BLOCK 701.34 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 18 Parkway Dr. PERMIT NO. 06-0239

CONSTRUCTION PERMIT APPLICATION

C05-140055

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

I. IDENTIFICATION

1. Proposed Work Site at: 18 PARKWAY DR
2. Name of Owner in Fee: ELI KRUGER [redacted]
   Address 80 DRIFTWOOD DR (street) BRICK (municipality) NJ 08723 (zip code)
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: ELI KRUGER Tel. (___) _____
   Address 80 DRIFTWOOD DR BRICK NJ 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun ELI KRUGER
   Tel [redacted]

called 1/26/06 left message

1 Story Addn. / Crawl

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	155	40
2.	Electrical		46	
3.	Plumbing		46	
4.	Fire Protection		45	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$	17	
9.	State Permit Fee Surcharge			
10.	Subtotal	$	35	
11.	Cert. of Occupancy		35	
12.	Other Zn+C-P		60	40
13.	TOTAL	$	390	40

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	1	
2.	Height of Structure	13'-8" ft.	
3.	Area — Largest Floor	789 sq. ft.	
4.	New Building Area	393 sq. ft.	
5.	Volume of New Structure	3955 cu. ft.	
6.	Construction Classification		
7.	Total Land Area Disturbed	505 sq. ft.	
8.	Flood Hazard Zone		
9.	Base Flood Elevation	ft.	
10.	Wetlands yes		
	no		
11.	Max. Live Load		
12.	Max. Occupancy Load		

OPTIONAL (for office use only)

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building					1-26-06	FM	11/8/06		
3.	☒ Addition	14,000								
4.	☐ a. Repair	2000								
	☐ b. Alteration									
	☒ c. Renovation									
	☐ d. Reconstruction									
5.	☒ Fire Protection	500				12-20-06	DS	10/12/06		
6.	☒ Plumbing	1500				1-24-06				
7.	☒ Electrical	1500				12-5-06	FM	11-3-06		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		CM	12/23/05		12/23/05				
	TOTAL COSTS	19,500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group: R-5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction 1
   After Construction 1
   Net Gain or Loss 0

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR-B 10525475

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A., or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. (✓) I further certify that I will perform or supervise the following work:
C.1. (✓) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. (✓) Electrical C.4. (✓) Plumbing

D. (✓) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date 11/16/05

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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.									
☐									
☐									

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. _____	_____	_____	_____	_____

IMPORTANT Pd. prelim 2/22/05 ltr
A.H.B.T. - MANDATORY FEE - RESIDENTIAL

FOR OFFICE USE ONLY

ANY BUILDING QUESTIONS CALL 732-262-1027

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	11/17/2006
Tracking Number	C-05-140055
Permit Number	06-0239
Permit Issue Date	01/27/2006

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 18 PARKWAY DR. Brick Township, NJ Block: 701.34 Lot: 4 Qual:

Owner in Fee: KRUGER, ELLI

Owner Address: 80 DRIFTWOOD DR BRICK NJ 08723

Telephone: [redacted]

Contractor KRUGER, ELLI

Address 80 DRIFTWOOD DR BRICK NJ 08723

Telephone: [redacted] Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number: N/A

Type of Warranty Plan: ☑ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

ALTERATION, RESIDENTIAL ADDITION

Certificate Comments:

☑ **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 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 Compliance**

The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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*

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $35.00
Check Number: 693
Collected By: Mary Jane Rinaldi

Date Printed: 11/17/2006

CONSTRUCTION PERMIT

Date Issued 01/27/2006
Control # C-05-140055
Permit # 06-0239

IDENTIFICATION Block: 701.34 Lot: 4 Qualifier

Work Site Location: 18 PARKWAY DR. Brick Township, NJ

Owner in Fee KRUGER, ELLI
Address 80 DRIFTWOOD DR BRICK NJ 08723
Telephone: [redacted]

Contractor KRUGER, ELLI
Address 80 DRIFTWOOD DR BRICK NJ 08723
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:

ALTERATION, RESIDENTIAL ADDITION

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $19,100

Construction Official

01/27/2006
Date

PAYMENTS (Office Use Only)

Building	$155
Electrical	$40
Plumbing	$40
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$17
CO Fee	$35.00
Other	$60
Total	$392
Check No.	693
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, *wall and roof sheathing* and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the *installation of the heating*, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, *Barrier Free accessibility*, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

PERMIT UPDATE

Date Update Issued 11/2/2006
Control # C-06-105482
Permit # 06-0239+A

IDENTIFICATION Block: 701.34 Lot: 4 Qualifier
Work Site Location: 18 PARKWAY DR. Brick Township, NJ
Contractor KRUGER, ELLI
Address 80 DRIFTWOOD DR BRICK NJ 08723
Owner in Fee KRUGER, ELLI
Address 80 DRIFTWOOD DR BRICK NJ 08723
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.
Telephone: [redacted]
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ELECTRICAL ALTERATIONS

Note: If constuction does not commence *within one (1) year of date of issuance, or it* construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $125

Construction Official Date

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$40
Check No.	933
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 06-0951

Date Issued
Permit # 1-27-06

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

Block 701.34 Lot 4 Qualification Code A-7
Work Site Location 18 Parkway Dr

Owner in Fee ELLI KRUGER
Address 80 DRIFTWOOD DR
BRICK NJ 08723
Tel. [redacted]
Contractor ELLI KRUGER
Address 80 DRIFTWOOD DR
BRICK NJ 08723
Tel. [redacted]
Contractor License No. or Builder Registration No.
Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

addition/alteration
See AWC Details Attached.
Sheathing Inspection Required
Framing Checklist must be Signed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	1-26-06	EM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 11-8-06
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval (Month/Day)	Initial
Footing			2/8/06	MV
~~Footing Banding~~			*3/14/06	MV
Foundation				
~~Slab~~ OD			3/16/06	MV
Frame — OVER			6/5/06	MV
Truss Sys./Bracing				
~~Barrier Free~~ OD + Frame			*4/18/06	MV
Insulation			6/5/06	MV
Finishes -Base Layer				
Finishes -Final				
~~Energy 3/20/06~~				
~~Mechanical~~ Sh+Pier			3/29/06	MV
TCO				
Other				
Final				
Barrier-Free			11/8/06	

TYPE OF WORK:
[ ] ~~New Building~~ Front Porch
[X] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group	Present R-5	Proposed R5
Constr. Class	Present	Proposed
No. of Stories	1	
Height of Structure	13'-8" Ft.	
Area — Largest Floor	789 Sq. Ft.	
New Bldg. Area/All Floors	393 Sq. Ft.	
Volume of New Structure	3955 Cu. Ft.	
Total Land Area Disturbed	505 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 14,000
2. Rehabilitation $ 2000
3. Total (1+ 2) $ 16,000

U.C.C. F110
(rev. 07/03)

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

3/14/06 mv · Found App—
* No Crawl access cut thru at this time

06/01/06 - FRAMING APPROVED.
P/U COMPLETED CHECKLIST @ INSUL. INSP.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 06-0457

Date Issued / Permit # 1-27-06

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

Block 701.34 Lot 4 Qualification Code

Work Site Location 18 PARKWAY DR
BRICK NJ

Owner in Fee ELLI KRUGER

Address 80 DRIFTWOOD DR
BRICK NJ 08723

Tel [redacted]

Contractor PARADISE ELECTRIC INC

Address 613 12TH AVE
BELMAR NJ 07719

Tel (732) 539-9217 FAX ( )

Contractor License No. 8725

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1500—

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

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
8		Lighting Fixtures	
23		Receptacles	
7		Switches	
6		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
44		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

[X] Elec. Plans Approved
Date: 11506
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11306
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			5306	CO
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	102606		11306	CO
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

OVER

5-3-06 NOI DATES
UPDATE DISH WASHER

10 26 06 UPDATE PERMIT D/W
ID BREAKERS

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-2-06
Control #
Permit #

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

Block 101.34 Lot 4
Work Site Location 18 Parkway Dr
Brick NJ 08723
Owner in Fee/Occupant ELI KRUGER
Address 80 DRIFTWOOD DR
Brick NJ 08723
Tele. [redacted]
Contractor Advanced Electric
Address PO Box 1469
Toms River, NJ 08754
Tele. (732) 244-9773 Fax (732) 244-3634
Lic. No. 12366
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as Single Family Utility Co. JCP&L
Est. Cost of Elec. Work $ 125 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required
Light Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 11 2 06
Approved by: MM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11 30 6
Approved by: MM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other DW			1 300W	
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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1	3	KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 06-0239

Date Issued Permit # 1-27-06

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

Block 701.34 Lot 4 Qualification Code

Work Site Location 18 Parkway Dr Brick NJ

Owner in Fee Bill Kruger

Address 80 Driftwood Dr Brick NJ 08723

Tel [redacted]

Contractor Bill Kruger

Address 80 Driftwood Dr Brick NJ 08723

Tel [redacted]

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-3 Proposed R-3

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [X] Existing [ ] HVAC

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location: 1st Floor boiler room

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System: [ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity*

Total Cost of Fire Protection Work $ 100

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Install 6 smoke detectors

Water Supply Source Public

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	1	
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[X] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	6	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 1-26-06

Approved by: DB

SUBCODE APPROVAL

[ ] CO [X] CCO [X] CA

Date: 1-27-06

Approved by: DB

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Alarm System			1-27-06	DB
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			1-27-06	DB
Other				

U.C.C. F140 (rev. 1/04)

1 White = Inspector Copy 2 Canary = Office Copy

3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Control #

Date Issued 1-27-06
Permit #

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

Block 701 34 Lot 4 Qualification Code

Work Site Location 18 PARKWAY DR
BRICK N.J.

Owner in Fee ELI KRUGER

Address 90 DRIFTWOOD DR
[redacted]8723

Tel ([redacted])

Contractor KYLIN Mechanical

Address 17 Paulette Lane
Howell N.J. 07731

Tel (732) 840 4810 FAX ( ) SAME

Contractor License No. 10911

Federal Emp. No. 72-1552384

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 1-24-06

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 1/24/06

Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	5-15-06	5-22-06	5-31-06	[signature]
Water				
Sewer				
Fixtures			10-27-06	[signature]
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT.	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
1	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

3/4" W

U.C.C. F130 (rev. 01/04)

1 White = Inspector Copy 2 Canary = Office Copy
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5-15-06

① No stops on diverter

② 2.5.4

③ No Test Over.

5-22-06

Vent below the roof in attic

Township of Brick
Zoning Permit

Approved: Tuesday, December 13, 2005 **Number:** 1744

Block 701.34 **Lot** 4 **Zone:** R-7.5

Property Address: 18 Parkway Drive

Applicant: Elli Kruger

Property Owner: Elli Kruger

Existing Use: *Single Family Residential*

Proposed Use: Single Family Residential

Proposed Construction: One story addition 19.17' x 20.50', 13' 8" high.
Front porch addition 4.67' x 23', 13' 8" high.

Conditions: The additions must be set back at least 25 feet from the front property line and 6 feet from the side 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
Principal Planner

Sean Kinnevy
Zoning Officer

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.

BLOCK 701.34 LOT 4 QUALIFIER _____

PROPERTY ADDRESS 18 Parkway Dr

PERSONAL NAME OF APPLICANT Elli Kruger

BUSINESS NAME OF APPLICANT _____

MAILING ADDRESS OF APPLICANT 80 Driftwood Dr Brick NJ 08723

PROPERTY OWNER'S FULL NAME Elli Kruger

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) _____ Height _____
☒ Addition - Height 13'-8" 1 Story addition
☒ Alteration
☒ Porch or deck - Height 16"
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

eve height 8'-6"
main height 11'-0"
Ridge Height 13'-8"

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 _____ Date 11/16/05

Reviewed by Zoning Office _____ Date 12/13/05 (X) Approved ( ) Denied

11/16/05 cds

FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE (REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE) BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED ON EACH LEVEL AND IN THE VICINITYOF THE SLEEPING ROOMS. AS OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.

For work not requiring a fire inspection for fire alarms in accordance with the code, homeowners or their agents (contractors) shall be required to confirm the installation of these devices. This may be done by signing the below affidavit in lieu of an inspection.

********PLEASE READ AND SIGN********

I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: Elli Kruger

SIGNATURE: [signature] DATE: 11/16/05

BLOCK: 701.34 LOT: 4 ADDRESS: 18 Parkway Dr

Permit Number

Checked By/Date

RES*check* Compliance Certificate

New Jersey Energy Subcode

RES*check* Software Version 3.5 Release 1e
Data filename: C:\Program Files\Check\REScheck\Untitled.rck

PROJECT TITLE: Elli residence

COUNTY: Ocean
STATE: New Jersey
HDD: 5000
CONSTRUCTION TYPE: Single Family

DATE: 12/06/05
DATE OF PLANS: oct 2005

PROJECT DESCRIPTION:
18 Parkway dr Renovation / addition

DESIGNER/CONTRACTOR:
Elli Kruger

COMPLIANCE: Passes

Maximum UA = 76
Your Home UA = 63
17.1% Better Than Code (UA)

	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Flat Ceiling or Scissor Truss	390	30.0	0.0		14
Wall 1: Wood Frame, 16" o.c.	160	13.0	0.0		13
Wall 2: Wood Frame, 16" o.c.	135	13.0	0.0		11
Wall 3: Wood Frame, 16" o.c.	154	13.0	0.0		9
Window 1: Wood Frame:Double Pane with Low-E	6			0.340	2
Window 2: Wood Frame:Double Pane with Low-E	30			0.340	10
Window 3: Wood Frame:Double Pane with Low-E	12			0.340	4

COMPLIANCE STATEMENT: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the New Jersey Energy Subcode requirements in RES*check* Version 3.5 Release 1e (formerly MEC*check*) and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

Builder/Designer _____ Date 12/3/05

EXISTING FIXTURES:

1 TUB w/SHOWER
1 TOILET
2 SINKS
1 WASHER
1 OUTSIDE SPICKET

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 18 Parkway Dr

Block: 70/.34 Lot: 4

Contractor: Elli Kruger

Contractor's Address: 80 Driftwood Dr Brick NJ 08723

Type of Construction (minor, new home):

Type of Debris (shingles, siding, wood, etc.): construction Debris

Party responsible for removal: Elli Kruger

Dumpster size:

Destination of debris: Ocean County Land Fill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission 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 of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

11/16/05
Date

Elli Kruger
Print Name

STOP CONSTRUCTION ORDER

Permit Number
Date Issued 12/28/2005
Violation Number V-05-00135

IDENTIFICATION

Work Site Location: 18 PARKWAY DR. Brick Township, NJ
Block: 701.34 Lot: 4 Qualification Code: _____
Owner in Fee: KRUGER, ELLI
Owner Address: 80 DRIFTWOOD DR BRICK NJ 08723
Agent/Contractor _____
Address _____

To: ☒ Owner ☐ Other:
☐ Agent/Contractor

DATE OF INSPECTION: 12/28/2005 DATE OF THIS NOTICE: 12/28/2005

ACTION

You are hereby ***ORDERED*** to ***STOP***

☑ Building ☐ Electrical ☐ Plumbing ☐ Fire Protection ☐ Mechanical ☐ Elevator ☐ All Construction
at the above Location as of 12/28/2005 until further notice from this enforcing agency.

This ***ORDER*** is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation of Working without a permit NJAC 5:23.2.14(a)
which provides:
work started before permit issued

Permission to resume construction may be obtained from this enforcing agency after the following conditions are met:

Further, take *NOTICE* that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $500.00 per day per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If necessary, the enforcing agency will concurrenty seek the Order of a court of competent jurisdiction restraining further work at the above location.

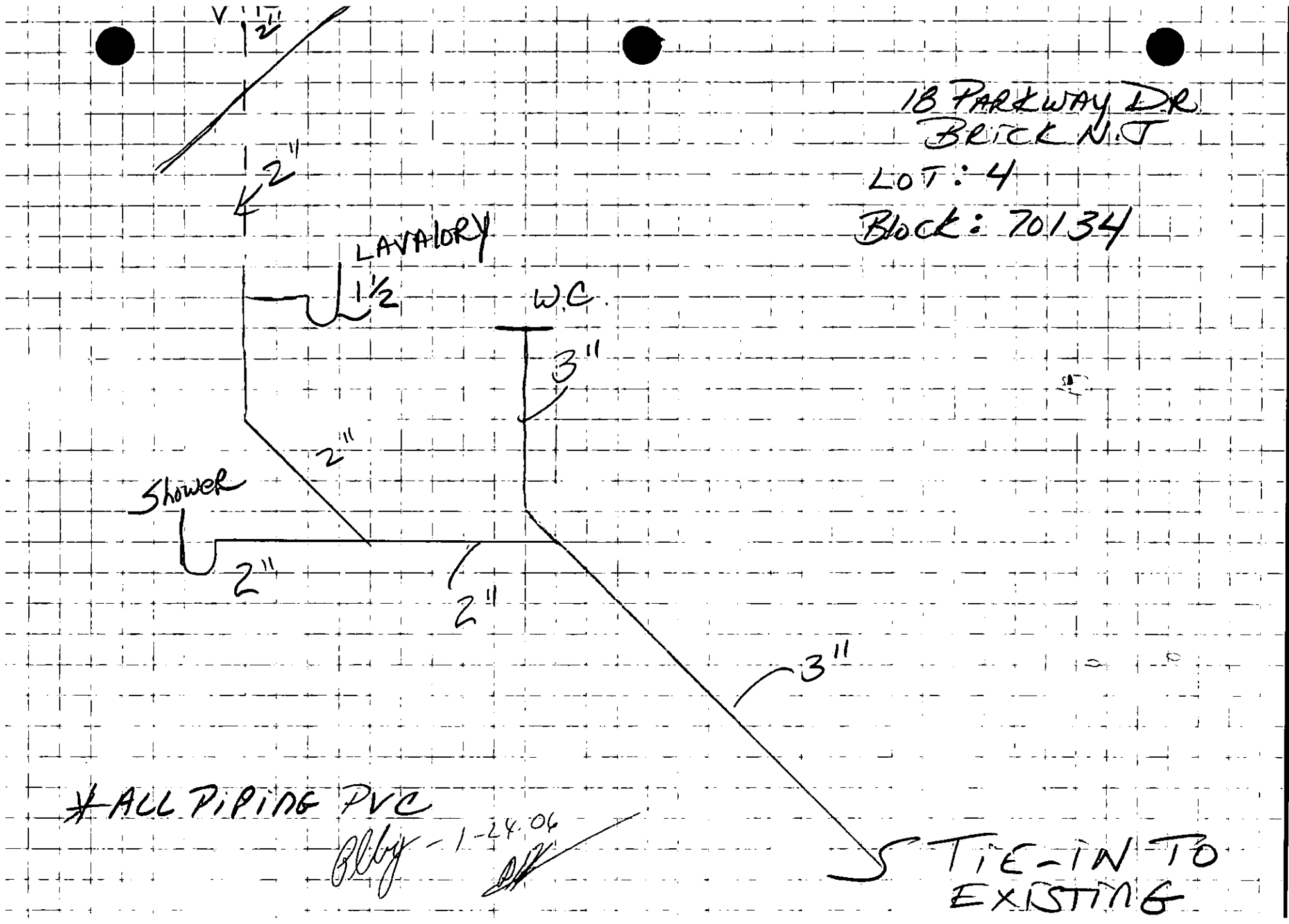
If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
2 Mott Place
Toms River, NJ 08753

If you have any questions concerning this matter, please call: (732) 262-1027

By ***Order*** of _____ Date: _____
SubCode Official



18 PARKWAY DR
BRICK N.J
LOT: 4
BLOCK: 70134

* ALL PIPING PVC

BLDG - 1-24-06

(Bldg) Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 140055

resubmit 1-24-06

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 18 Parkway

DATE REVIEWED:

REVIEWED BY:

CONTACT CALLED/FAXED:

Stop Work order issued.
Owner is NOT Resident

See inside Jacket

Frank spoke w/ Mrs. Krager @ the counter 1/11/06. He gave her back one set of plans & informed her she needs architect signed & sealed plans.

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 14005

1-24-06 resubmit

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 18 Parkway

DATE REVIEWED: 1-13-06

REVIEWED BY: Ron Bivar.

CONTACT CALLED/FAXED: Bldg. already spoke w/ owner

Same as Bldg. issue

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK:	701.34	LOT:	4
SITE ADDRESS:	18 Parkway Dr.		
CONTROL #:	05-140055	WORK TYPE:	Addition
APPLICANT:	Eli Kruger	PHONE #	[redacted]
APPLICANT ADDRESS	18 Parkway Dr.	CITY/STATE/ZIP:	Brick, NJ 08723

MANDATORY DEVELOPER FEES

_X__ Residential is 1%
___ Commercial is 2%
___ Waiver Signed for estimated Mandatory Development Fee

Business Name:

The estimated equalized assessed value: Residential $ 44,475.00
Commercial

12/15/2005
Date

The final equalized assessed value at the above referenced site is: Residential $ 48,400.00
Commercial

10/26/2006
Date

Prel. Fee (Res)	$ 222.38	Final Fee (Res)	$ 261.63
Prel. Fee (Comm)	$ -	Final Fee (Comm)	$ -
Waiver Fee(Res. Only)			
Check #	6193	Check #	932
Date Paid	12/22/2005	Date Paid	10/30/2006

Total Fee Paid (Res) $ 484.00
Total Fee Paid (Com) $ -

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Authorized Signature – Township of Brick

PERMIT # 06-0239 18 Parkway LOT: 4 BLOCK: 701.34

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector initials and dates in spaces provided.

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS
- [X] [ ] SPACING 4'-0
- [X] [ ] SIZE ¾"

STRAPS
- [ ] [ ] SPACING (PER MANUFACTURER'S SPECS)
- [ ] [ ] SIZE

2. SILL PLATES:

- [X] [ ] SIZE 2x6
- [X] [ ] GRADE, SPECIES S.Y.P.
- [X] [ ] TREATMENT ACQ
- [ ] [ ] LAPS
- [X] [ ] SILL SEALER
- [X] [ ] PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
- [ ] [ ] TERMITE PROTECTION

3. BEAM POCKETS:

- [X] [ ] BEARING/SHIMS
- [ ] [ ] TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:

- [ ] [ ] SIZED PER PLAN
- [ ] [ ] ATTACHMENT/PLATES
- [ ] [ ] SPACING/LOCATION
- [ ] [ ] PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1ST	2ND	3RD	FLOOR
[X]	[ ]	[ ]	SIZE 2x8
[X]	[ ]	[ ]	GRADE, SPECIES D.F.
[X]	[ ]	[ ]	SINGLE OR DOUBLE AS PER PLAN
[X]	[ ]	[ ]	PRE-ENGINEERED PER MANUFACTURER'S SPECS
[ ]	[ ]	[ ]	CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:

- [X] [ ] SIZED PER PLAN
- [X] [ ] TYPE 3-2x10
- [X] [ ] GRADE, SPECIES D.F.
- [ ] [ ] LOCATION AND RELATION TO THE PLAN
- [ ] [ ] NAILING
- [ ] [ ] ATTACHMENT SCHEDULE
- [ ] [ ] BEARING
- [ ] [ ] LAPPING

3. FLOOR JOIST:

1ST	2ND	3RD	FLOOR
[X]	[ ]	[ ]	SIZED PER PLAN
[X]	[ ]	[ ]	GRADE, SPECIES D.F.
[ ]	[ ]	[ ]	PRE-ENGINEERED COMPONENTS AS SPECIFIED
[X]	[ ]	[ ]	BEARING 4"
[ ]	[ ]	[ ]	NAILING
[ ]	[ ]	[ ]	BRIDGING
[ ]	[ ]	[ ]	CUTTING AND NOTCHING (AS PER CODE)
[X]	[ ]	[ ]	POINT LOADS - SUPPORTED AS PER PLAN
[ ]	[ ]	[ ]	SPAN HANGERS
[ ]	[ ]	[ ]	HEADERS
[ ]	[ ]	[ ]	FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1ST	2ND	3RD	FLOOR
MATERIAL PLYWOOD DF			
[ ]	[ ]	[ ]	PANEL SPAN. THICKNESS

5. STAIR ATTACHMENT:

1ST	2ND	3RD	FLOOR
[ ]	[ ]	[ ]	BEARING
[ ]	[ ]	[ ]	NAILING

SPECIAL REQUIREMENTS

- [ ] EDGE BLOCKING (IF REQUIRED)
- [ ] GAPPING
- [ ] LAYOUT

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23.

Responsible Person in Charge of Work: [signature] Date: JUNE 1/06

Building Inspector Initials: 6/4/06 Date: 6/4/06

U.C.C. F390-1 (01/06)

PERMIT # _____ LOT: _____ BLOCK: _____

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

1ST 2ND 3RD FLOOR

- [X] [X] [ ] [ ] [ ] [ ] SIZE 2x4
- [X] [X] [ ] [ ] [ ] [ ] SPACE 16"
- [X] [X] [ ] [ ] [ ] [ ] SPECIES AND GRADE DF
- [X] [X] [ ] [ ] [ ] [ ] CUTTING, NOTCHING, AND BORING
- [X] [X] [ ] [ ] [ ] [ ] HEADER SIZES 2x10
- [X] [X] [ ] [ ] [ ] [ ] JACK STUD BEARING 2"

TOP PLATES

- [X] [X] [ ] [ ] [ ] [ ] NAILING 10D
- [X] [X] [ ] [ ] [ ] [ ] LAPS 4' MIN
- [X] [X] [ ] [ ] [ ] [ ] RAFTER TIES
- [X] [X] [ ] [ ] [ ] [ ] HURRICANE STRAPS (AS REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

1ST 2ND 3RD FLOOR

- [X] [X] [ ] [ ] [ ] [ ] SIZE 2x4
- [X] [X] [ ] [ ] [ ] [ ] SPACE 16"
- [X] [X] [ ] [ ] [ ] [ ] LAYOUT - SUPPORT BELOW PER CODE
- [X] [X] [ ] [ ] [ ] [ ] SPECIES AND GRADE DF
- [X] [X] [ ] [ ] [ ] [ ] CUTTING, NOTCHING, AND BORING
- [ ] [ ] [ ] [ ] [ ] [ ] FIRE BLOCKING
- [X] [X] [ ] [ ] [ ] [ ] HEADER SIZES 2x10
- [X] [X] [ ] [ ] [ ] [ ] JACK STUD BEARING 2"

TOP PLATES

- [X] [X] [ ] [ ] [ ] [ ] NAILING 10d
- [X] [X] [ ] [ ] [ ] [ ] LAPS 4' min
- [ ] [ ] [ ] [ ] [ ] [ ] STRAPPING

3. INTERIOR NON-LOAD-BEARING WALLS:

1ST 2ND 3RD FLOOR

- [X] [ ] [ ] [ ] [ ] [ ] SIZE 2x4
- [ ] [ ] [ ] [ ] [ ] [ ] SPACE 16"
- [ ] [ ] [ ] [ ] [ ] [ ] SPECIES AND GRADE DF
- [ ] [ ] [ ] [ ] [ ] [ ] CUTTING, NOTCHING, AND BORING
- [ ] [ ] [ ] [ ] [ ] [ ] FIRE BLOCKING
- [X] [ ] [ ] [ ] [ ] [ ] HEADER SIZES 2x8
- [ ] [ ] [ ] [ ] [ ] [ ] TOP PLATE NAILING 10d

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

- [ ] [ ] LAYOUT PLANS
- [ ] [ ] TRUSS MEMBERS
- [ ] [ ] CONNECTION SCHEDULE
- [ ] [ ] PERMANENT BRACING DETAILS
- [ ] [ ] DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
- [ ] [ ] EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS
- [ ] [ ] LOCATION AS PER LAYOUT
- [ ] [ ] ALIGNMENT
- [ ] [ ] BEARING
- [ ] [ ] SPACING
- [ ] [ ] CONNECTIONS TO BEARING POINTS
- [ ] [ ] NO CONNECTION TO NON-BEARING POINTS
- [ ] [ ] DAMAGE AND DEFECTS
- [ ] [ ] ENGINEERED METHOD OF REPAIR

2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):

- [ ] [ ] LAYOUT
- [ ] [ ] SIZE
- [ ] [ ] TYPE
- [ ] [ ] NAILING
- [ ] [ ] OVERLAP
- [ ] [ ] TERMINATION
- [ ] [ ] TRANSITION (I.E., CROSS) BRACING

3. GABLE END BRACING (AS PER DESIGN):

- [ ] [ ] LAYOUT
- [ ] [ ] SIZE
- [ ] [ ] TYPE
- [ ] [ ] NAILING
- [ ] [ ] OVERLAP
- [ ] [ ] TERMINATION

4. SOLID SAWN ROOF FRAMING:

- [X] [ ] SIZE 2x6
- [X] [ ] GRADES, SPECIES DF

LAYOUT

- [X] [ ] SPACING 16"
- [ ] [ ] SPAN 12'-0" or less
- [X] [ ] BEARING 3½"
- [X] [ ] FASTENING 10d
- [ ] [ ] DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
- [ ] [ ] CUTTING, NOTCHING, AND BORING
- [ ] [ ] BRIDGING
- [ ] [ ] RIDGE SIZE
- [X] [ ] HURRICANE TIES WHERE APPLICABLE

E. SHEATHING

1. SHEATHING - EXTERIOR WALLS:

MATERIAL

- [X] [ ] PANEL SPAN, THICKNESS ½" OSB

SPECIAL REQUIREMENTS

- [X] [ ] GAPPING ⅛" [ ] [ ] LAYOUT
- [ ] [ ] CORNER BRACING (IF REQUIRED)

2. SHEATHING - ROOF:

MATERIAL

- [X] [ ] PANEL SPAN, THICKNESS ½" OSB

SPECIAL REQUIREMENTS

- [ ] [ ] BLOCKING, EDGE (IF REQUIRED)
- [ ] [ ] CLIPS (IF REQUIRED)
- [X] [ ] GAPPING ⅛"
- [X] [ ] LAYOUT STAGGERED

SHEATHING, FRT - ROOF

- [ ] [ ] FOUR FEET FROM FIREWALL
- [ ] [ ] NONCORROSIVE FASTENERS

Initials: Resp. Person in Charge of Work _____ Building Inspector _____ 05