JERSEY  
**PLUMBING**  
**SUBCODE**  
**TECHNICAL SECTION**

Date Received 07/21/06  
 Date Issued 09/25/06  
 Control #  
 Permit # 062027

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

Block 2613 Lot 17 Qual \_\_\_\_\_  
 Work Site Location 13-12 JEROME  
 \_\_\_\_\_  
 Owner in Fee KONYO  
 Address SAME  
SAME, NJ 07410-  
 Tel. (201) 398-0367  
 Contractor J T O'BRIEN PLUMBING & HEATING  
 Address 10 RAILROAD AVENUE  
RIDGEFIELD PARK, NJ 07660-  
 Tel. (201) 931-1333 Fax ( ) \_\_\_\_\_  
 Lic. No. or Bldrs. Reg. No. 11633  
 Federal Emp. No. 26-0006573

B. PLUMBING CHARACTERISTICS

Use Group - Present R-5 Proposed R-5  
 Building Sewer Size \_\_\_\_\_ [ ] Public Sewer [ ] Private Septic  
 Water Sewer Size \_\_\_\_\_ [ ] Public Water [ ] Private Well  
 Estimated Cost of Plumbing Work \$ 2,000

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)			
PLAN REVIEW	Type	Failure	Failure	Approval	Initial
[ ] No Plans Required	Slab	_____	_____	_____	_____
[ ] Partial -Underslab Util Appr	Rough	_____	_____	_____	_____
Date: _____ Appr by: _____	Water	_____	_____	_____	_____
[ ] Plumb Plans Approved	Sewer	_____	_____	_____	_____
Date: _____ Appr by: _____	Fixtures	_____	_____	_____	_____
Joint Plan Review Required:	Gas Equip	_____	_____	_____	_____
[ ] Build [ ] Elect [ ] Fire	Gas Piping	_____	_____	_____	_____
SUBCODE APPR - PERM [ ] Elev	LPGas Tank	_____	_____	_____	_____
Date: _____ Appr by: _____	FuelOil Pip	_____	_____	_____	_____
SUBCODE APPR - CERTIF	Solar	_____	_____	_____	_____
[ ] CO [ ] CCO [ ] CA	TCO	_____	_____	_____	_____
Date: _____ Appr by: _____	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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bibb	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other <u>1ST FIX. BOI</u>	<u>40</u>
	Other <u>POOL HEATER</u>	<u>50</u>
	Other _____	<u>0</u>

Administrative Surcharge \$ \_\_\_\_\_  
 Paid [ X ] Check # 7717 Minimum Fee \$ \_\_\_\_\_  
 Collected by: MA TOTAL FEE \$ 90  
 DCA State Permit Fee \$ 3

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 Building Sewer Size \_\_\_\_\_ [ ] Public Sewer [ ] Private Septic  
 Water Sewer Size \_\_\_\_\_ [ ] Public Water [ ] Private Well  
 Estimated Cost of Plumbing Work \$ 2,000

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Joint Plan Review Required:	Gas Equip	_____	_____	_____	_____
[ ] Build [ ] Elect [ ] Fire	Gas Piping	_____	_____	_____	_____
SUBCODE APPR - PERM [ ] Elev	LPGas Tank	_____	_____	_____	_____
Date: _____ Appr by: _____	FuelOil Pip	_____	_____	_____	_____
SUBCODE APPR - CERTIF	Solar	_____	_____	_____	_____
[ ] CO [ ] CCO [ ] CA	TCO	_____	_____	_____	_____
Date: _____ Appr by: _____	Final	_____	_____	_____	_____

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0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bibb	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
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0	Greasetrap	0
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0	Water Service Connection	0
0	Stacks	0
	Other <u>1ST FIX. BOI</u>	<u>40</u>
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Tel. (201) 398-0367

Contractor AQUATIC POOLS INC.

Address 7107 BRAEN AVE

WYCKOFF, NJ 07481-

Tel. (201) 445-6667 Fax ( ) \_\_\_\_\_

Lic. No. or Bldrs. Reg. No. \_\_\_\_\_

Federal Emp. No. 22-3367495

B. FIRE PROTECTION CHARACTERISTICS

Use Group - Present R-5 Proposed R-5 Fire Alarm System

Constr Class - Present \_\_\_\_\_ Proposed \_\_\_\_\_ New [ ] Existing [ ]

Heating Systems [ ] New [ ] Existing [ ] HVAC Location of Panel: \_\_\_\_\_

Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar Fire Suppression/Standpipe Sys

[ ] Other \_\_\_\_\_ New [ ] Existing [ ]

Location: \_\_\_\_\_ Location of Main Control Valve

Total Est Cost of Fire Prot Work \$ 50

JOB SUMMARY (Office Use Only) INSPECTIONS Dates (Month/Day)

PLAN REVIEW Type Failure Failure Approval Initial

[ ] No Plans Required Alarm Sys \_\_\_\_\_

[ ] Partial -Underslab Util Appr Suppr Test \_\_\_\_\_

Date: \_\_\_\_\_ Appr by: \_\_\_\_\_ Standpipe \_\_\_\_\_

[ ] Fire Plans Approved Fire Pump \_\_\_\_\_

Date: \_\_\_\_\_ Appr by: \_\_\_\_\_ PreEng Sys \_\_\_\_\_

Joint Plan Review Required: Mechanical \_\_\_\_\_

[ ] Build [ ] Elect [ ] Plumb Smoke Ctl \_\_\_\_\_

SUBCODE APPR - PERM [ ] Elev TCO \_\_\_\_\_

Date: \_\_\_\_\_ Appr by: \_\_\_\_\_ Fl/Comb Tnk \_\_\_\_\_

SUBCODE APPR - CERTIF Firepl Vnt \_\_\_\_\_

[ ] CO [ ] CCO [ ] CA Final \_\_\_\_\_

Date: \_\_\_\_\_ Appr by: \_\_\_\_\_ Other \_\_\_\_\_

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D. TECHNICAL SITE DATA

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

Water Supply Source \_\_\_\_\_

Method of Alarm/Suppr Sys Superv \_\_\_\_\_

Storage Tanks

FEE (Office Use Only)

Type: [ ] Flammable Liquid [ ] Combust Liquid

[ ] LPG [ ] LNG Capacity 0 Fuel \_\_\_\_\_

Alarm Systems [ ] 110v Interconnected NUMBER

[ ] System

Alarm Devices (smoke,heat,pulls,water/flow) \_\_\_\_\_ 0

Supervisory Devices (tamper,low/high air) \_\_\_\_\_ 0

Signaling Devices (horn/strobes, bells) \_\_\_\_\_ 0

Other Devices \_\_\_\_\_ 0

TOTAL \_\_\_\_\_ 0

Suppression Systems

Fire Pump 0 GPM Type \_\_\_\_\_ 0

Dry Pipe/Alarm Valves \_\_\_\_\_ 0

Pre-action Valves \_\_\_\_\_ 0

Sprinkler Heads (Dry and Wet) \_\_\_\_\_ 0

Standpipes \_\_\_\_\_ 0

Pre-Engineered Systems

Wet Chemical \_\_\_\_\_ 0

Dry Chemical \_\_\_\_\_ 0

CO2 Suppression \_\_\_\_\_ 0

Foam Suppression \_\_\_\_\_ 0

Halon Suppression \_\_\_\_\_ 0

Other \_\_\_\_\_ 0

Kitchen Hood Exhaust System \_\_\_\_\_ 0

Smoke Control System \_\_\_\_\_ 0

Gas [ ] or Oil [ ] Fired Appliances \_\_\_\_\_ 0

Other POOL HEATER \_\_\_\_\_ 50

Other \_\_\_\_\_ 0

Other \_\_\_\_\_ 0

Administrative Surcharge \$ \_\_\_\_\_ 0

Paid [ X ] Check # 7717 Minimum Fee \$ \_\_\_\_\_ 0

Collected by: MA TOTAL FEE \$ \_\_\_\_\_ 50

DCA State Permit Fee \$ \_\_\_\_\_ 0

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Date: \_\_\_\_\_ Appr by: \_\_\_\_\_ Fl/Comb Tnk \_\_\_\_\_

SUBCODE APPR - CERTIF Firepl Vnt \_\_\_\_\_

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