BLOCK 1429 : 02 LOT 2C0121 ADDRESS (SITE) B35 Bricktown Village Evergreen Woods Spruce PERMIT NO. 1894-93

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 121 Camille Ct.
2. Name of Owner in Fee Bricktown Village Inc Tel. ( )
   Address 816 Deal Rd. Ocean NJ 07712 (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Bricktown Village Inc Tel. ( )
   Address 816 Deal Rd. Ocean, NJ 07712
   License No. OR, if new home, Builder Reg. No. 31006 3486 Exp. Date 7/31/93
   Federal Emp. No. Tax ID 22-1969648 Social Security No.
5. Architect or Engineer Raymond P. Wells Tel. (201) 261-2255
   Address 699 Kinderkamack Rd. PO 517 Oradell, NJ 07649
6. Responsible Person In Charge of Work Allen C. Ell Tel. (908) 493-2330 Brick 458-4032

Eng ok Sindak

Hold CO

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 251 –		
2.	Electrical			
3.	Plumbing	110 –		
4.	Fire Protection	145		
5.	Other			
6.	Subtotal	$ 506 –		
7.	Less 20% for State Plan Review	5 –		
8.	Subtotal	$		
9.	DCA Training Fee	45 –		
10.	Subtotal	$		
11.	Cert. of Occupancy	76 –		
12.	Other			
13.	TOTAL	$ 632 –		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories 2
2. Height of Structure 24 ft.
3. Area—Largest Floor 580 sq. ft.
4. Building Area—All Floors 1160 sq. ft.
5. Volume of Structure 27840 cu. ft.
6. Construction Classification R3A
7. Total Land Area Disturbed 600 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

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	40,000.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
WP	4/13/93		8/11/93	JE	5/30/94		JE
			8/11/93	JE	5/6/94		JE
			8/12/93	JE	4/26/94		[illegible]
					5/5/94		BK
Eng		6/4/93	6/9/93	VD			

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☒ Prototype Processing

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 10316555

20K

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

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 Albert C. Eble

Address 816 Deal Rd. Ocean NJ 07712

Telephone (908) 493-2330 Brick 458-4032

Signature Albert C. Eble Date 5/11/93

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							X	X
☐ Zoning Board			X	X	X	X	X	X
☐ Sewer Authority							X	X
☐ Water Authority							X	X
☐ Fire Department					X	X	X	X
☐ Police Department			X	X	X	X	X	X
☐ Health Department					X	X		
☐ Soil Conservation							X	X
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X		
☐ N.J. Department of Transportation	X	X	X	X	X	X		
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X		
☐ Utility Dig No.			X	X	X	X	X	X
☒ Other ~~Zoning~~	~~SE~~	~~4/11/93~~	~~Condo~~					
☒ Zoning	SE	4/11/93	Condo					
☒ A.H.B.T	Exempt	8/11/93	Hotel					

COMMENTS

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. 1894	8/31/94	
☐ Certificate of Approval	No.		
☐ None			

CERTIFICATE

Date Issued ~~XX/XX/XX~~ 8/31/94
Control #
Permit # 1894-93

IDENTIFICATION

Block 1429.02 Lot 2C0121
Work Site Location 121 Camille Ct.

Owner in Fee Bricktown Village, Inc.
Address 816 Deal Rd.
Ocean, NJ
Tele. ( )
Contractor same
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 867671
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Condominium unit

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

CERTIFICATE OF OCCUPANCY/APPROVAL

XXXX☒ **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:

Arthur J. Cerzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

ORIGINAL ILLEGIBLE

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Issued 8/17/93
Control #
Permit # 1894-93

IDENTIFICATION Block 1429 2 Lot 2

Work Site Location 121 Camille Ct

Contractor SAME

Owner in Fee [illegible]
Address [illegible]
Ocean N.J. 07712
Tele. ( )

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:

[✓] BUILDING [✓] PLUMBING [ ] OTHER
[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Dwelling

1160
27840

PAYMENTS (Office Use Only)	
Building	251 -
Plumbing	110 -
Electrical	
Fire Protection	145
Other	PIR 15
Other	
DCA Training Fee	4
Cert. of Occ.	36
Other	
Total	130
Check No.	#10636
Cash	
Collected By:	[illegible]

Receipt printout:

000088	
189488	
BLOCK	0.00
1492.2 #	
LOT	0.00
2 #	
BUILDING	251.00
[illegible]ING	110.00
FIRE	145.00
PLAN RUN	5.00
D C A	15.00
C / O	76.00
TOTAL	452.00
CHECK	452.00
CHANGE	0.00
00000005	2:03

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 $ 40,000

[signature]
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

Spruce

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/17/93
Date Issued
Control #
Permit # 1894-93

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

Block 1429 : 2 Lot C 0121
Work Site Location 121 Camille Ct. Brick Twp. N.J.
Owner in Fee Brick Town Village Inc.
Address 816 Deal Rd. Ocean NJ. 07712
Tele. (908) 493-2330 J Brick 458-4032
Contractor Same As Above
Address " "
" "
Tele ( ) " "
Lic. No. or Bldrs. Reg. No. 31006 3486 Exp. Date 7/31/93
Federal Emp. No. or Social Security No.
TAX ID - 22-1969648

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	8/11/93	JK
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R3A
Constr. Class Present ____ Proposed R3
No. of Stories 2
Height of Structure 24 Ft.
Area—Largest Floor 580 Sq. Ft.
Total Bldg. Area/All Floors 1160 Sq. Ft.
Volume of Structure 27840 Cu. Ft.
Total Land Area Disturbed 600 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ ____

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

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

(Office Use Only)
FEE
$ ____

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

Spruce.
BRICK

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # JUN 4 93 0 0 6 8 9 3
Permit #

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

Block 1429.2 Lot C0121
Work Site Location 121 Camille Ct. Brick Town N.J.
Owner in Fee Brick Town Village One
Address 816 Deal Rd. Ocean N.J. 07712
Tele. (908) 458-4032 Main Off 908-493-2336
Contractor MERCURY Elec
Address 304 GARFIELD AVE OAKHURST
Tele. (908) 531 0473
Lic. No. 192
Federal Emp. No. 222-2337-303 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Dwell/106 Utility Co. JCP&L
Est. Cost of Elec. Work $ 2000

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 5.15.94
Approved By: Richard Pp

INSPECTIONS

Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			1-14-94	MRG455
Temporary			940405	mRG455
Constr. Serv.				
TCO				
Other				
Service				
Final			5-5-94	

Temp. Cut-in-Card Date Issued 940405 mRG455
Final Cut-in-Card Date Issued 5-5-94

Pp

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
10		Fixtures (1)	
35		Receptacles (2)	
10		Switches (3)	
55		Total 1 - 2 - 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
1	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
2 TON	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
6		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
1	Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
1	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
100	Amp	Service Entrance	
		Other	

Administrative Surcharge $
Paid [✓] Check # 13288 Minimum Fee $
RPF DCA Training Fee $
Collected by: TOTAL FEE $ 91.—

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

PRO 220B

pd. by owner

Spruce

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control # JUN 4 93036893
Permit #

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

Block 1429:2 Lot C 0121
Work Site Location 121 Camille Ct. Brick Town N.J.
Owner in Fee Brick Town Village Inc.
Address 816 Deal Rd. Ocean N.J. 07712
Tele. (908) 458-4032 Main Off 908-493-2330
Contractor MERCURY ELEC
Address 304 GARFIELD AVE OAKHURST
Tele. (908) 531 0473
Lic. No. 192
Federal Emp. No. 222-2337-303 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Dwell/NC Utility Co. JC P&L
Est. Cost of Elec. Work $ 2000

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
10		Fixtures (1)	
35		Receptacles (2)	
10		Switches (3)	
55		Total 1 · 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
1	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
2 TON	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
6		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
1	Kw	Water Heater(s)	
1	Kw	Central Heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
1	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
100	Amp	Service Entrance	
		Other	

Paid [ ] Check # 13288 Administrative Surcharge $
RPF Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 71.—

U.C.C. Form F-120B

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

PRO 220B

pd. by check

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8/17/93
Control #
Permit # 1894-93

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

Block 1429.2 Lot 2 C0121
Work Site Location 121 Daniels Court
Brielltown, N.J.
Owner in Fee Brielltown Village Inc
Address 816 Deal Rd
Ocean N.J. 07712
Tele. (908) 458-4032 Modi or 908-493-2330
Contractor Precision Mechanical HVAC Inc.
Address 1311 Allaire Ave
Ocean NJ 07712
Tele. (908) 531-7276
Lic. No.
Federal Emp. No. 22-2993274 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R3A.
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Basement.
Total Est. Cost of Fire Prot. Work $ 3650.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Roto
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 8/11/93
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 5/6/94
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			5/6/94	
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.

H.C. Hagerman
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
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	5	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	4	99
OTHER		

Administrative Surcharge $ 145
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

Square

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8/17/93
Control #
Permit # 1894-93

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

Block 1429.2 Lot C0121
Work Site Location 121 Canuck Court
Brick Town N.J.
Owner in Fee Brick Town Village Inc.
Address 816 Deal Rd.
Ocean N.J. 07712
Tele. (908) 458-4032 Main OR 908-493-2330
Contractor Precision Mechanical HVAC Inc.
Address 1311 Allaire Ave
Ocean NJ 07712
Tele. (908) 531-7276
Lic. No.
Federal Emp. No. 22-2993274 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R3A
Constr. Class Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Basement
Total Est. Cost of Fire Prot. Work $ 3650.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Roto
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 8/11/93
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test	10	11/1		
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.

H.C. Hagerman
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
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	5	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	4	99
OTHER:		

Administrative Surcharge $ 145-
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

Spruce Bldg 35

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/17/93
Date Issued
Control #
Permit # 1894-93

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

Block 1429.2 Lot VC0121
Work Site Location 121 Camille Court
Brick Town N.J.
Owner in Fee Brick Town Village Sr.
Address 816 Deal Rd.
Ocean N.J. 07712
Tele. (908) 458-4032 Mum's DR. 908-493-2330
Contractor Shel-Ron Plumbing
Address 22 Sugarbush Road
Howell, NJ. 07731
Tele. (908) 367-5066
Lic. No. 4954
Federal Emp. No. 22-2110705 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present 1 Proposed
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $4000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 8-11-93
Approved by: JAH

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: JAH
Date: 4-26-94

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			2-8-94	JAH
Water				
Sewer				
Fixtures				
Gas Equipment			3-30-94	JAH
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.

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	10
	Urinal/Bidet	
1	Bath Tub	5
2	Lavatory	10
	Shower	
	Floor Drain	
1	Sink	5
1	Dishwasher	5
	Drinking Fountain	
1	Washing Machine	5
2	Hose Bibb	10
✓	Gas Piping	5
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
	Hot Water Boiler	15
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	15
1	Sewer Connection	
1	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10
	Administrative Surcharge	$ 110
	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

Spruce

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/17/93
Date Issued
Control #
Permit # 1894-93

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

Block 1429.2 Lot C0121
Work Site Location 121 Camelot Court
Brick Town, N.J.
Owner in Fee Brick Town Village Assoc. Inc.
Address 816 Deal Rd.
Ocean, N.J. 07712
Tele. (908) 458-4032 Mavis OR 908-493-2330
Contractor Shel-Ron Plumbing
Address 22 Sugarbush Road
Howell, N.J. 07731
Tele. (908) 367-5066
Lic. No. 4954
Federal Emp. No. 22-2110705 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $4000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 8-11-93
Approved by: JM

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.

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	10
	Urinal/Bidet	
1	Bath Tub	5
2	Lavatory	10
	Shower	
	Floor Drain	
1	Sink	5
1	Dishwasher	5
	Drinking Fountain	
1	Washing Machine	5
2	Hose Bibb	10
✓	Gas Piping	5
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
	Hot Water Boiler	15
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	15
1	Sewer Connection	
1	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	20

Administrative Surcharge $ 110
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $

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

1894

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date 8-11-93

Property Address 121 Camille ct Block 1429.2 Lot C0121

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1: Water Closet	2	( ) 6	( )
2. Lavatory	2	( ) 2	( )
3. Bath Tub	1	( ) 2	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	1	( ) 2	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	( ) 1	( )
9. Washing Machine	1	( ) 3	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17.		( )	( )
18.		( )	( )

Total 16

Gallons per minute 11.6

Size of Service 3/4"

Date: 8-11-93

Approved: _____
Brick Township Plumbing Inspector

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: Evergreen Woods SCD NO.:

BLOCK NO.(s) 1029.2 LOT NO.(s) 117 – 129 ODD

Complete Compliance ☒ Temporary Compliance ☐

Block No.	Lot No.	Conditions
		Bldg. #35 Units 117, 119, 121, 123, 125, 127, 129 Camille Ct.

TOTAL FEES DUE: $

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:

AUTHORIZED DISTRICT SIGNATURE:

DATE: 5/12/94

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date May 13, 1994

NAME Brick Town Village

ADDRESS 816 Deal Rd. Ocean, NJ 07712

PROPERTY LOCATION 121 Camille Court

Account No. V173939 Block 1429.02 Lot 2C-0121

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

RESIDENTIAL WARRANTY CORPORATION™

5300 DERRY STREET, HARRISBURG, PA 17111-3598
NATIONWIDE 1-800-247-1812

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: BRICKTOWN VILLAGE/FISCH

Purchaser(s) Name: _____

Legal Address of Home Enrolled:

35C (Lot) _____ (Block) EVERGREEN WOODS PARK (Development)

121 CAMILLE CT (Street Address)

LAKEWOOD (City) OCEAN (County) NJ (State) 08701 (Zip)

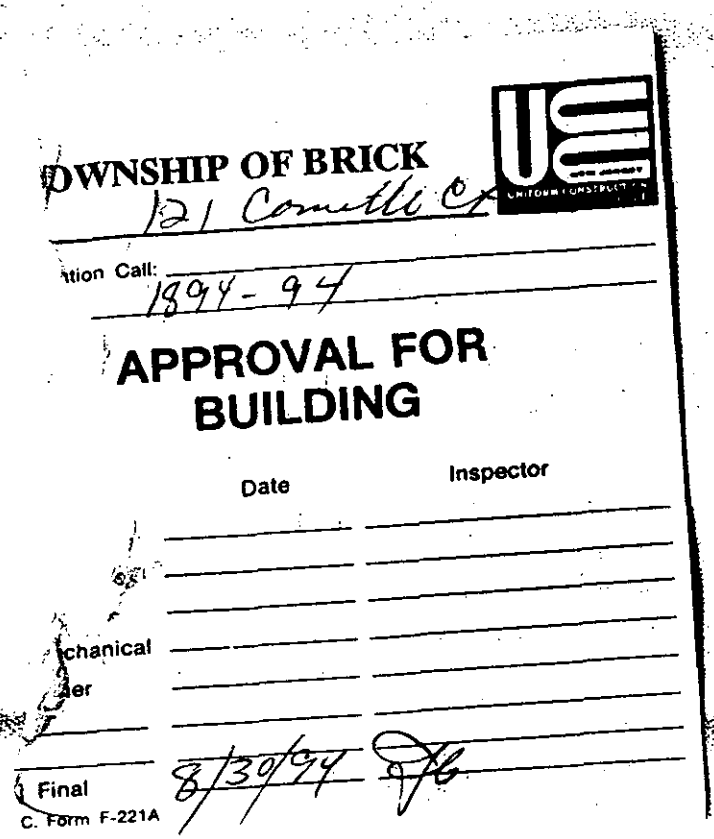
RWC Enrollment No: 867671

Date: JANUARY 13, 1994

RWC SEAL:
(Void unless sealed)

RWC Representative Sandra J. Smith

Form #604
Rev. 10/91



DWNSHIP OF BRICK

121 Cornelia Ct

tion Call:

1894-94

APPROVAL FOR BUILDING

	Date	Inspector
chanical		
ler		
Final	8/30/94	

C. Form F-221A

INSPECTOR: K Shafer

DATE: 5/13/94

JOB: Evergreen Woods

SECTION: 5A/6A

TYPE OF WORK: Final Eng

WEATHER: Sunny

LOCATION: Bldg # 35

TEMPERATURE: 70°'s

BLOCK: 1429

LOT: enclosure

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
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

[JAK] 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.