Bldg. & Unit 11-B

BLOCK 380.21 LOT 1 ADDRESS (SITE) 11 RIVA BLVD. PERMIT NO. 1881-94

RECEIVED

JUN 14 1994

DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 11 RIVA BLVD.
2. Name of Owner in Fee: LARKEN ASSOC. Tel. (908) 262-0814
   Address 65 RIVA BLVD. BRICK, NJ 08723 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: LARKEN ASSOC. Tel. (908) 262-0814
   Address 65 RIVA BLVD. BRICK, NJ 08723
   License No OR, if new home, Builder Reg. No. 023237 Exp. Date 10/31/94
   Federal Emp. No. 22-3232174 Social Security No. ____
5. Architect or Engineer Bruce Sellen Tel. (908) 431-2554
   Address 22 Hampton Drive, Freehold, NJ
6. Responsible Person In Charge of Work Nate Taylor Tel. (908) 262-0814

Soil & Eng ok

Single Family Dwelling Town Home

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☑ Small Job ($5,000 and no prior approvals)	
3. ☑ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	50,000.00

town ok

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
JJ					2/20/96		WS
					2/21/96		JC
					2-7-96		JJ
					12/26/95		ok
GM	6/14/94		6/24/94	Pete			

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	$ 354 -		
2. Electrical			
3. Plumbing	135 -		
4. Fire Protection	143 -		
5. Other		✓	
6. Subtotal	$ 624		
7. Less 20% for State Plan Review	5 -	✓	
8. Subtotal	$		
9. DCA Training Fee	63 -	✓	
10. Subtotal	$		
11. Cert. of Occupancy	94 -	✓	
12. Other			
13. TOTAL	$ 786 -	✓	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
2. Height of Structure 25 ft.	
3. Area—Largest Floor 1026 sq. ft.	
4. Building Area—All Floors 1696 sq. ft.	
5. Volume of Structure 39,386 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	

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:

LDS BR 10508969

UCC Form I-100A

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 Larken Associates

Address _____

_____

Telephone ( ) _____

Signature Nate Taylor Date 6/13/94

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date
☐ Planning Board								
☑ Zoning Board	PRAC							
☐ Sewer Authority								
☐ Water Authority								
☐ Fire Department								
☐ Police Department								
☐ Health Department								
☐ Soil Conservation								
☐ N.J. Dept. of Community Affairs								
☐ N.J. Department of Transportation								
☐ N.J. Dept. of Environmental Protect.								
☐ Utility Dig No.								
☑ Other Zoning	SK	6/22/94	hearc					
☐								
☐								

COMMENTS

A.H.B.T. - EXEMPT

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

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☑ Certificate of Occupancy	No. 1881	3/14/96	
☐ Certificate of Approval	No.		
☐ None			

CERTIFICATE

Date Issued 3/14/96
Control #
Permit # 1881-94

IDENTIFICATION

Block 380.21 Lot 1
Work Site Location 11 Riva Blvd.

Owner in Fee Larken Assoc.
Address 65 Brick,Blvd.
Brick, NJ
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 1094008
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Townhouse - Bldg. #4

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

XXX☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

4
11B

CONSTRUCTION PERMIT

Date Issued 7-12-94
Control #
Permit # 1881-94

IDENTIFICATION Block 380.21 Lot 1

Work Site Location 11 RIVA BLVD.

Owner in Fee Lasken Assoc.
Address 65 RIVA BLVD.
BRICK, NJ
Tele. ( ) _____

Contractor same
Address _____
Tele. ( ) _____
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

1,676.
Single Fam. dwelling 39,386.

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 $ 50,000.

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building 354. PLAN RUN
Plumbing 125. D.C.A.
Electrical C/O
Fire Protection 145 TOTAL
Other Plan 5 CHECK
Other CHANGE
DCA Training Fee 3
Cert. of Occ. 94.
Other
Total 786.
Check No. 1105
Cash
Collected By:

LU	0.00
BUILDING	354.00
PLUMBING	125.00
[illegible]	145.00
[illegible]	5.00
[illegible]	3.00
[illegible]	94.00
[illegible]	786.00
[illegible]	786.00
[illegible]	0.00
[illegible]	14:46

Bldg. 4 Unit 11-D

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-12-94
Control #
Permit # 1881-94

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

Block 380.21 Lot 1
Work Site Location 11 RIVA BLVD. BRICK, N.J.
Owner in Fee LARKEN ASSOC.
Address 65 RIVA BLVD. BRICK, NJ 08723
Tele. (908) 262-0874
Contractor PENELANDS PLUMBING + HEATING INC.
Address 807 MANTOLOKING RD. BRICK, N.J.
Tele. (908) 477-0854
Lic. No. 1722
Federal Emp. No. 22-1853417 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed 1 FAM RES
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
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.

William R Dwyer #1722
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	15
	Urinal/Bidet	
1	Bath Tub	10
3	Lavatory	15
X	Shower	
	Floor Drain	
1	Sink	5
1	Dishwasher	5
	Drinking Fountain	
1	Washing Machine	5
2	Hose Bibb	10
1	Gas Piping	15
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	15
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	15
1	Sewer Connection	
1	Water Service Connection	
X	Gas Service Connection	
	Active Solar System	
	Other	10
	Administrative Surcharge	$ 125 -
	Minimum Fee	$
	TOTAL	$

Paid [ ] Check # Collected by:

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-12-94
Control # 10-5-94
Permit # 1881-94

CHANGE OF CONTRACT

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

Block 380.21 Lot 1
Work Site Location 11 RIVA BLVD
Owner in Fee LARKEN ASSOC
Address
Tele. ( )
Contractor SHORELINE P & H INC.
Address 1901 TRENTON AVE
WHITING N.J 08759
Tele. (908) 350-1133
Lic. No. 6497
Federal Emp. No. 222834942 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			11/1/94	DH
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas 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.

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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-1308 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Change Plumber
Prototype Condo Unit

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5-1-95
Control #
Permit # 1881-94

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

Block 380.21 Lot 1
Work Site Location Bldg #4 11 Riva Blvd.
The Pavillion
Owner in Fee LARKIN Associates
Address P.O. Box 957
Belle Mead, NJ 08502
Tele. (____)
Contractor NELAND PLUMBING & HEATING, INC.
Address 507 MANTOLOKING ROAD
RICK NEW JERSEY 08723
Tele. (____)
Lic. No. 3610
Federal Emp. No. 22-1853417 or Social Security No. ____

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed ____
Building Sewer Size ____ Public Sewer ____ Private Septic ____
Water Service Size ____ Public Water ____ Private Well ____
Estimated Cost of Plumbing Work $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: ____
Approved by: ____

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved By: JCA
Date: 2-7-96

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough			4/7	
Water				
Sewer				
Fixtures				
Gas Equipment			4/7	
Gas Piping				
Solar				
TCO ____				
CO	1-5-96	1-23-96		

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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
DCA Training Fee $ ____
Collected by: ____ TOTAL $ ____

U.C.C. Form F-130B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Bldg. 4 - Unit 11-B

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-12-94
Control #
Permit # 1881-94

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

Block 380.21 Lot 1
Work Site Location 11 RIVA BLVD. BRICK, N.J.
Owner in Fee LARKEN ASSOC.
Address 65 RIVA BLVD. BRICK, NJ 08723
Tele. (908) 262-0814
Contractor SAME
Address
Tele. (908) 262-0814
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

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.

Signature Nate Taylor

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Single Family Dwelling
Town Home - 2 Story

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date. 2-20-96
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			9/12/94	
Foundation			4-26-95	
Slab				
Frame			11/8/95	
Insulation			1-15-96	
Finishes:			2-20-96	
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed
Constr. Class	Present	Proposed
No. of Stories	2	
Height of Structure	25	Ft.
Area--Largest Floor	1025	Sq. Ft
Total Bldg. Area/All Floors	1676	Sq. Ft.
Volume of Structure	39,386	Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 50,000.00
2. Alteration $ .00
3. Total (1+2) $ 50,000

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Bldg. 4 Unit 11-B

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 7-12-94
Control #
Permit # 1881-94

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

Block 380.21 Lot 1
Work Site Location 11 RIVA BLVD.
BRICK, N.J.
Owner in Fee LARKEN ASSOC.
Address 65 RIVA BLVD.
BRICK, NJ 08723
Tele. (908) 262-0814
Contractor
Address SAME
Tele. (908) 262-0814
Lic. No. 022237
Federal Emp. No. 22-3232174 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [✓] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: ATTIC
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 2-21-96
Approved by:
SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] OA
Date: 2/21/96
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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.

Nate Taylor
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source PUBLIC
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	( ) Capacity		Fuel
Combustible Liquid Storage Tanks	( ) Capacity		Fuel
L.P.G. Storage Tanks	( ) Capacity		Fuel
L.N.G. Storage Tanks	( ) Capacity		Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	4	46
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	3	99
OTHER NONE		
		145

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BRUCE JONOTHON GELLER
ARCHITECT AND PLANNER
22 HAMPTON DRIVE
FREEHOLD, NEW JERSEY 07728

JUNE 8, 1994

Brick Township Building Code Official
401 Chambers Bridge Road
Brick, New Jersey 08723

RE: THE PAVILION ADULT COMMUNITY, BRICK TOWNSHIP, NEW JERSEY
ARCHITECT'S COMMISSION NO.: 3379

Dear Sir:

The developer of the above referenced project is authorized by this office to utilize the Architectural documents as follows:

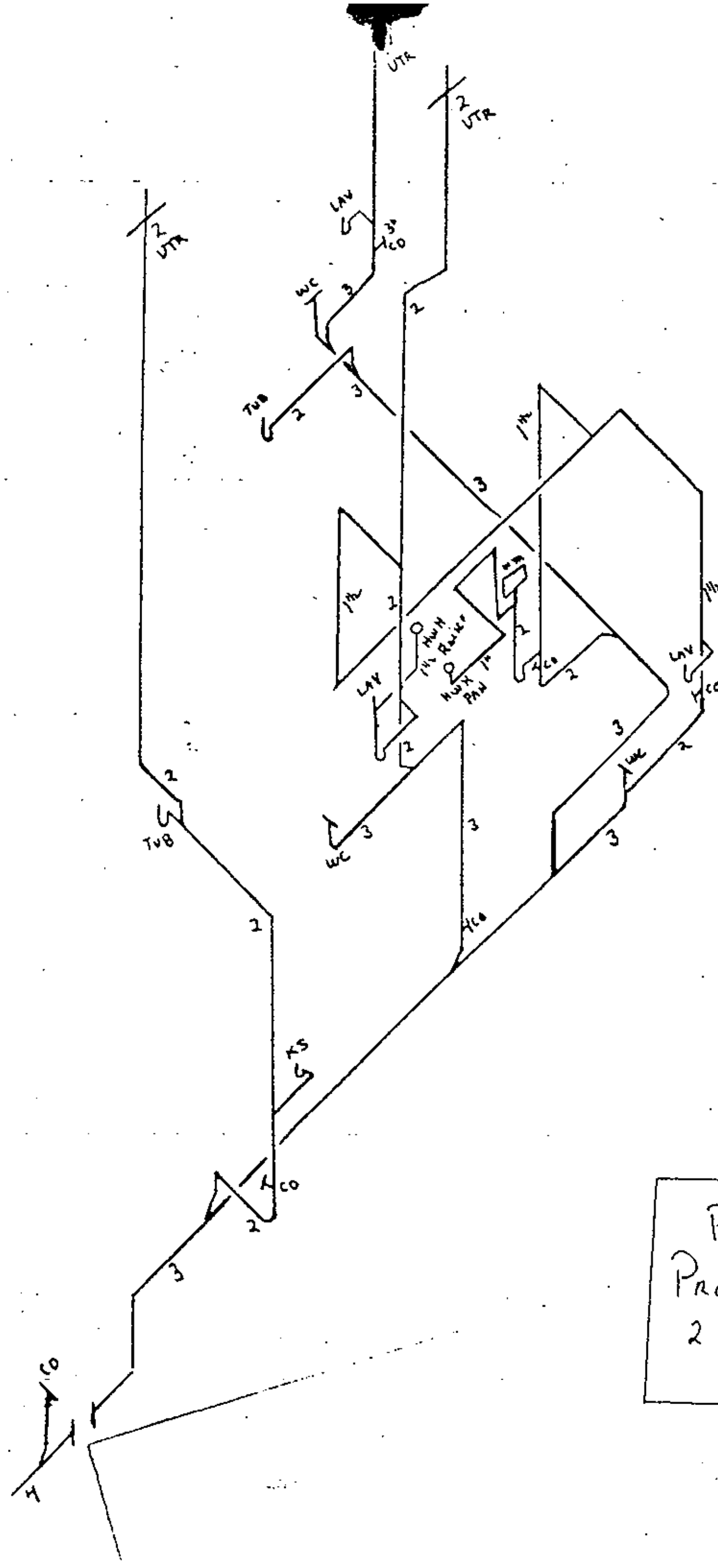
TOWNHOUSE BUILDING NO.: 4
LOT: 1 BLOCK: 380.21 STREET ADDRESS: 9,11,13,15 RIVA
UNIT TYPE: A,B,B,A

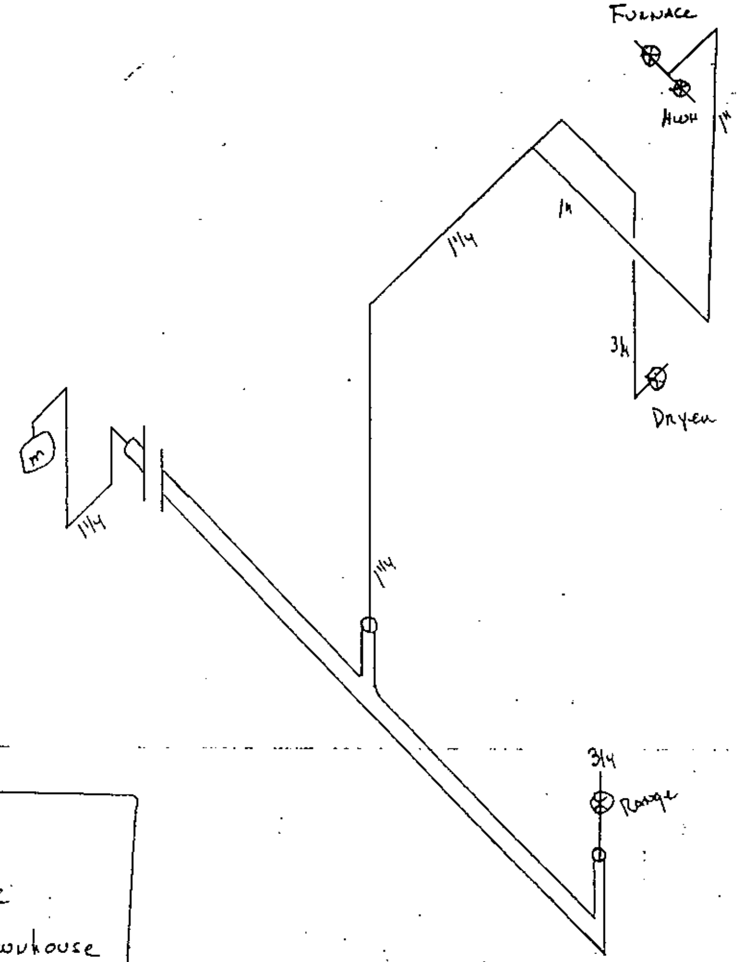
Please feel free to contact this office with any comments or questions concerning this project.

Very truly,

Bruce Jonothon Geller R.A./P.P.

cc: Larken Associates





Pavillion
ProtoType
2 Story Townhouse

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
Telephone (609) 971-7002

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK

PROJECT: PAVILION SCD NO.: 2464

BLOCK NO.(s) 380, 21 LOT NO.(s) 10, 11, 1

Complete Compliance ☐ Temporary Compliance ☐

Block No.	Lot No.	Conditions
		REPLACE HAY AND TACK TO INHIBIT LOSS DUE TO WIND.
		BUILDING #4

TOTAL FEES DUE: $ 675.

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et. seq.)

AGENT RESPONSIBLE FOR PROJECT: Deanna Burns

AUTHORIZED DISTRICT SIGNATURE: M/L Thomas

DATE: 12/12/95

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 8/92

#A5464

INSPECTOR: Nick Manzolo

DATE: 1/30/96

JOB: Pavilion SECTION:

TYPE OF WORK: Final Eng.

WEATHER: Cloudy

LOCATION: Joseph Way

TEMPERATURE: 40s

BLOCK: 380.21 LOT: 9,11,13,15

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	NO F.A.B.C	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

Thomas K. Hagan MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

RESIDENTIAL WARRANTY CORPORATION

5300 Derry Street Harrisburg, PA 17111-3598 1-800-247-1812 FAX 717-561-4494

TO: Municipal Construction Official

FROM: Residential Warranty Corporation

SUBJECT: **Confirmation of Home Enrollment and Warranty Coverage**

This will serve as notification that the home listed below has been accepted and approved for final enrollment in the ten year Residential Warranty Corporation program. This also affirms that the Limited Warranty Agreement has been transmitted this date to the builder named below for delivery to the purchaser at settlement.

Builder Name: LDLJ ASSOCIATES A NJ LTD PARTNERSHIP

Purchaser(s) Name:

Legal Address of Home Enrolled:

Lot	Block	Development
1	380.21	PAVILION

11 RIVA BLVD
Street Address

City	State	Zip
BRICK	NJ	08723

OCEAN
County

RWC Enrollment No: 1094008

Date: 10/02/95

RWC SEAL:
(Void unless sealed)

RWC Representative Sandra Small

RWC #604
©1994 Harrisburg, PA
Rev 7/1/94

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 3-7-96

NAME Larken Associates

ADDRESS POB 957 5-12 Homestead, Belle Mead, NJ

PROPERTY LOCATION 11 Riva Blvd.

Account No. G786225 Block 380-21 Lot 1

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Beverly O'Neill

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
Telephone (609) 971-7002

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: Brick

PROJECT: Prullion SCD NO.: 2464

BLOCK NO.(s) ~~380~~ 380.21 LOT NO.(s) 1 Bldg #4

380.22 17

Complete Compliance ☑ Temporary Compliance ☐

Block No.	Lot No.	Conditions

TOTAL FEES DUE: $ 900

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et. seq.)

AGENT RESPONSIBLE FOR PROJECT: [signature]

AUTHORIZED DISTRICT SIGNATURE: [signature]

DATE: 1/26/96

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 8/92

#A5464

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering

Municipal Engineer
(908) 477-3000, Ext. 273

MAJOR SUBDIVISION CHECKLIST

DEVELOPMENT: THE PAVILION PLANNING BD:

CONTRACTOR: LARKEN ASSOCIATES P.O. Box 957, BELLE MEAD, NEW JERSEY 08502

BLOCK 380.21 LOT: 1 SECTION Bldg 4 TOWN HOME

ADDRESS 15 RIVA BLVD, BRICK, N.J.

ABOVE ITEMS MUST BE COMPLETED, BEFORE ACCEPTING PLOT PLAN.

	ACCEPTABLE	DEFICIENT	REMARKS
1) SURVEY/PLOT, SIGNED & SEALED:	✓		
2) RESOLUTION COMPLAINCE			
3) INSPECTION FEES POSTED	✓		
4) PERFORMANCE BOND POSTED	✓		
5) STREET LIGHTING MONEY POSTED:			
6) PROPOSED GRADING	✓		
7) PRELIMINARY SITE PLAN SIGNED SEALED:	✓		
8) PORTION OF SITE PLAN ATTACHED:	✓		

ACCEPTED: ✓ Date 6/24/94
SIGNED DATE

REJECTED: REASON (S)

SIGNED DATE