C11-809

BLOCK 809 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 1375 LANCHMONT PERMIT NO 01-2701

called

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1375 LANCHMONT AVE
2. Name of Owner in Fee: WM + ANDREW NITTOSO Tel. [redacted]
   Address 1506 BEAVER DAM Rd PT PLEASANT NJ (street / municipality / 08742)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: WILLIAM NITTOSO Tel. (732 [redacted]
   Address 1506 BEAVER DAM RD PT PLEASANT
   License No. OR, if new home, Builder Reg. No. 011062 Exp. Date 2/28/02
   Federal Employee No. _____ FAX: (732) 295-5309
5. Architect or Engineer MB HEANN + ASSOC. Tel. (732) 556-9012
   Address 1551 HWY 138 WALL NJ
6. Responsible Person in Charge of Work WILLIAM NITTOSO
   Tel. [redacted] FAX (732) 295-5309

SFD 2 STORY - SLAB
A/C

V. FEE SUMMARY (for office use only)

			JA Update 35	TB Update 35
1.	Building	$ 609		
2.	Electrical	108		
3.	Plumbing	230		
4.	Fire Protection	173		
5.	Elevator Devices			
6.	Subtotal	$ 285		
7.	Less 20% for State Plan Review	T.		
8.	Subtotal	$		
9.	DCA Training Fee	39		
10.	Subtotal			
11.	Cert. of Occupancy	112	15	
12.	Other	2 PER		
13.	TOTAL	$ 436	50	

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	2	
2.	Height of Structure	24 ft.	
3.	Area — Largest Floor	1232 sq. ft.	
4.	New Building Area	1973 sq. ft.	
5.	Volume of New Structure	24357 cu. ft.	
6.	Construction Classification		
7.	Total Land Area Disturbed	7500 sq. ft.	
8.	Flood Hazard Zone		
9.	Base Flood Elevation	ft.	
10.	Wetlands yes		
	no	X	
11.	Max. Live Load		
12.	Max. Occupancy Load		

II. PROPOSED WORK

		Est. Cost	OPTIONAL (for office use only) Plans Rec'd	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☑ New Building	45,000		7/11		7-13-01	KM			
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection	1000				7-19-01	BB			
6.	☐ Plumbing	6500				7-19-01	Affe			
7.	☐ Electrical	4000				7/18-01	CO			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		GMC	7/13/01		7/13/01	JK			
	TOTAL COSTS	56,500								

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

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	0
After Construction	1
Net Gain or Loss	1

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10102439

U.C.C. F100-1 (rev. 3/96)

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 William Nittoso Date 7/9/01

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 William Nittoso
Address 1506 Beaver Dam Rd
Point Pleasant N.J.
Telephone (732) 295-0925
Signature Bradley Nittoso

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

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	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.H.B.P. 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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/03/2002
Control #
Permit # 01-2701

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 809 Lot 8 Qual
Work Site Location 1375 LARCHMONT
S F DWELLING/SLAB
Owner in Fee/Occupant NITTOSO
Address 1506 BEAVER DAMN RD
PT PLEASANT, NJ 08742-
Telephone [redacted]
Contractor WILLIAM NITTOSO
Address 1506 BEAVER DAM RD.
PT PLEASANT, NJ 08742-
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-6368229

Home Warranty No. 154915
Type of Warranty Plan: [X] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

S F DWELLING/SLAB

[X] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] 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/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

J Salerno 6/4/02
CONSTRUCTION OFFICIAL

Fee $ 112
Paid [X] Check No. 2562
Collected by: DC

D.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/03/2002
Control 0
Permit # 01-2701

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 809 Lot 8 Qual
Work Site Location 1375 LARCHMONT
S F DWELLING/SLAB
Owner in Fee/Occupant NITTOSO
Address 1506 BEAVER DAM RD
PT PLEASANT, NJ 08742-
Telephone [redacted]
Contractor WILLIAM NITTOSO
Address 1506 BEAVER DAM RD.
PT PLEASANT, NJ 08742-
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-6368229

Home Warranty No. 154915
Type of Warranty Plan: [X] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

S F DWELLING/SLAB

[X] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved.
If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] 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/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

J Salerno 6/4/02
CONSTRUCTION OFFICIAL
U.C.C. F259 (rev. 3/96)

Fee $ 112
Paid [X] Check No. 2562
Collected by: DC

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued 7-23-01
Control #
Permit # 01-2701
Date Issued 6/4/02

IDENTIFICATION

Block 809 Lot 8
Work Site Location 1375 LARCHMONT AVE.

Owner in Fee ANDREW N. ITTOSO
Address 1464 LEAH CT.
BRICK, N.J. 08724
Te [redacted]

Contractor N/ITTOSO
Address 1464 LEAH CT.
BRICK N.J. 08724
Tel. (732) 458-5142
License No.
Federal Employee No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP R-3 Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 75000.00
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGNED: _____
OWNER/AGENT

- [x] OWNER
- [ ] AGENT

U.C.C. F270
(rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/23/2001
Control #
Permit # 01-2701

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 809 Lot 8 Qual

Work Site Location 1375 LARCHMONT
S F DWELLING/SLAB
Owner in Fee NITTOSO
Address 1506 BEAVER DAMN RD
PT PLEASANT, NJ 08742-
Telephone [redacted]

Contractor WILLIAM NITTOSO
Address 1506 BEAVER DAM RD.
PT PLEASANT, NJ 08742-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-6368229

Is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
S F DWELLING/SLAB

PAYMENTS (Office Use Only)

Building	609
Electrical	108
Plumbing	230
Fire Protection	173
Elevator Devices	0
Other THREE	25
DCA Training Fee	39
Cert. of Occupancy	112
Other	30
Total	1,271
Check No.	2562
Cash	
Collected By	DC

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 $ 55,000

Construction Official

07/23/2001
Date

7/23/01 9:47AM 000000045581
#01270I BUILDING $609.00
ELECTRIC $108.00
PLUMBING $230.00
FIRE $173.00
MISC $25.00
DCA $39.00
CO $112.00
ZPA $15.00
EPA $15.00
XXXTOTAL $1326.00
CHECK $1326.00
CHANGE $0.00
XX01 SERV.001

U.C.C. F170 (rev. 3/98)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 03/23/2002
Control #
Permit # 01-27014A
Permit Issued 07/23/2001

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 909 Lot 6 Qual ______

Work Site Location [illegible]
[illegible]

Owner in Fee [illegible]
Address [illegible]
PT PLEASANT, NJ [illegible]

Telephone [redacted]

Contractor [illegible] CONSTRUCTION
Address [illegible] LEA'L CT
[illegible], NJ [illegible]
Telephone (732)[illegible]
Lic. No. or Bldrs. Reg. No. ______
Federal Emp. No. [illegible]

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER ______
(Subchapter 8 only)

DESCRIPTION OF WORK:
[illegible] PREVIOUSLY APPROVED [illegible] TO [illegible] OF BUILDING/CHANGE OF
[illegible] TO [illegible] AT [illegible]

PAYMENTS (Office Use Only)

Building	[illegible]
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other 21	15
Total	[illegible]
Check No.	[illegible]
Cash	
Collected By	[illegible]

50—

[illegible] Cost $ [illegible]

Construction Official 03/[illegible]/2002

Date

N.J.C. F190 (rev. [illegible])

[illegible]
[illegible] /01
BUILDING $15.00
[illegible] $15.00
CHECK [illegible]

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2001
Date Issued 7/27/01
Control # C11-809
Permit # 012701

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

Block 809 Lot 8 Qual
Work Site Location 1375 LARCHMONT
S F DWELLING/SLAB
Owner in Fee NITTOSO
Address 1506 BEAVER DAMN RD
PT PLEASANT, NJ 08742-
Tele.( ) Fax ( )
Contractor WILLIAM NITTOSO
Address 1506 BEAVER DAM RD.
PT PLEASANT, NJ 08742-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-6368229

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 7-20-01
Approved By: BB

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4-6-02
Approved By: KCCB

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys	3-25-02		4-8-02	BB
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical	3-25-02		4-8-02	BB
Smoke Ctl				
TCO				
Final	3-25-02		4-8-02	BB
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.

Signature

D. TECHNICAL SITE DATA

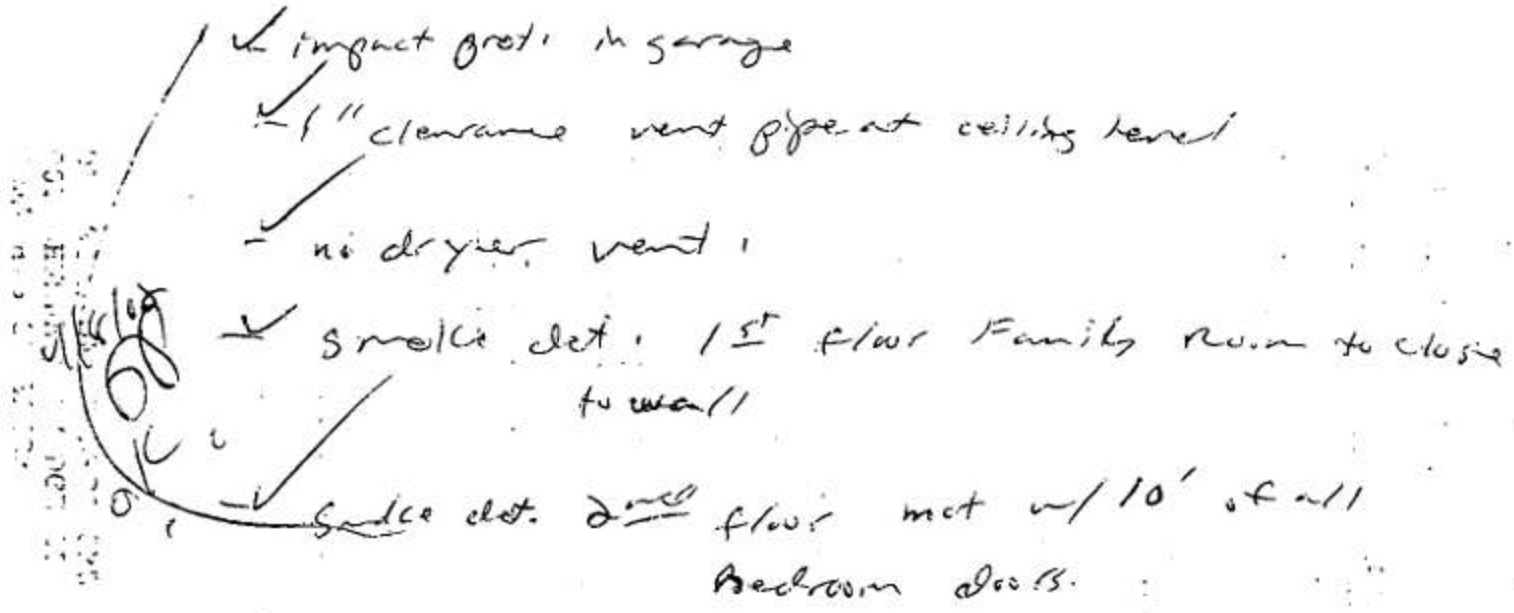
Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] Systen		
Alarm Devices(smoke,heat,pulls,water/flow)	5	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	5	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	3	138
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	173
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)


impact grd. in garage
1" clearance vent pipe at ceiling level
no dryer vent
smoke det. 1st floor Family Room to close to wall
Smoke det. 2nd floor mst w/ 10' of all Bedroom doors.

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2001
Date Issued 7/23/1
Control # C11809
Permit # 012701

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

Block 809 Lot 8 Qual
Work Site Location 1375 LARCHMONT
S F DWELLING/SLAB
Owner in Fee BITTOSO
Address 1506 BEAVER DAM RD
PT PLEASANT, NJ 08742-
Tele.( ) Fax ( )
Contractor WILLIAM BITTOSO
Address 1506 BEAVER DAM RD.
PT PLEASANT, NJ 08742-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-6368229

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
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.
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	5	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	5	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	3	138
Other		0
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 173
	DCA Training Fee	$ 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2001
Date Issued 7/23/01
Control 0 C11809
Permit 0 012701

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

Block 809 Lot 8 Qual
Work Site Location 1375 LARCHMONT
S F DWELLING/SLAB
Owner in Fee RITTOSO
Address 1506 BEAVER DAM RD
PT PLEASANT, NJ 08742-
Tele.(__) Fax (__)
Contractor WILLIAM RITTOSO
Address 1506 BEAVER DAM RD.
PT PLEASANT, NJ 08742-
Tele.(__)
Lic. No. or Hldrs. Reg. No.
Federal Emp. No. 13-6368229

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
Preeng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application.
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	5	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	5	35
Suppression Systems		
Fire Pump 0 GPH Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	3	138
Other		0
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 173
	DCA Training Fee	$ 0

U.C.C. F140 (rev. 3/96)

1375 Larchmont

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2001
Date Issued 7/23/01
Control # C11-809
Permit # 01 2701

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

Block 809 Lot 8 Qual

Work-Site Location 1375 LARCHMONT

S F DWELLING/SLAB

Owner in Fee NITTOSO

Address 1506 BEAVER DAMN RD

PT PLEASANT, NJ 08742-

Tele.(732)477-0854 Fax ( )

Contractor PINELAND PLUMBING

Address 807 MANTOLOKING RD

BRICK, NJ 08723-

Tele.(732)477-0854

Lic. No. or Bldrs. Reg. No. 1722/13610

Federal Emp. No. 22-1853417

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 6,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW :
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7-19-01
Approved By:

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Approved By: KB
Date: 3-22-02

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			4-14-01	
Rough	10-30-01		10-31-01	
Water			10-31-01	
Sewer			10-31-01	
Fixtures	3/16		2-22	KB
Gas Equip.			2-22	KB
Gas Piping			10-30-01	
Solar				
TCO				
Yoke			3/9	KB

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an 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)
3	Water Closet	30
0	Urinal / Bidet	0
1	Bath Tub	10
3	Lavatory	30
2	Shower	20
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
1	Sewer Connection	15
1	Water Service Connection	15
0	Stacks	0
	Other	0
	Other	0

80'
2@60 ea
1 1/4"

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 230
DCA Training Fee $ 0

U.C.C. P130 (rev. 3/96)

3/4/02 ~~All doors~~ locked @ ~~8:30 AM~~

3/9 - (F) strap 1" main in closet using tight strap & insulate dissimilar ~~metals~~ (~~exp & galv straps~~)

3/16 - (1) Secure front sillcock to structure — OK

(2) Protect ext. gas piping from corrosion — OK

(3) Secure rear sillcock to structure — OK

(4) All doors locked @ 8:25 AM - No entry - OK

10-30-01
Northridge

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2001
Date Issued 7/23/1
Control 0 C11-809
Permit 0 01 2701

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

Block 809 Lot 8 Qual

Work Site Location 1375 LARCHMONT
S F DWELLING/SLAB

Owner in Fee NITTOSO

Address 1506 BEAVER DAMM RD
PT PLEASANT, NJ 08742-

Tel [redacted] Fax ( )

Contractor PINELAND PLUMBING

Address 807 HARTOLOKING RD
BRICK, NJ 08723-

Tele.(732)477-0854

Lic. No. or Bldrs. Reg. No. 1722 &3610

Federal Emp. No. 22-1853417

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 6,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] 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				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
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)
3	Water Closet	30
0	Urinal / Bidet	0
1	Bath Tub	10
3	Lavatory	30
2	Shower	20
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
1	Sewer Connection	15
1	Water Service Connection	15
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	230
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2001
Date Issued 7/23/1
Control 0 C11-809
Permit 0 01 2701

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

Block 809 Lot 8 Qual
Work Site Location 1375 LARCHMONT
S F DWELLING/SLAB
Owner in Fee RIZZOSO
Address 1506 BEAVER DAMR RD
PO PLEASANT NJ 08742-
Te [redacted] Fax ( )
Contractor PINELAND PLUMBING
Address 807 MANTOLOKING RD
BRICK, NJ 08723-
Tele.(732)477-0854
Lic. No. or Bldrs. Reg. No. 1722 &3610
Federal Emp. No. 22-1853417

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 6,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] 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				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
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)
3	Water Closet	30
0	Urinal / Bidet	0
1	Bath Tub	10
3	Lavatory	30
2	Shower	20
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
1	Sewer Connection	15
1	Water Service Connection	15
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 230
DCA Training Fee $ 0

U.C.C. P130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2001
Date Issued 7231
Control # C11-809
Permit # 01-2701

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

Block 809 Lot 8 Qual

Work Site Location 1375 LARCHMONT

S F DWELLING/SLAB

Owner in Fee NITTOSO

Address 1506 BEAVER DAMN RD

PT PLEASANT, NJ 08742-

Tele [redacted]

Contractor WILLIAM NITTOSO

Address 1506 BEAVER DAM RD.

PT PLEASANT, NJ 08742-

Tele.( ) Faz ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 13-6368229

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

S F DWELLING/SLAB

As Built Foundation Survey Rec'd

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-13-01	EG
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 5-23-02
Approved By: EWD

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing	Aug	08-01	8/16/2001	
Foundation	per above		9/11/2001	
Slab			9/18/2001	
Frame	12/17 (over)		12/28/2001	
BarrierFree	12/19 over			
Insulation			12/27/2001 over	
Finishes	4/19/2002 (over)			
Energy				
Mechanical				
TCO				
Other				
Final	5/14/2002 (over)			
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed R-3
Constr. Class	Present	Proposed
No. of Stories		2
Height of Structure		24 Ft.
Area Largest Floor		1,232 Sq. Ft.
New Bldg. Area/All Floors		1,973 Sq. Ft.
Volume of New Structure		24,357 Cu. Ft.
Total Land Area Disturbed		7,500 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 45,000
2. Alteration $ 0
3. Total (1+2) $ 45,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 609
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 609
DCA Training Fee	$ 39

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

12/17/2001 Not Ready No Rough approval, no plans on site JKC

12/18/2001 Needs Hangers both S1025 16"oc AND Notched center 3rd of Floor Joist. OK TO FMS JKC

12/24 Partial Need more cutting in downstairs room again for plmg, and chase hangers in attic. otherwise OK JKC

4/19/2002 Caulk Garage Door BRACKETS CAULK EXT Pipes AND Pipes IN closet WALL TO GARAGE Door TO GARAGE IS ONLY 30" WITH 27½ CLEAR OPENING
No Approved plans on site. JKC
Where does Dryer VENT OUT??

5/16/2002 Above Corrected
Deck BALISTER SPACING & HANDRAIL WIDTH
No Good ~~Approved~~ JKC

INSPECTION RECORD
SUBCODE
BUILDING
DCC MAN CENTER

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/19/2002
Date Issued ~~01/01/1954~~
Control # 5-20-02
Permit # 01-2701+A

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

Block 809 Lot 8 Qual
Work Site Location 1375 LARCHMONT
MOVE DECK/CHANGE WINDOW
Owner in Fee NITTOSO
Address 1506 BEAVER DAWN RD
PT PLEASANT, NJ 08742-
Tel [redacted]
Contractor NITTOSO CONSTRUCTION
Address 1464 LEAH CT
BRICK, NJ 08724-
Tel [redacted] Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-8481394

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

MOVING PREVIOUSLY APPROVED 12X12 DECK TO CORNER OF BUILDING/CHANGE 3' WINDOW TO 3' DOOR AT DINNING ROOM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-7-02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-23-02
Approved By: FM

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 1,000
2. Alteration $ 0
3. Total (1+2) $ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK		FEE (Office Use Only)
[X] New Building		$ 0
[ ] Addition		0
[ ] Alteration		0
[ ] Roofing		0
[ ] Siding		0
[ ] Fence 0	Height (exceeds 6')	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatemen* %JAC 5:17		0
[ ] Other		0
Other		0
[ ] Demolition		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 35
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/19/2002
Date Issued ~~01/01/1954~~
Control # 5-20-02
Permit # 01-2701+A

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

Block 809 Lot 8 Qual
Work Site Location 1375 LARCHMONT
MOVE DECK/CHANGE WINDOW
Owner in Fee MITTOSO
Address 1506 BEAVER DAMN RD
PT PLEASANT, NJ 08742-
Tel [redacted]
Contractor MITTOSO CONSTRUCTION
Address 1464 LEAH CT
BRICK, NJ 08724-
Tele.(732)458-5142 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-2481394

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

MOVING PREVIOUSLY APPROVED 12X12 DECK TO CORNER OF BUILDING/CHANGE 3' WINDOW TO 3' DOOR AT DINING ROOM

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Req.
[X] All 5-7-02 EW
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS — Dates (Month/Day) — Failure — Failure-Approval — Initial

Type	Failure	Failure-Approval	Initial
Footing			
Foundation			
Slab			
Frame			
BarrierFree			
Insulation			
Finishes			
Energy			
Mechanical			
TCO			
Other			
Final			
BarrierFree			

TYPE OF WORK — FEE (Office Use Only)

[X] New Building		$ 0
[ ] Addition		0
[ ] Alteration		0
[ ] Roofing		0
[ ] Siding		0
[ ] Fence 0	Height (exceeds 6')	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[ ] Other		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 1,000
2. Alteration $ 0
3. Total (1+2)$ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 35
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/19/2002
Date Issued ~~03/03/1994~~ 5-20-02
Control #
Permit # 01-2701+A

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

Block 690 Lot 8 Qual
Work Site Location 1375 LARCHMONT
HOME DECK/CHANGE WINDOW
Owner in Fee MITTOSO
Address 1506 BRAKER DOCK RD
PT PLEASANT, NJ 08742-
Tel [redacted]
Contractor DILLMAN CONSTRUCTION
Address 1464 LEAR CT
BRICK, NJ 08724-
Tele. (732)458-5142 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-3621304

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

MOVING PREVIOUSLY APPROVED 12X12 DECK TO CORNER OF BUILDING/CHANGE 3' [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Req.
[X] All 5-20-02
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure			
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
FCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R-3
Constr. Class Present ____ Proposed ____
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 1,000
2. Alteration $ 0
3. Total (1+2) $ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 35
Collected by: TOTAL FEE	$ 35
DCA Training Fee	$ 0

D.C.C. F116 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2001
Date Issued 7/23/1
Control 0 C11-809
Permit # 01-2704

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

Block 809 Lot 8 Qual
Work Site Location 1375 LARCHMONT
S F DWELLING/SLAB
Owner in Fee HITTOSO
Address 1506 BEAVER DAMM RD
PT PLEASANT, NJ 08742-
Te[redacted]
Contractor WILLIAM HITTOSO
Address 1506 BEAVER DAM RD.
PT PLEASANT, NJ 08742-
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-6368229

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

S F DWELLING/SLAB

As Built Foundation Survey Req

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-13-01	KG
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 24 Ft.
Area Largest Floor 1,232 Sq. Ft.
New Bldg. Area/All Floors 1,973 Sq. Ft.
Volume of New Structure 24,357 Cu. Ft.
Total Land Area Disturbed 7,500 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 45,000
2. Alteration $ 0
3. Total (1+2)$ 45,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 609
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 609
DCA Training Fee	$ 39

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2001
Date Issued 7/23/1
Control # C11-809
Permit # 01-2701

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

Block 809 Lot 8 Qual
Work Site Location 1375 LARCHMONT
S F DWELLING/SLAB
Owner in Fee NITTOSO
Address 1506 BEAVER DAM RD
PT PLEASANT, NJ 08742-
Tel [redacted]
Contractor WILLIAM NITTOSO
Address 1506 BEAVER DAM RD.
PT PLEASANT, NJ 08742-
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-6368229

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

S F DWELLING/SLAB

As Built Foundation Survey Req

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7/30	KA
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 24 Ft.
Area Largest Floor 1,232 Sq. Ft.
New Bldg. Area/All Floors 1,973 Sq. Ft.
Volume of New Structure 24,357 Cu. Ft.
Total Land Area Disturbed 7,500 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 45,000
2. Alteration $ 0
3. Total (1+2) $ 45,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 609
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 609
DCA Training Fee	$ 39

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2001
Date Issued 7/31/01
Control # C11-809
Permit # 012707

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

Block 809 Lot 8 Qual
Work Site Location 1375 LARCHMONT
S F DWELLING/SLAB
Owner in Fee NITTOSO
Address 1506 BEAVER DAMN RD
PT PLEASANT, NJ 08742-
Tel [redacted] Fax (__)
Contractor BURRER ELECTRIC
Address PO BOX 4075
BRICK, NJ 08723-
Tele.(732)255-7932
Lic. No. or Bldrs. Reg. No. 4872
Federal Emp. No. 22-1814013

B. ELECTRICAL CHARACTERISTICS

Use Group - Present ____ Proposed R-3
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as ____ Utility Co. ____
Estimated Cost of Electrical Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7-18-01
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			7/19/01	

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
16		Lighting Fixtures	
42		Receptacles	
32		Switches	
5		Detectors	
0		Light Poles	
2		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
97		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
1	3	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	100	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other ____	0
		Other ____	0

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 Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge	$	0
Paid [ ] Check # ____ Minimum Fee	$	0
Collected by: ____ TOTAL FEE	$	108
DCA Training Fee	$	0

U.C.C. P120 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2001
Date Issued 07/23/2001
Control 0
Permit # 01-2701

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

Block 809 Lot 8 Qual
Work Site Location 1375 LARCHMONT
S F DWELLING/SLAB
Owner in Fee MITTOSO
Address 1506 BEAVER DAMM RD
PT PLEASANT, NJ 08742-
Tel [redacted] Fax ( )
Contractor EUREKA ELECTRIC
Address PO BOX 4075
BRICK, NJ 08723-
Tele.(732)255-2822
Lic. No. or Bldrs. Reg. No. 4872
Federal Emp. No. 22-1814013

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 21402
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			2601	
Temp Serv			72701	
Const Serv				
TCO				
Other				
Service				
Final			21402	

Temp. Cut-in-Card Date Issued 12701
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 an authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
18		Lighting Fixtures	
42		Receptacles	
32		Switches	
5		Detectors	
0		Light Poles	
2		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
87		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
1	3	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	100	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [X] Check # 2582 Minimum Fee $ 0
Collected by: DC TOTAL FEE $ 108
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/98)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2001
Date Issued 07/23/2001
Control 0
Permit # 01-2701

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

Block 809 Lot 8 Qual
Work Site Location 1375 LARCHMONT
S F DWELLING/SLAB
Owner in Fee MITTOSO
Address 1508 BEAVER DAMM RD
PT PLEASANT, NJ 08742-
Tel [redacted]
Contractor FORCAN ELECTRIC
Address PO BOX 4075
BRICK, NJ 08723-
Tele.(732)255-2822
Lic. No. or Bldrs. Reg. No. 4872
Federal Emp. No. 22-1814013

B. ELECTRICAL CHARACTERISTICS

Use Group - Present _____ Proposed R-3
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: _____
Approved By: _____

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const 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 an authorized to make this application and perform the work listed on this application.

_____
Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
16		Lighting Fixtures	
42		Receptacles	
32		Switches	
5		Detectors	
0		Light Poles	
2		Motors-Fract HP	
0		Energency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
97		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
1	3	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	100	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other _____	0
		Other _____	0

Administrative Surcharge $ 0
Paid [X] Check # 2562 Minimum Fee $ 0
Collected by: DC TOTAL FEE $ 100
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2001
Date Issued 07/23/2001
Control 0
Permit 0 01-2701

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

Block 809 Lot 8 Qual

Work Site Location 1375 LARCHMONT
S F DWELLING/SLAB

Owner in Fee HITTOSO

Address 1506 BEAVER DAMN RD
PT PLEASANT, NJ 08742-

T [redacted]

Contractor EUREKA ELECTRIC

Address PO BOX 4075
BRICK, NJ 08723-

Tele.(732)255-2822

Lic. No. or Bldrs. Reg. No. 4872

Federal Emp. No. 22-1816013

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-3

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const 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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
18		Lighting Fixtures	
62		Receptacles	
32		Switches	
5		Detectors	
0		Light Poles	
2		Motors-Fract HP	
0		Energency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
97		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
1	3	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	100	AMP Service	60
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [X] Check # 2582 Minimum Fee $ 0
Collected by: DC TOTAL FEE $ 100
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHANGERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2001
Date Issued 07/23/2001
Control #
Permit # 01-2701

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

Block 649 Lot 8 Qual
Work Site Location 1315 [illegible]
S E CORNER [illegible]
Owner in Fee HITTOSO
Address 1500 BEAVER DAM RD
PT PLEASANT, NJ 08742-
Tele [redacted] ( )
Contractor EUREKA ELECTRIC
Address PO BOX 5075
BRICK, NJ 08723-
Tele.(732)255-2922
Lic. No. or Bldrs. Reg. No. 5022
Federal Reg. No. 22-1916813

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-2
[ ] Public [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 3,000

FOR SUBMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plmb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

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

INSPECTIONS

Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Final Serv				
Tel				
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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

No.	SIZE	Item	FEE (Office Use Only)
16		Lighting Fixtures	
42		Receptacles	
32		Switches	
5		Detectors	
8		Light Poles	
2		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
47		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	4
0		Storable Pool/Spa/Hot Tub	0
0	0	UW Elect Range/Receptacle	0
0	0	UP Oven/Surface Unit	0
0	0	UW Elect Water Heater	0
0	0	UW Elect Dryer/Receptacle	0
1	1	UW Dishwasher	0
0	0	UW Garbage Disposal	0
0	0	UW Central A/C Unit	0
1	3	UP/UW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	UP Motors 1/+ HP	0
0	0	EC Transformer/Generator	0
1	100	AMP Service	50
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	UP Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $
Paid [x] Check # 3580 Mileage Fee $
Collected by: MA TOTAL FEE $ 50
DCA Training Fee $

N.J.C. #120 (rev. 5/95)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2001
Date Issued 7/23/01
Control # C11-809
Permit # 012701

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

Block 809 Lot 8 Qual
Work Site Location 1375 LARCHMONT
S F DWELLING/SLAB
Owner in Fee RITTOSO
Address 1506 BEAVER DAMM RD
PT PLEASANT, NJ 08742-
Tele [redacted] Fax (__)
Contractor EUREKA ELECTRIC
Address PO BOX 4075
BRICK, NJ 08723-
Tele.(732)255-7932
Lic. No. or Bldrs. Reg. No. 4872
Federal Emp. No. 22-1814013

B. ELECTRICAL CHARACTERISTICS

Use Group - Present ____ Proposed R-3
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as ____ Utility Co. ____
Estimated Cost of Electrical Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7-18-01
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const 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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
16		Lighting Fixtures	
42		Receptacles	
32		Switches	
5		Detectors	
0		Light Poles	
2		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
97		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
1	3	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	100	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other ____	0
		Other ____	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 108
DCA Training Fee	$ 0

Paid [ ] Check # ____
Collected by: ____

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/11/2001
Date Issued 7/27/01
Control 0 C11-809
Permit 0 01-2701

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

Block 809 Lot 8 Qual
Work Site Location 1375 LARCHMONT
S F DWELLING/SLAB
Owner in Fee NITTOSO
Address 1506 BEAVER DAM RD
POINT PLEASANT, NJ 08742-
Tele. [redacted] Fax ( )
Contractor ELECTRIC
Address PO BOX 4075
BRICK, NJ 08723-
Tele.(732)255-7932
Lic. No. or Bldrs. Reg. No. 4872
Federal Emp. No. 22-1814013

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const 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 an authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
16		Lighting Fixtures	
42		Receptacles	
32		Switches	
5		Detectors	
0		Light Poles	
2		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
97		TOTAL NUMBERS	50
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
1	3	HP/KW Space Heater/Air Handler	9
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	100	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 108
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: July 11, 2001 **No. 1.1138**

Block: 809 **Lot:** 8 **Zone:** R-7.5

Property Address: 1375 Larchmont Avenue

Applicant: William Nittoso

Property Owner: Same.

Existing Use: Vacant lot.

Proposed Use: Single-family residential.

Proposed Construction: Two-story single-family dwelling, 24' x 44', 24' high, with optional first and second floor rear decks, 12' x 12'.

Conditions: Subdivision exemption certificate approved on March 5, 2001.
The house and decks must be set back at least 25 feet from the front property line, at least six (6) feet from the side property lines and at least 15 feet from the rear property line.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect.
This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
JUL 11 2001
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

N/A

Block 809 Lot 8 Qualifier _____

PROPERTY ADDRESS 1375 LANCHMONT AVE

PERSONAL NAME OF APPLICANT William Nittoso

BUSINESS NAME OF APPLICANT N/A

PROPERTY OWNER Wm + Andrew Nittoso

PRESENT USE OF PROPERTY (check all that apply)

☑ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) _____

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☑ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION (check all that apply)

☑ New Building (please describe) SFD ON SLAB
☐ Addition
☐ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State and Federal Regulations.

Signature of applicant William Nittoso Date 7/11/01

Reviewed by Zoning Office SK Date 7-11-1 (X) Approved ( ) Denied

115-52?K

CALL WHEN READY

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 EAST
BRICK, NEW JERSEY 08724
(908) 458-7000

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Andrew Nittoso PHONE N [redacted] (bus.)

ADDRESS: 1464 Leah Court _____ (home)

Brick, NJ 08723

PROPERTY IN QUESTION: ADDRESS 1375 Larchmont Ave.

BLOCK(S) 809 LOT(S) 8-10

BTMUA ACCOUNT NO. L176807 TAX MAP DRAWING NO. 44D

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____

COMMERCIAL _____ MAJOR SUBDIVISION _____

	WATER	SEWER
1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS **REQUIRED.**	X	X

CONNECTION WILL BE PROVIDED AS FOLLOWS: INITIAL SERVICE CHARGES

WATER LARCHMONT AVENUE (STREET) 3/4" 1971.00 1" 3440.00

SEWER LARCHMONT AVENUE (STREET) 2601.00

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. APPLICATION FOR EXTENSION IS ☐ IS NOT ☐ REQUIRED.

3. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. IT SHALL BE AVAILABLE UPON COMPLETION OF WORK BY A DEVELOPER UNDER APPLICATION NO. _____ CONTACT THE AUTHORITY TO CONFIRM AVAILABILITY OF SERVICES.

DATE: March 12, 2001 SIGNED: James A Allen

C.G. 3/8/01

NOTE: STATEMENT GOOD FOR ONE YEAR.

UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA
2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.
3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET. SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 8 AND 12 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF $15 FOR EACH SERVICE).
5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.
6. CERTIFICATE OF COMPLIANCE

   THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ALL FEES MUST BE PAID IN FULL.

CALL WHEN READY

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 EAST
BRICK, NEW JERSEY 08724
(908) 458-7000

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Andrew Nittoso PHONE NO [redacted] (bus.)

ADDRESS: 1664 Leah Court _____ (home)

Brick, NJ 08723

PROPERTY IN QUESTION: ADDRESS 1375 Larchmont Ave.

BLOCK(S) 809 LOT(S) 8-10

BTMUA ACCOUNT NO. L176807 TAX MAP DRAWING NO. 44D

SINGLE FAMILY RESIDENCE X MINOR SUBDIVISION _____

COMMERCIAL _____ MAJOR SUBDIVISION _____

	WATER	SEWER
1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS **REQUIRED.**	X	X

CONNECTION WILL BE PROVIDED AS FOLLOWS:

INITIAL SERVICE CHARGES

WATER LARCHMONT AVENUE (STREET) 3/4" 1971.00 1" 3440.00

SEWER LARCHMONT AVENUE (STREET) 2601.00

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DATE: March 12, 2001 SIGNED: James C. Allen

C.G. 3/8/01

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6. CERTIFICATE OF COMPLIANCE

   THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ALL FEES MUST BE PAID IN FULL.

INSPECTOR: DARREN P. TERRAZZI

DATE: 5/31/02

JOB: SECTION:

TYPE OF WORK: FINAL

WEATHER: SUNNY

LOCATION: 1375 LARCHMONT DR

TEMPERATURE: 70°

BLOCK: 809 LOT: 8-10

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	X	
2. Grading	X	
3. Sidewalk	X	
4. Road Pavement	X	
5. Landscaping & Sodding	X	
6. Clean-up Procedures	X	
7. Note on going construction in immediate area	X	
8. Safety	X	

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. Hoppe 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.

INSPECTOR: DARREN P. TERRIZZI | DATE: 5/13/02

JOB: | SECTION: | TYPE OF WORK: FINAL

WEATHER: Cloudy | LOCATION: 1375 Larchmont dr

TEMPERATURE: 50° | BLOCK: 809 | LOT: 8-10

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	X	
2. Grading		X
3. Sidewalk	N/A	
4. Road Pavement	N/A	
5. Landscaping & Sodding		X
6. Clean-up Procedures	X	
7. Note on going construction in immediate area	X	
8. Safety		X

COMMENTS REFERENCING ITEM NUMBER: (2) Roots exposed on three trees along western property line. Washouts under a/c unit, along retaining wall and under deck steps. Erosion in front corner of driveway.
(5) Spot grading.
(8) washouts under deck steps will eventually undermine the footing creating a hazard. trees with roots exposed will die in a year or two and fall on house or house next store this is also a hazard.

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☒ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[Thomas K. Hagan] MUNICIPAL ENGINEER

Darren Terrizzi

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.

SHADE TREE PERMIT

RECEIPT OF FEES

BLOCK: 809

LOT: 8-10

FEE: $ 25.00

INSPECTION

APPLICATION FOR SHADE TREE PERMIT
ORDINANCE # 158-E-99

Telephone # 598-2441

1. Name of Applicant & Address Wm Nittaso
1506 Beaver Dam Rd. Pt. Pleasant, NJ. 08742
Give name and address of person applying for permit. If applicant is other than owner, give and identify names and addresses of both.

2. Property is Block 809, Lot(s) 8-10
This information is available from your deed or tax bill.

3. Address if different from applicant 1325 LARCHMONT Ave.
Give street and number if one is assigned. If there is no street number, estimate distance and direction from nearest intersection or other easily recognizable land mark.

4. Location of trees on property Scattered and number of trees presently on property 50.

A. FOR INDIVIDUAL BUILDING LOTS:

Provide either a copy of a recent survey or a sketch of the property drawn to scale including any pertinent distances not easily read from the sketch.

Include existing buildings, driveways and other constructions in SOLID LINES. Show all existing trees (see note below) with a circle. Trees may be keyed as to genus and species if desired, otherwise include a C inside circle for coniferous (pine, etc.) trees and A D for dedidous trees.

Note* Trees to be removed will have an X through the circle.

If removal is desired because of proposed construction of any kind, include such construction in DOTTED LINES and identify. If planting of new trees (including but not limited to those in note below) is proposed in application to replace those removed, or for any other reason, show approximate proposed location with a DOTTED CIRCLE and specify species and approximate planting size (height and caliper).

There should be a minimum of one tree for each 2000 square foot after all tree removal and replacement. (e.g. an 80 X 100 Ft lot includes 8000 SF and would require a minimum of 4 trees).

B. FOR OTHER ACREAGE

Include copy of subdivision plot plan or equivalent outlining all wooded areas and solitary trees. Identify each (e.g."heavily wooded mature oak with scattered Dogwood" or "sparsely wooded mixed Pitch Pine and small Oak, etc).

Same minimum of one tree per 2000 SF as above is required.

APPLICATION FOR SHADE TREE PERMIT- Ordinance # 158-E-99
Page 2

Note*

"Tree" for the purpose of this permit means (1) any live coniferous tree 4" or more DBH (diameter breast high) (2) any dediduous tree (live) 3" or more DBH (3) any live American Holly or Dogwood 1" or more, one foot above ground and (4) any live Laurel 3" or more across root crown.

Date 3/12/01

Name of Applicant Wm Nitoso

Address 1506 Beaver Dam Rd.

Pt. Pleasant, NJ. 08742

Block 809 Lot 8-10

Residential ✓ Commercial _____

Address if different from applicant 1375 Larchmont Ave.

Scattered

LOCATION OF TREES ON PROPERTY

50

NUMBER OF TREES PRESENTLY ON PROPERTY

FEES

$5.00 per tree (maximum $25.00) on individual building lot

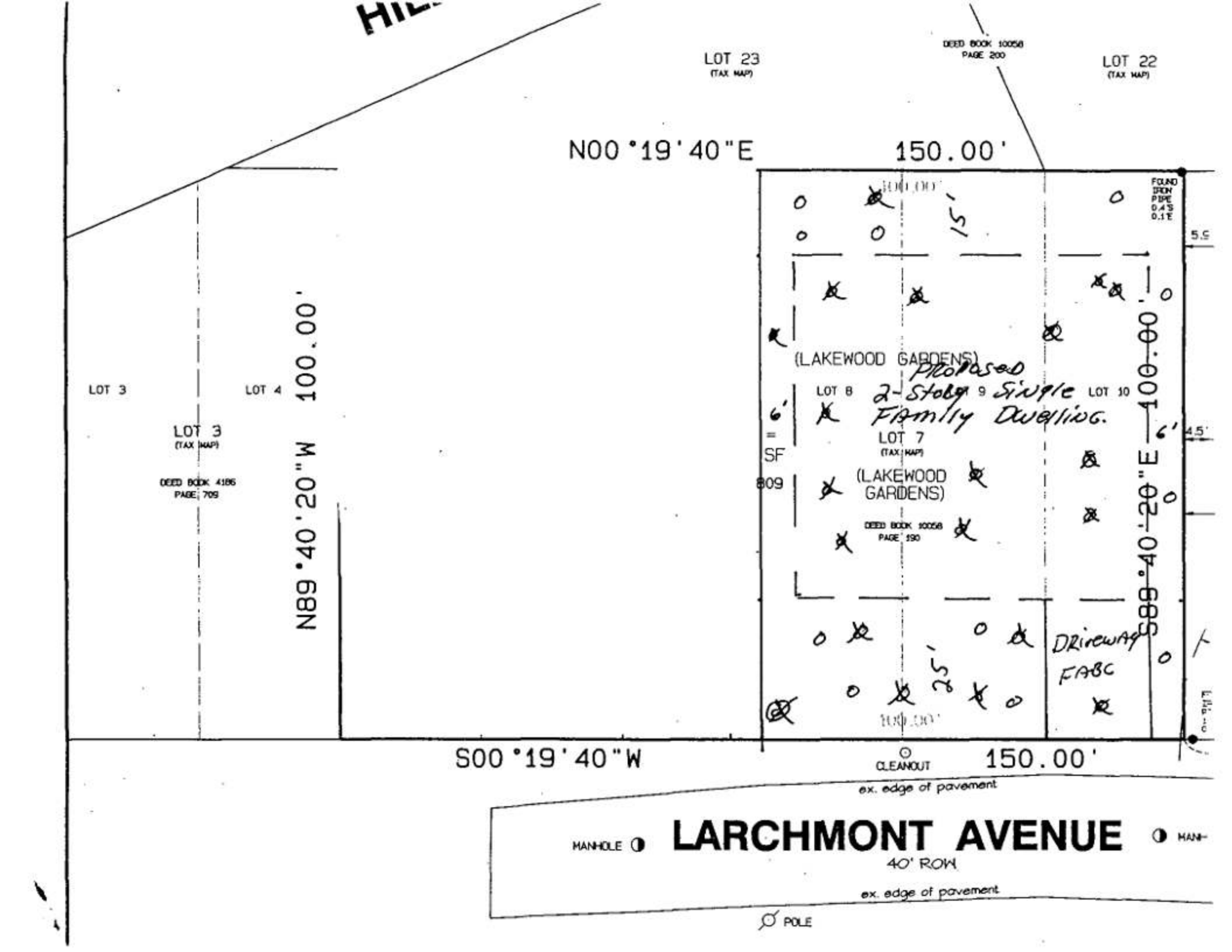
$25.00 per acre for approved subdivisions/site plans

AMOUNT OF FEE $25.00

Reviewed by _____

Approved _____ Date 7/13/01

Township Engineer


LOT 23
(TAX MAP)
DEED BOOK 10058
PAGE 200
LOT 22
(TAX MAP)
N00°19'40"E 150.00'
FOUND IRON PIPE 0.4'S 0.1'E
15'
5.5'
(LAKEWOOD GARDENS)
Proposed 2-Story Single Family Dwelling.
LOT 3
LOT 4
LOT 8
LOT 9
LOT 10
6'
LOT 3
(TAX MAP)
DEED BOOK 4186
PAGE 709
N89°40'20"W 100.00'
LOT 7
(TAX MAP)
(LAKEWOOD GARDENS)
DEED BOOK 10058
PAGE 190
4.5'
S89°40'20"E 100.00'
6'
DRIVEWAY
FABC
25'
S00°19'40"W
CLEANOUT
150.00'
ex. edge of pavement
MANHOLE
LARCHMONT AVENUE
40' ROW
ex. edge of pavement
POLE

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
New Home Warranty Program
This is to certify that

WILLIAM R NITTOLO

is a registered builder under the New Home Warranty and Builder Registration Act, (N.J.S.A. 46:3B.1 et. seq.)

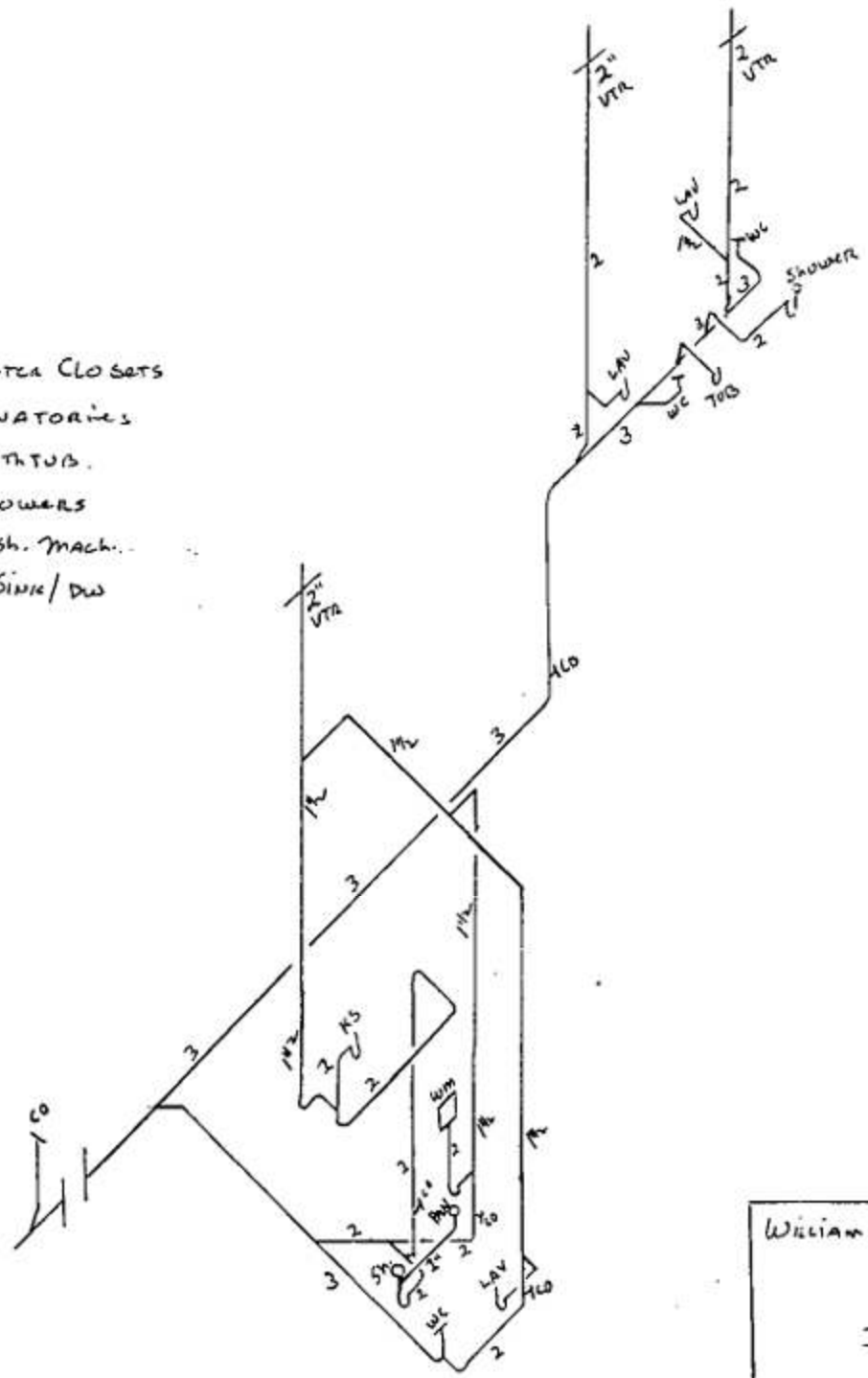
REGISTERED BUILDER

(This registration expires on the date stamped.)

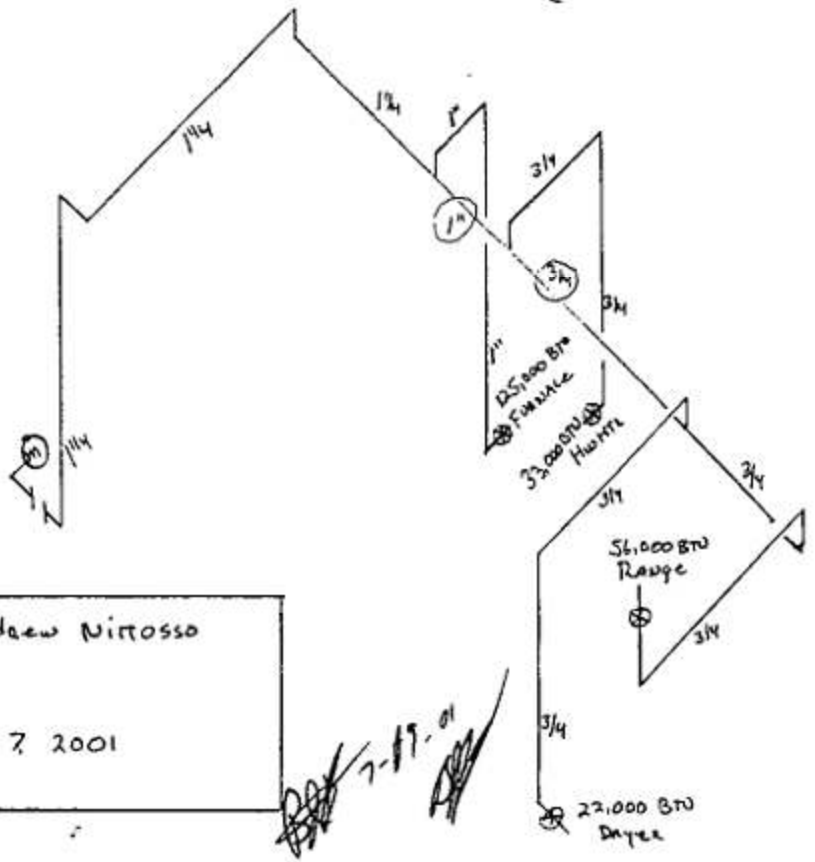
Director

211062 FEB 28 8

3 - WATER CLOSETS
3 - LAVATORIES
1 - BATHTUB
2 - SHOWERS
1 - WASH. MACH.
1 - KIT SINK / DW



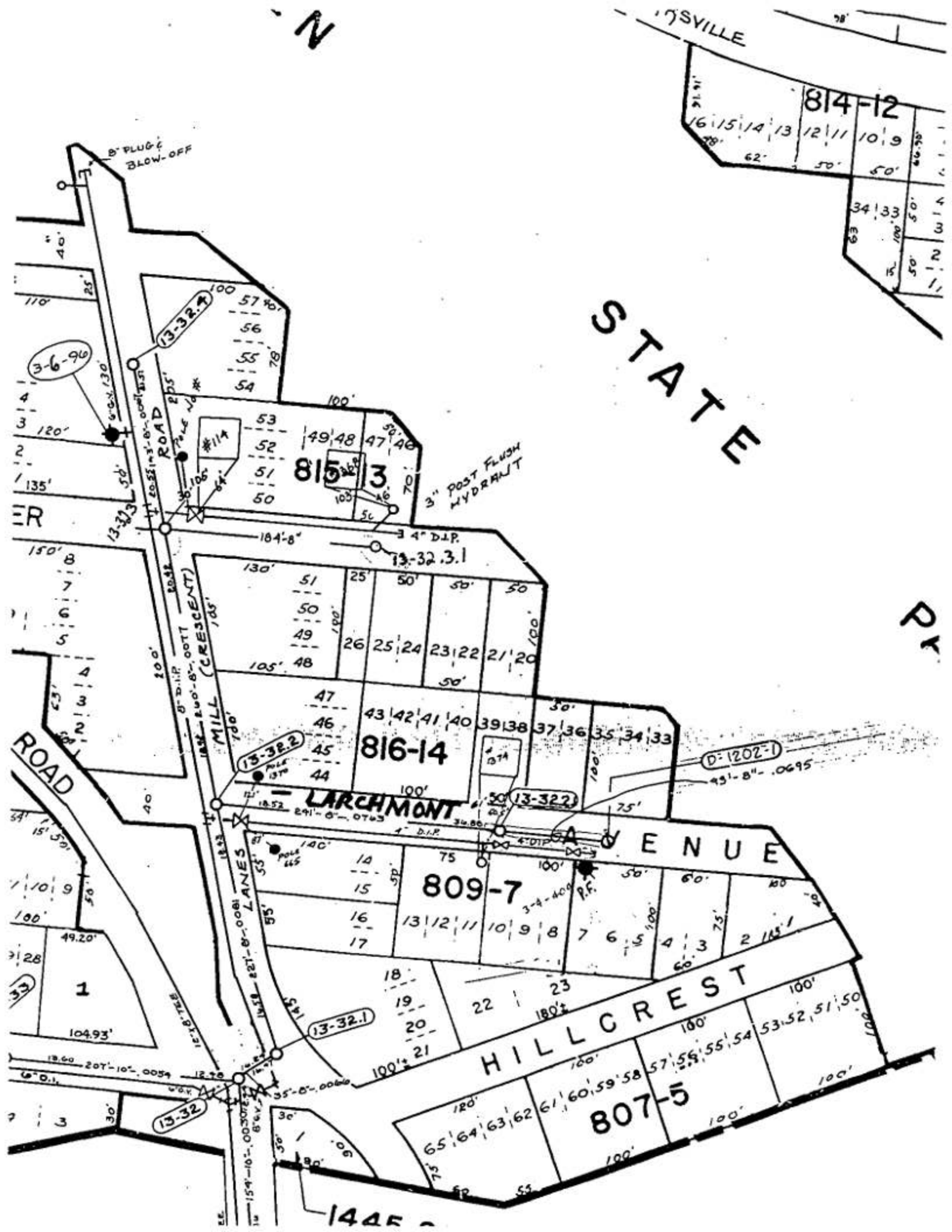
236,000 BTU INPUT TOTAL
@ 72 PSI (METER TO RANGE)



William + Andrew Nittosso

July 7 2001

7-19-01


8" PLUG & BLOW-OFF
814-12
STATE
815-13
3" POST FLUSH HYDRANT
3 4" D.I.P.
13-32.3.1
MILL ROAD
(CRESCENT)
816-14
LARCHMONT
AVENUE
809-7
HILLCREST
807-5
LANES
13-32.4
3-6-96
13-32.2
13-32.3
13-32.1
13-32
D-1202-1
1445

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD · BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:
Kathy M. Russell - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Tony R. Shupin
Frederick J. Underwood, Sr.

DEPARTMENT OF ADMINISTRATION & FINANCE

OFFICE OF LAND USE MANAGEMENT
Michael P. Fowler, AICP/PP
Municipal Planner
(732) 262-1042
Fax: (732) 262-8954
http://www.twp.brick.nj.us

SUBDIVISION SEARCH OFFICE

3/5/01

TO: William Nittoso
1506 Beaver Dam Road
Pt. Pleasant, NJ 08742

RE: SUBDIVISON CERTIFICATION
Block 809 , Lots 5-10
Brick, N.J.

CERTIFICATE AS TO APPROVAL OF SUBDIVISION OF LAND N.J.S. 40:55D-56

I, Michael P. Fowler, Municipal Planner of the Township of Brick, Ocean County, New Jersey, do hereby certify:

a. There exists in the Township of Brick a duly established Planning Board and there exists in said Township a duly adopted ordinance regulation and subdivision of lands, enacted under the authority of the Municipal Land Use Law, Chapter 291, Laws of N.J. 1985.

b. The subdivision or resubdivision, as it relates to the land shown in the application has/has not been approved by the Brick Township Planning Board or Council.

DATE OF APPROVAL: Not Applicable

c. The subject property **CAN** be statutorily exempt from the requirement of subdivision approval as explained in the **NOTE** below.

I have hereunto affixed my hand and the seal on this 5th day of March, 2001.

Michael P. Fowler, AICP/PP
Municipal Planner

Fee $10.00
Search No. 1-01

CC: Twp Clerk
Tax Assessor
Tax Collector
Zoning Officer
Richard Garnett, MUA
File

NOTE: The requested subdivision creates two (2) fully Conforming lots in the R-7.5 Single Family Residential Zone (Block 809, Lot 5,6&7 and Block 809, Lots 8,9 & 10.

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Wm + Andrea NITTOSO DATE 7/9/01

PROPERTY ADDRESS 1375 LARCHMONT AVE BLOCK 809 LOT 8

ZONING R-75 USE GROUP R3

CONTRACTOR Pinfland Plumbing LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1: BATHROOM GROUP	3 ( )	9 ( )	( )
2: KITCHEN GROUP	1 ( )	2 ( )	( )
3: WATER CLOSETS	( )	( )	( )
4: LAVATORY	( )	( )	( )
5: BATH TUB	( )	( )	( )
6: SHOWER STALL	( )	( )	( )
7: KITCHEN SINK	( )	( )	( )
8: SERVICE SINK	( )	( )	( )
9: LAUNDRY TRAY	( )	( )	( )
10: DISHWASHER	( )	( )	( )
11: WASHING MACHINE	1 ( )	4 ( )	( )
12: URINAL	( )	( )	( )
13: FLOOR DRAIN	( )	( )	( )
14: DRINK FOUNTAIN	( )	( )	( )
15: AIR COND WATER COOLED	( )	( )	( )
16: DENTAL UNIT	( )	( )	( )
17: LAWN SPRINKLE	( )	( )	( )
18: FIRE SPRINKLE	( )	( )	( )
19: HOSE BIBS	2 ( )	3.5 ( )	( )

TOTAL 18.5

GALLONS PER MINUTE 14

SIZE OF SERVICE 1"

DATE: 7-19-01 APPROVED: _____

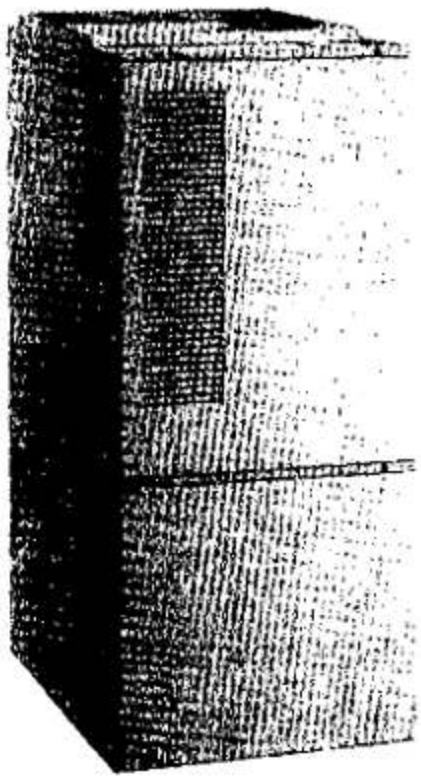
TECHNICAL SPECIFICATIONS

G6RA Series

High Efficiency Upflow/Horizontal Gas Furnace

Induced Draft - 80+ AFUE

Input 45,000 - 144,000 Btuh

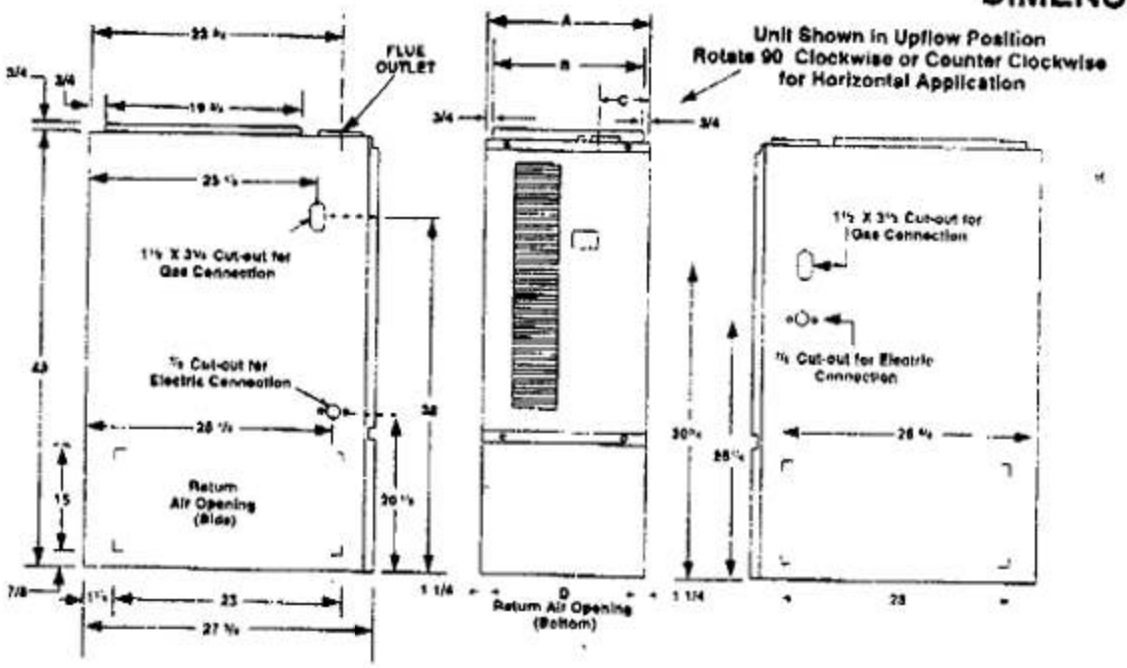


The high efficiency upflow gas furnace may be installed free standing in a utility room, basement, or enclosed in an alcove or closet. The extended flush jacket provides a pleasing "appliance appearance." Design certified by the American Gas Association (AGA) Laboratories and the Canadian Gas Association (CGA) Laboratories. The product is truly designed with the contractor and the consumer in mind.

FEATURES and BENEFITS

- Best warranty in the business —
  - A full 20 years on the heat exchanger
  - 6 years on all parts
- 100% fired and tested — All units and each component (both mechanical and electrical) are tested on the manufacturing line.
- Best packaging in the industry — Unique design assures product will arrive to the homeowner dent free.
- Clean and quiet operation — Due to the unique design of in-shot burners, location of inducer, return air vents, and use of insulation.
- Fixed 30-second blower delay at burner start-up assures a warm duct temperature at furnace start-up. Adjustable blower off settings (60, 90, 120 and 180 seconds).
- Fixed 30-second post purge increases life of heat exchanger.
- Dependable, shock-mounted hot surface ignitor — Innovative application of an appliance type igniter with a 20-year history of reliability, assures no call-backs because of handling.
- Color coded wire harness — Designed to fit the components, all with quick-connect fittings for ease of service and replacement.
- Approved for categories I and III venting systems — May be common, dedicated, or through-the-wall vented for maximum flexibility in installation.
- Tubular primary heat exchanger — Heavy gauge aluminized steel heat exchanger assures a long life.
- 90-second fixed cooling cycle blower-off delay (TDR) increases cooling performance when matched with a NORDYNE coil.
- Variable speed blower kit is available to maximize air conditioner and heat pump efficiencies. On selected units, SEER ratings up to 14 and HSPF ratings up to 8.5 are ARI listed.
- Multi-speed direct drive blower — Designed to give a wide range of cooling capacities. 40VA transformer included.
- LP convertible — Simple burner orifice and regulator spring change for ease of convertibility.
- Diagnostic lights flash to identify limit failure, pressure switch failure, improper ground and polarization, and low flame signal — for easy troubleshooting.
- Incorporates new integrated control board with connections for electronic air cleaner, humidifier and twinning.
- New two piece door design enhances furnace appearance and uses screw fasteners for easier accessibility.
- 3 amp fuse protection against low voltage shorts; protects transformer and control board.
- Low voltage terminal board for easy field wiring.
- Components and Controls — Designing quality into our products means selecting manufacturers that have a reputation for delivering high quality, dependable products.

DIMENSIONS



045(*)-08	14 1/4	12 3/4	3 1/4	11 3/4	096(*)-16	19 3/4	18 1/4	3 3/4	17 1/4
060(*)-12	14 1/4	12 3/4	3 3/4	11 3/4	096(*)-20	22 1/2	21	3 3/4	20
072(*)-12	14 1/4	12 3/4	3 3/4	11 3/4	120(*)-16	19 3/4	18 1/4	3 3/4	17 1/4
072(*)-16	19 3/4	18 1/4	3 3/4	17 1/4	120(*)-20	22 1/2	21	3 3/4	20
096(*)-12	19 3/4	18 1/4	3 3/4	17 1/4	144(*)-20	22 1/2	21	4 1/4	20

BLOWER PERFORMANCE

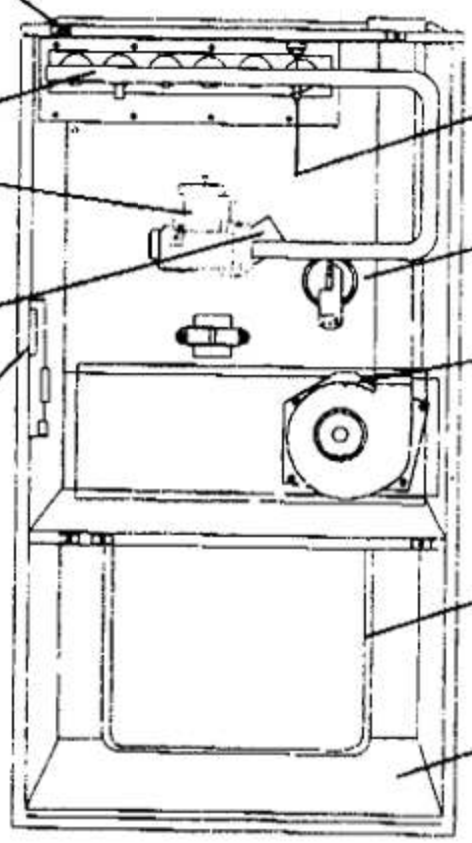
045C-08	1/5	High *	1000	-	970	-	950	-	920	-	870	-
		Medium	760	46	740	47	730	47	720	49	690	50
		Low **	630	55	620	56	610	57	600	58	570	61
060C-12	1/3	High *	1380	-	1350	-	1310	-	1260	-	1210	-
		Medium	1220	-	1190	-	1160	-	1120	-	1070	-
		Low **	820	57	800	58	780	59	760	61	730	63
072C-12	1/3	High *	1380	-	1350	-	1310	-	1260	-	1210	-
		Medium	1220	46	1190	47	1160	48	1120	49	1070	52
		Low **	820	68	800	69	780	71	760	73	730	76
072C-16	1/2	High *	1950	-	1910	-	1830	-	1750	-	1680	-
		Med-High	1710	-	1660	-	1610	-	1540	-	1470	-
		Med-Low	1490	-	1470	-	1420	-	1380	-	1320	-
		Low **	1270	44	1250	45	1230	45	1190	47	1140	49
096C-12	1/3	High *	1530	-	1450	-	1390	-	1300	-	1220	-
		Medium**	1080	64	1320	67	1250	71	1190	75	1100	81
		Low	930	-	900	-	870	-	820	-	750	-
096C-16	1/2	High *	1980	-	1910	-	1840	-	1760	-	1680	-
		Med-High	1720	-	1670	-	1610	-	1560	-	1480	-
		Med-Low **	1470	50	1440	52	1410	53	1370	54	1320	56
		Low	1270	58	1240	60	1220	61	1190	62	1140	65
096C-20	3/4	High *	2340	-	2290	-	2280	-	2180	-	2150	-
		Med-High	1910	-	1880	-	1860	-	1830	-	1810	-
		Med-Low	1520	49	1510	49	1490	50	1480	50	1460	51
		Low **	1370	54	1350	55	1340	55	1320	58	1300	57
120C-16	1/2	High *	1900	-	1830	-	1750	-	1630	-	1580	-
		Med-High **	1720	54	1670	56	1610	58	1560	59	1480	63
		Med-Low	1450	64	1420	65	1380	67	1340	69	1280	72
		Low	1280	-	1230	-	1200	-	1170	-	1120	-
120C-20	3/4	High *	2300	-	2250	-	2190	-	2130	-	2090	-
		Med-High	1910	49	1880	49	1860	50	1830	51	1800	52
		Med-Low**	1540	60	1530	61	1520	61	1500	62	1480	63
		Low	1320	-	1310	-	1300	-	1280	-	1260	-
144C-20	3/4	High *	2240	-	2190	-	2130	-	1070	-	2020	-
		Med-High**	1900	49	1860	50	1820	51	1780	52	1740	53
		Med-Low	1520	61	1510	61	1490	62	1460	63	1450	64
		Low	1330	-	1310	-	1290	-	1280	-	1250	-

*Factory wired cooling speed tap.
**Factory wired heating speed tap.
- Not Recommended

NOTE: Airflow rates of 1800 CFM or more require two air return connections. Data is for operation with filters.

FEATURES

High Efficiency Upflow/Horizontal 80+ Gas Furnace



STANDARD EQUIPMENT

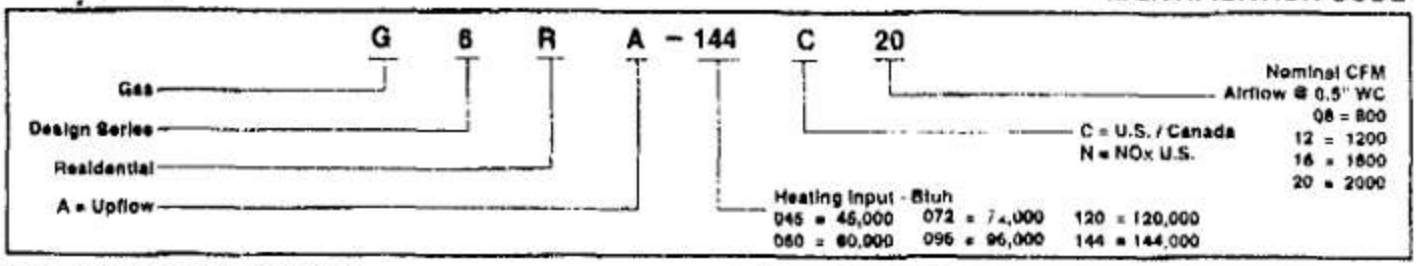
Draft inducer; pressure switch; redundant main gas control; hot-surface ignition; timed ON/OFF blower controls(TDR) : 40VA transformer for air conditioner application: limit controls; solid base plate with knock-out for easy removal; direct drive motor; all models can be converted to use L.P. (propane) gas. Factory approved kits *only* must be used and are available as an optional accessory from your distributor.

SPECIFICATIONS

Input-Btuh (a)	45,000	60,000	72,000	72,000	96,000	96,000	96,000	120,000	120,000	144,000
Heating Capacity - Btuh	36,000	48,000	58,000	58,000	77,000	77,000	77,000	96,000	96,000	115,000
AFUE	80+	80+	80+	80+	80+	80+	80+	80+	80+	80+
Max. Htg. Ext. St. Press. in W.C.	.5	.5	.5	.5	.5	.5	.6	.5	.5	.5
Blower Wheel D x W	10 x 6	10 x 6	10 x 6	10 x 10	10 x 9	10 x 10	11 x 10	10 x 10	11 x 10	11 x 10
Motor H.P. -Speed -Type	1/5 - 3 - PSC	1/3 - 3 - PSC	1/3 - 3 -PSC	1/2 - 4 -PSC	1/3 - 3 PSC	1/2 - 4 -PSC	3/4 - 4 -PSC	1/2 - 4 -PSC	3/4 - 4 -PSC	3/4 - 4 -PSC
Motor FLA	2.8	5.0	6.0	7.9	6.0	7.9	11.1	7.9	11.1	11.1
Temperature Rise Range - °F	45 - 75	45 - 75	45 - 75	40 - 70	50 - 80	50 - 80	40 - 70	50 - 80	45 - 75	45 - 75
Approximate Shipping Wt. - lbs	108	120	120	125	157	158	165	172	174	183

All models are 115 V, 60 HZ. Gas connections are 1/2" N.P.T
AFUE= Annual Fuel Utilization Efficiency

IDENTIFICATION CODE



Through-the-Wall VENTING
Venting Requirements

These furnaces are approved to use with 3" single wall AL29-4C stainless steel vent pipe in through-the-wall vent applications, and with the required through-the-wall vent kit listed below. The pipe is available from the following manufacturers:

Z-Flex Inc. - vent brand name **(Z-VENT)**
Heat-fab Inc. - vent brand name **(Saf-T Vent)**
Flex-L International - vent brand name **(STAR-34 Vent)**

When venting through-the-wall, this is a Category III furnace, the vent pressure is positive, and the venting system must be sealed in both horizontal and vertical runs.

045( )-08	3"	None	3	4	35
060( )-12	3"	4" to 3"	4	4	35
072( )-12	3"	4" to 3"	4	4	35
072( )-16	3"	4" to 3"	4	4	35
096( )-12	3"	4" to 3"	4	4	35
096( )-16	3"	4" to 3"	4	4	35
096( )-20	3"	4" to 3"	4	4	35
120( )-16	3"	4" to 3"	4	4	35
120( )-20	3"	4" to 3"	4	4	35
144( )-20*	3"	4" to 3"	5	3	30

*NOTE: Special 5" to 4" Reducer Kit (#902249) required for model G6RA144C-120.

Kit		Order Number
U.S. High Altitude Natural Gas Conversion Kit (2,000 to 10,000 ft.)		903491
U.S. Propane Kit (0 to 2,000 ft.)		903492
U.S. High Altitude Propane Gas Conversion Kit (2,000 to 10,000 ft.)		903493
Canadian High Altitude Natural Gas Conversion Kit (2,000 to 4,500 ft.)		903494
Canadian Propane Gas Conversion Kit (0 to 4,500 ft.)		903495
Fossil Fuel Kit		914762
Side Return Filter Kit		541036
Downflow Sub-Base	A Cabinet	902974
	B Cabinet	903089
	C Cabinet	903090
Through-the-Wall Vent Kit		903196

VENTING

All models, with the exception of the reduced NOx models, are approved for vertical and through-the-wall venting applications (see table above). All models may be common vented with a gas water heater. Type B gas vent materials may be used when connected to a vertical vent system. The installation must be in accordance with the venting instructions supplied with the furnace.

GENERAL TERMS OF LIMITED WARRANTY **

NORDYNE will furnish a replacement for any part of this product which fails in normal use and service within the applicable periods stated below, in accordance with the terms of the warranty.

G6RA Models Warranty
Gas Heat Exchanger ..... 20-Year Limited Warranty
Any Other Part ..... 6-Year Limited Warranty

** For complete details of the Limited Warranty, including applicable terms and conditions, see your local installer or contact the factory for a copy.

St. Louis, MO | NORDYNE

TECHNICAL SPECIFICATIONS

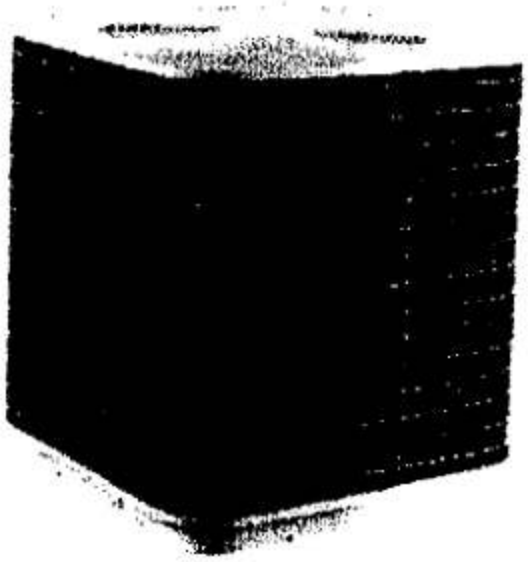
S3BC Series

Extra High Efficiency Air Conditioner

12+ SEER Residential System

1-1/2 – 5 Ton Capacity

The S3BC Series of air conditioners offers exceptional performance from a small, compact package. The unit, when combined with our engineered coils or air handlers, offers a full line of quality, split system cooling equipment. Units are ideally sized for slab or rooftop mounting in single, multifamily, and light commercial applications.



FEATURES and BENEFITS

- **Durable, Attractive Cabinet** – Designed using galvanized steel with a high gloss polyester urethane powder coat finish. The 750 hour salt spray finish is 1.5 mil thick and resists corrosion 50% better than comparable units.
- **Copper Tube / Aluminum Fin Coils** – Both indoor and outdoor coils are designed to optimize heat transfer, minimize size and cost, and increase durability and reliability.
- **Permanently Lubricated Motor** – A heavy duty PSC motor for long lasting reliability and quiet operation.
- **Full Service Valves** – These brass valves are easily accessible and simplify servicing of the refrigeration system.
- **Plastic Coated Coil Guard** – A wire guard that will never rust and protects the units coil from being damaged by balls, lawnmowers, etc.
- **Removable Top Grille Assembly** – Allows ease of service from the top without disconnecting fan motor leads.
- **One Piece Top/Orifice** – Designed for maximum airflow and quiet operation.
- **2-1/2" Pedestal Base** – The sturdy base keeps the bottom of the coil out of harms way. Secondly, the base has weep holes along the edge to allow the water from rain to flow away from the unit.
- **Five Minute Restart Time Delay** – When the unit shuts down, a five minute delay keeps the unit from restarting, eliminating the highest cause for compressor failure.
- **Crankcase Heat** – Protection from liquid flood back and future compressor failures (except scroll compressor units).
- **Easy Compressor and Control Access** – Designed to make servicing easier for the contractor, access panels are provided to all controls and the compressor from the side of the unit.
- **6 Year Limited All Parts Warranty** – The best in the industry and has proven to be a major benefit to the consumer.

MODEL IDENTIFICATION CODES

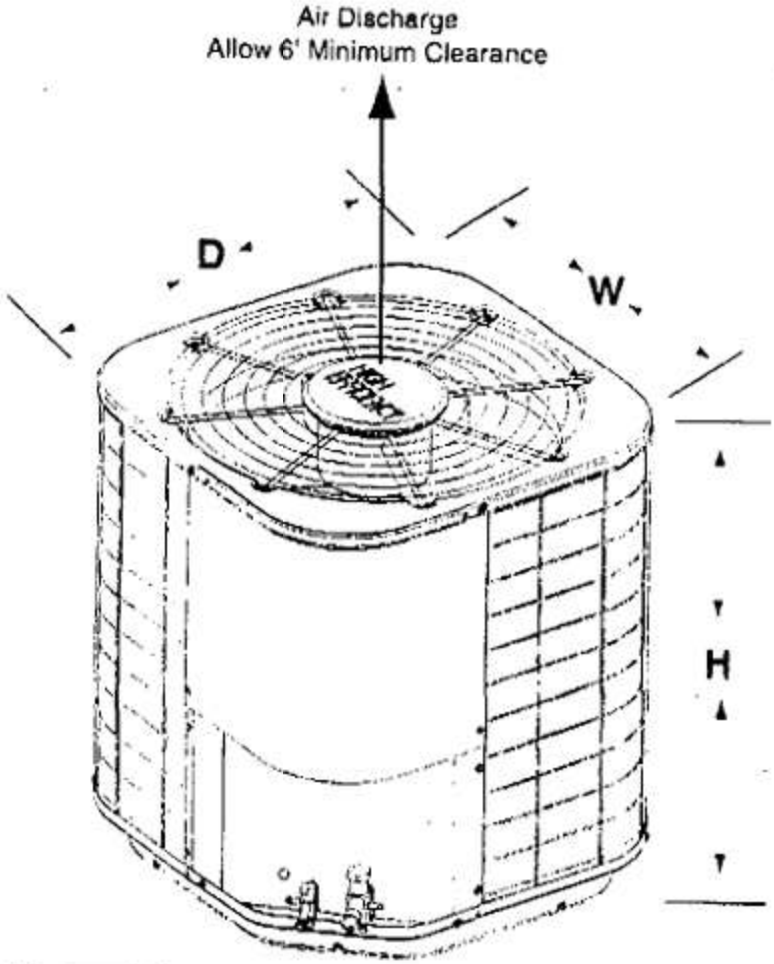
EX: S3BC-036K

S 3 B C - 036 K

- **S** - S - Air Conditioner, T - Heat Pump
- **3** - Generation 1, 2, 3. etc.
- **BC** - Product Identifier: **BA** = Braze 10 SEER, **BC** = Braze 12 SEER, **BE** = Braze 14 SEER
- **036** - Nominal Capacity (000) BTU
- **K** - Electrical Code: C = 208/230-60-3, K = 208/230-60-1

DIMENSIONS
AIR CONDITIONER OUTDOOR SECTION

S3BC-	018	024	030	036	042	048	060
H	26-1/2	26-1/2	30-1/2	34-1/2	38-1/2	38-1/2	42-1/2
W	30-1/2	30-1/2	30-1/2	30-1/2	30-1/2	30-1/2	30-1/2
D	30-1/2	30-1/2	30-1/2	30-1/2	30-1/2	30-1/2	30-1/2



State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

JAMES E. MCGREEVEY
Governor

SUSAN BASS LEVIN
Commissioner

May 15, 2002

Nittoso Construction
1464 Leah Court
Brick, N.J. 08724

RE: 1375 Larchmont Avenue

Dear: Mr. Andrew P. Nittoso Jr.

The Certificate(s) of Participation referenced above is/are being returned to you for the reasons set forth below. Please be advised that by copy of this letter we are advising the Construction Official that a validated Certificate of Participation must be presented prior to issuance of a Certificate of Occupancy. Further failure to properly warrant a home prior to transfer of title subjects you to administrative sanctions including late fees, penalties and revocation of your Builders' Registration. Please correct the enclosed Certificate(s) as noted no later than June 15, 2002 in order to avoid possible penalties or, provide a written explanation as to why you are not returning them.

1 [ ] Registered Builder-Warrantor _ NAME/_ADDRESS does not correspond with information contained in our records. (See BLOCK 2 on attached Instructions.)

2 [ ] Common Element Certificate of Participation needed. (See BLOCK 3 on attached Instructions.)

3 [ ] New Dwelling Location is not complete. (See Block 3 on attached Instructions.)

4 [ ] Commencement Date required. (See BLOCK 4 on attached Instructions.)

5 [ ] Premium payment incorrect. (See BLOCK 5 on attached Instructions.)

6 [ ] FHA Mortgage information incomplete. (See BLOCK 6 on attached Instructions.)

7 [ ] Check(s) not acceptable. Check(s) must be from: 1) Registered Builder-Warrantor, 2) Principal in company, or 3) Certified check from anyone other than purchaser. Total: $

Bureau of Homeowner Protection
PO Box 805, Trenton, New Jersey 08625
Fax 609/984-7954

7 [ ] NJ Builder Registration has expired. Resubmit when renewed. Do not resubmit prior to renewal. This will result in a delay in processing the Certificate of Participation.

8 [ ] Additional information needed. Submit:

_X_ Copy of executed agreement of sale.
____ Copy of executed construction contract.
____ Copy of recorded deed showing current land ownership.
____ Need Zip Code, Block and Lots (See Block 3 on attached instructions.)
____ Need Municipality and County (See Block 3 on attached instructions.)
____ Need the (See Block 8,9,10 and 11 on attached instructions.)
____ Lieu of Oath for the Purchaser of a Two Family House.
____ Need a Fair Market Value letter from builders.
____ Need another Certificate of Participation.
____ Called of number of times no respond.
____ Your rate went down. New rate is:

9 [ ] Purchaser(s) name omitted. Please indicate either model, temporary rental, or "For Sale" if no purchaser exists at this time.

10 [ ] Builder's signature omitted.

11 [X] Other: These mistakes are the reason we tell you that must summit 20 days prior to closing. Returned all paperwork back to our office for processing if you have any question I may be reached at (609) 633-3994.

Very truly yours,

Andrea De Jesus

Andrea De Jesus
NEW HOME WARRANTY PROGRAM
Bureau of Homeowner Protection

C: Construction Official

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK , NJ 08723

Department of Administration & Finance

Office of the Tax Collector

Jo Anne R. Lambusta, CTC
Tax Collector
(732) 262-1021
Fax: (732) 477-3746
jlambusta@twp.brick.nj.us
http://www.twp.brick.nj.us

Receipt For Public Works Garbage Can Deposit

Date: 3-21-02

Block: 809 Lot: 8 9 + 10

Property Address: 1375 LAKEMONT AVE

Date of Payment: 3-21-02

Jennie

Tax Collectors Office

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date 4/12/02

NAME Nittoso Enterprises

ADDRESS 1464 Leah Ct. Brick, NJ 08724

PROPERTY LOCATION 1375 Larchmont Ave.

Account No. L176807 Block 809 Lot 8

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.

To be paid @ closing

For the Authority Carol Stundel

Certificate of Occupancy Single Family Dwelling

This has to be sent to Henry

Address 1375 Larchmont Block 509 Lot 8

Final Inspections:

1. Final Building
2. Final Electric
3. Final Plumbing
4. Final Fire
5. Certificate of Compliance
6. Final Engineering
7. Final Ocean County Soil
8. Home Owners Warranty/Affidavit

Report of compliance from Ocean County Soils is needed when more than 5000 sq. ft. are disturbed, always when more than 1 house is constructed (Major/Minor Subdivisions).

Building F-5/16 Approval Date 5/23/02 OK

Plumbing _____ Approval Date 3/22/12 OK Pineland Plumb.

Fire ~~[illegible]~~ Approval Date 4/8/02 O/K

Electrical _____ Approval Date 3/14/02 O/K

Cert. Of Compliance _____ Approval Date 4-12-02 OK

HOW/ Affidavit _____ Approval Date DCA 154915

Engineering _____ Approval Date 5/31/02 OK

Soil _____ Approval Date —

Affordable Housing _____ Approval Date —

Occupancy Load _____ Approval Date —

Garbage Can Receipt _____ Approval Date OK 4/12/02

CO Application _____ Approval Date OK 4/10/02

13 Sep 02

Certificate of Participation

in the New Home Warranty Security Fund

Community Affairs

Owner – ☐ Check if for Common Elements*

1 Wallace & Rose Snyder

Name of Owner who will be first resident. *When used for common elements, enter name of condominium development. See builder instruction sheet. A separate Certificate of Participation is required for each individual building in a condominium development.*

Registered Builder-Warrantor**

2 Nittoso Construction

Name

1464 Leah Ct.

Street and Number (Mailing Address)

Brick N.J. 08724

City State Zip Code

Phone Number (732) 458-5142

NJ Builder Registration Number 032531

Print Builder Name Andrew P. Nittoso Jr.

Registered Builder's Signature

*Where title is transferred, the seller must be the registered builder and warrantor.

New Dwelling Location

3 1375 Larchmont Ave.

Street Name and Number

Building Number Unit Number Total Number of Units in Building

City Brick Zip Code 08724

Block Number 809 Lot Number 5

Municipality Brick County Ocean

Commencement Date of Warranty

4 Commencement Date*** May 31 2002

Month Day Year

***The date of closing or first occupancy, whichever occurs first. ANY CHANGE IN THE COMMENCEMENT DATE MUST BE REPORTED TO THE PROGRAM.

Premium Payment

5 a.

Selling Price**** $269,900.00

Amount of Premium $ 861.00

(Rate .00319 x Selling Price)

****Any change in the selling price and premium must be reported to the Program along with supplemental payment if applicable.

~~A premium payment is not required if this certificate is for common elements in a condominium development.~~

b.

☐ Check if house is constructed on owner's lot. Then calculate warranty premium as follows:

Total Contract Price _____ For Office Use Only

Amount of Premium $ _____

(1.25 x Total Contract Rrice x Rate _____)

FHA Mortgage

6 ☐ Check if FHA Mortgage

FHA Case Number ☐☐☐–☐☐☐☐☐☐

☐ Check if VA Mortgage

VA Case Number _____

Exclusions

7 ☐ Check if exclusion sheet is included.

Building Type (check one)

8

- ☒ Single family detached (101)
- ☐ Townhouse (102)
- ☐ Two Family (103)
  - ☐ Side by Side
  - ☐ Top/Bottom
- ☐ Condominium - *three or four units in each building* (104)
- ☐ Condominium - *five or more units in each building* (105)

Construction Type (check one)

9

- ☐ Premanufactured (industrial or modular) (M)
- ☒ Conventional Construction (C)

Stories

10 Number of stories 2

Owner Type (check one)

11

- ☐ Condominium or Cooperative (C)
- ☐ Homeowners' Association - fee simple (H)
- ☒ No Homeowners' Association - fee simple (N)

PRED

12 PRED Registration or Exemption Number (R or E)

_____

Note: See reverse side for assignment of property.

Note to Owner:

VALIDATION STAMP

Certificate of Participation

in the New Home Warranty Security Fund

02 MAY 14 P

Community Affairs

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1 Wallace & Rose Snyder

Name of Owner who will be first resident. *When used for common elements, enter name of condominium development. See builder instruction sheet. A separate Certificate of Participation is required for each individual building in a condominium development.*

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Brick N.J. 08724

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Phone Number (732) 458-5142

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Street Name and Number

Building Number Unit Number Total Number of Units in Building

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Block Number 809 Lot Number 5

Municipality Brick County Ocean

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☐ Check if house is constructed on owner's lot. Then calculate warranty premium as follows:

Total Contract Price _____ For Office Use Only

Amount of Premium $ _____

(1.25 x Total Contract Price x Rate _____)

FHA Mortgage

6 ☐ Check if FHA Mortgage

FHA Case Number ☐☐☐-☐☐☐☐☐☐

☐ Check if VA Mortgage

VA Case Number _____

Exclusions

7 ☐ Check if exclusion sheet is included.

Building Type (check one)

8

- ☒ Single family detached (101)
- ☐ Townhouse (102)
- ☐ Two Family (103)
  - ☐ Side by Side
  - ☐ Top/Bottom
- ☐ Condominium - *three or four units in each building* (104)
- ☐ Condominium - *five or more units in each building* (105)

Construction Type (check one)

9

- ☐ Premanufactured (Industrial or modular) (M)
- ☒ Conventional Construction (C)

Stories

10 Number of stories 2

Owner Type (check one)

11

- ☐ Condominium or Cooperative (C)
- ☐ Homeowners' Association - fee simple (H)
- ☒ No Homeowners' Association - fee simple (N)

PRED

12 PRED Registration or Exemption Number (R or E)

_____

Note: See reverse side for assignment of property.

Note to Owner:

Any disagreement with information in blocks

VALIDATION STAMP

Site Location: 1515 Church Mount Ave.
Block: E09 Lot: 8
Owner's Name: Andrew Nithoso
Owner's Mailing Address: 1464 Leigh Ct.
Brick, NJ 08724
Ph [redacted]

BUILDING

Contractor: Nithoso Construction
Address: 1464 Leigh Ct
Brick, NJ. 08724
Phone#: (732) 458-5142
Lis # _____
Federal Emp # c [redacted]

Technical Data

Description of Work:

Moving Pherlan's Approved 12'x12' Deck To Corner Of Building. Change 3/6 window To 3/8 Door @ Dining Room.

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Structure:_____
Volume of New Structure:_____
Total Land Disturbed:_____

Cost of Alteration: $_____

Cost of New Building: $_____

Total Cost of New Building Work: $_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

ELECTRICAL

Contractor:_____
Address:_____
_____
Phone#:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool_____
Electric Range_____KW
Oven/Surface Unit_____KW
Electric Water Heater_____KW
Electric Dryer_____KW
Dishwasher_____KW
Garbage Disposal_____HP
A/C Unit –Central Air_____KW
Space Heater/Air Handler_____KW
Baseboard Heating_____KW
Motors 1+ HP_____
Transformer/Generator_____KW
Light Stander_____AMP
Service_____AMP
Subpanel_____AMP
Motor Control Center_____AMP
Sign/Outline Light_____KW
Furnace_____
Steam Boiler_____
Other:

Estimated Cost of Electrical Work:_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

PLUMBING

Contractor:_____
Address:_____

_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____

_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

I hereby certify that I am the agent/owner of record and am

Contractor: Pineland Plbg & Htg Inc.
Address: 807 Mantoloking Rd.
Brick, N.J. 08723
Phone #: [redacted]
Lis #: [redacted]
Federal Emp [redacted]

Contractor: WM NITTOSO
Address: 1506 BRAUGH DAM Rd
PT PLEASANT NJ
Pho [redacted]
Lis
Federal Emp # or SS [redacted]

Technical Data

Fixtures	Quantity
Water Closets	3
Urinals/Bidets	
Bath Tub	1
Lavatory	3
Shower	2
Floor Drain	
Sink	1
Dishwasher	1
Drinking Fountain	
Washing Machine	1
Hose Bib	2
Gas Piping	1
Fuel Oil Piping	
Water Heater	1
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	1
Water Service Connection	1
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work
Signature: William R. Duggan #1722
Please Print Name: William R. DUGGAN

CONTRACTOR'S SEAL

Technical Data

Description of Work:

Heating Type: ✓ Gas ___ Oil ___ Electric ___ Solar
Heating System is ✓ New ___ Existing
Location of Furnace/Boiler: UTIL. RM

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

Flammable Storage Tanks ___ capacity ___ fuel
Combustible Storage Tanks ___ capacity ___ fuel
LPG Storage Tanks ___ capacity ___ fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	5
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ ~~Oil~~ Fired Appliances:
Number of gas/oil fired appliances 3

Furnace
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work 500-
Signature: William Guttoso
Print Name: William NITTOSO

Site Location: 1375 LARCHMONT AVE
Block: 809 Lot: 8
Owner's Name: WILLIAM NITTOSO
Owner's Mailing Address: 1506 BEAVER DAM Rd.
PT PLEASANT N.J.
[redacted]

BUILDING

Contractor: WILLIAM NITTOSO
Address: 1506 BEAVER DAM Rd.
PT PLEASANT N.J.
Phone#: 295-0975
Lis #: 011062
Federal Emp # [redacted]

Technical Data

Description of Work:

SF - NEW CONSTRUCTION
5/ABB

Type of Work

✓ New Building	___ Siding
___ Addition	___ Fence
___ Alteration	___ Pool
___ Roofing	___ Demolition
___ Asbestos Abatement	___ Sign ___ sq ft

Building Characteristics

Use Group Present: ___ Proposed: R-3
No of Stories: 2
Height of Structure: 24
Area of the largest floor: 1232
Area of New Building: 1973
Volume of Structure: 24357
Total Land Disturbed: 7500

Cost of Alteration: ___
Cost of New Building: 45,000-
Total Cost of Building Work: 56,500-

ELECTRICAL

Contractor: EUREKA ELEC. SER.
Address: P.O. Box 4075
BRICK NJ
Phone#: 255-2822
Lis #: 4872
Federal Emp # or SSN 221814013

Technical Data

Item	Quantity
Lighting Fixtures	16
Receptacles	42
Switches	31
Detectors	5
Light Poles	
Motors w/ Fract. HP	2 BATH FANS
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	1 KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	3TON KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	100 AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	1
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 8000.00

BLOCK 809 LOT 8 DATE RECEIVED 7/11/01

PROPERTY ADDRESS 1375 LANCHMONT AVE.

APPLICANT William Nittoso PHOI [redacted]

ADDRESS 1506 BEAVER DAM Rd PT PLEASANT

CONTRACTOR William Nittoso P [redacted]

ADDRESS 1506 BEAVER

TYPE OF WORK NEW CONSTRUCTION ZONING APPROVAL _____

FLOOD ZONE _____ FLOOD ELEV. _____

PANEL # _____ MAP # _____ DATE _____

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVED YES _____ NO _____

		YES	NO	N/A
1.	PLAN SIGNED & SEALED	X		
2.	SCALE OF NOT LESS THAN 1"-50'	X		
3.	EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)	X		"C"
4.	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES	X		
5.	STREET GUTTER, CURB & CENTER LINE ELEVATIONS	X		
6.	CONTOURS; 1' INCREMENTS	X		
7.	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS	X		
8.	PROPOSED GRADING/ELEVATIONS	X		
9.	GARAGE/1ST FLOOR/CRAWLSPACE/BASEMENT ELEVATIONS	X		
10.	PROPOSED DWELLING, DIMENSIONS & CORNER ELEVATIONS	X		
11.	METHOD OF DRAINAGE	X		
12.	NORTH ARROW	X		
13.	DRIVEWAY WIDTH/TYPE	X		
14.	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES	X		
15.	PROPERTY ADDRESS/LOT & BLOCK NUMBER	X		
16.	SIDEWALK, CURB AND APRONS			—
17.	PARKING AREAS	X		
18.	UTILITY & CONNECTIONS; WATER/SEWER/GAS/ELECTRIC	X		
19.	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS			—
20.	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH	X		
21.	LIMITS OF CLEARING			—
22.	BASEMENTS/DEDICATIONS/ENVIRONMENTAL CONSTRAINTS			—
23.	PRIOR APPR: ARMY CORP/NJDEP/SOIL EROSION, ETC.			—
24.	EXISTING STRUCTURES			—
25.	RETAINING WALLS/SERVICE WALKS/OTHER MISC. ITEMS	X		

PLOT PLAN REVIEW

APPROVED 7/13/01 REJECTED _____ SIGNED 7/13/01 DATE

REVISION

APPROVED _____ REJECTED _____ SIGNED _____ DATE

COMMENTS

Site Location:
Block: 809 Lot: 8
Owner's Name: NITTOSO
Owner's Mailing Address:
Phone: ( )

BUILDING

Contractor:
Address:
Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

ELECTRICAL

Contractor: KAVANAGH ELECTRICAL contractors
Address: 693 Summit AVE
BRICK, NJ. 08724
Phone#: 732-840-4460
Lis #: 10491
Federal Emp # or SS [redacted]

Technical Data

Item	Quantity	
Lighting Fixtures	27	
Receptacles	64	
Switches	32	
Detectors	7	
Light Poles	—	
Motors w/ Fract. HP	—	
Emergency & Exit Lights	—	
Communication Points	3	
Alarm Devices/FAC Panel	—	
Total	133	
Pool	—	
Spa/Hot Tub/Storable Pool	—	
Electric Range	—	KW
Oven/Surface Unit	—	KW
Electric Water Heater	—	KW
Electric Dryer	—	KW
Dishwasher	1	KW
Garbage Disposal	—	HP
A/C Unit –Central Air	1 3 ton	KW
Space Heater/Air Handler	[redacted]	KW
Baseboard Heating	—	KW
Motors 1+ HP	—	
Transformer/Generator	—	KW
Light Stander	—	AMP
Service	100	AMP
Subpanel	—	AMP
Motor Control Center	—	AMP
Sign/Outline Light	—	KW
Furnace	1	
Steam Boiler	—	
Other:		

Estimated Cost of Electrical Work: $4,000.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Sola
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fu
Combustible Storage Tanks_____capacity_____fue
LPG Storage Tanks_____capacity_____fue

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

I hereby certify that I am the agent/owner of record and at authorized to make this application and perform the work

TOWNSHIP OF BRICK

1375 LARCHMONT AVE — 809 — 8
Work Site Address — Block — Lot

WILLIAM NITTOSO - ANDREW NITTOSO 1506 BEAVER DAM Rd
Owner's Name, Address, Phone 295-0975 PT PLEASANT

WILLIAM NITTOSO 1506 BEAVER DAM Rd PT PLEASANT
Contractor's Name, Address, Phone [redacted]

Construction S. F. HOME
Describe type (Single -family home, etc.)

Demolition NONE
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material CONST DEBRIS
24 CUBIC YDS

Name, address and phone of party responsible for removal of debris: 295-0975
WILLIAM NITTOSO 1506 BEAVER DAM Rd PT PLEASANT

Size of dumpster: 7 X 12 X 4

Destination of discarded debris: OCEAN COUNTY LANDFILL

Hauler's DEP Permit No.: NONE NEEDED

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

WILLIAM NITTOSO — Willi Nittoso — 7/9/01
Printed/Typed Name — Signature — Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISS

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address