BLOCK 90 LOT 7 ADDRESS (SITE) SANDY POINT DR. PERMIT NO. 759-94

RECEIVED
MAR 3 1 1994
BY CONSTRUCTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at SANDY POINT DR
2. Name of Owner in Fee: KRUGER, BROWN & KR Tel. [redacted]
   Address [redacted] (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ODDVAR KRUGER Tel. (908) 920-7738
   Address 80 DRIFTWOOD DR BRICK NJ 08723
   License No OR, if new home, Builder Reg. No. 023356 Exp. Date 11/30/95
   Federal Emp. No. 22-3281200 Social Security No. _____
5. Architect or Engineer RICHARD GRASSO Tel. (908) 528-5850
   Address 2517 Hwy 35, Manasquan NJ
6. Responsible Person In Charge of Work ODDVAR KRUGER Tel. (908) 920-7738

Soil & Engr

How c/c

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 216.-		
2. Electrical			
3. Plumbing	105.-	7.	
4. Fire Protection	178		
5. Other FIRE ALC	15.-		
6. Subtotal	$ 514.-		
7. Less 20% for State Plan Review	57.-		
8. Subtotal	$		
9. DCA Training Fee	38.-		
10. Subtotal	$		
11. Cert. of Occupancy	77.		
12. Other			
13. TOTAL	$ 680.-		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	27 ft.	
3. Area—Largest Floor	946 sq. ft.	
4. Building Area—All Floors	1665 sq. ft.	
5. Volume of Structure	23980 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	1344 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no	✓	
11. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☒ New Building	150
4. ☐ Addition	
5. ☐ Alteration	
6. ☒ Fire Protection	250
7. ☒ Plumbing	3,800
8. ☒ Electrical	1,800
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	53000

11-1-94

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
WP	3/31/94		4/27/94	RK	10/31/94		WP
			4/20/94	JK	10/31/94		JC
			4-6-94	GMR	10/31/94		GMR
					11/2/94		BH
	4/5/94		4/5/94	WP			

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 _____
After Construction _____
Net gain or loss _____

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

LDS BR 10503823

20C

UCC Form I-100A

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date 3/21/94

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date
☒ Planning Board	major SUB	7/12/89 Filed						
☐ Zoning Board								
☐ Sewer Authority								
☐ Water Authority								
☐ Fire Department								
☐ Police Department								
☐ Health Department								
☐ Soil Conservation								
☐ N.J. Dept. of Community Affairs								
☐ N.J. Department of Transportation								
☐ N.J. Dept. of Environmental Protect.								
☐ Utility Dig No.								
☑ Other Zoning	SK	3/31/94	house					
☐ AH Exempt								
☐								

COMMENTS

IMPORTANT
A.H.B.I. - EXEMPT

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☑ Certificate of Occupancy	No. 1759	1-3-94	
☐ Certificate of Approval	No.		
☐ None			

New Jersey
UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued 11-3-94
Control #
Permit # 759-94

IDENTIFICATION

Block 90 Lot 7
Work Site Location 19 Sandy Point Dr.

Owner in Fee Kruger, Brown & Kruger
Address [redacted]
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 109242
Use Group R-3 1 hour
Maximum Live Load 40+
Description of Work/Use:

Single family dwelling

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

CERTIFICATE OF OCCUPANCY/APPROVAL

XXX☑ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

Arthur J. Ciesco
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 4-27-94
Control #
Permit # 759-94

IDENTIFICATION Block 90 Lot 7

Work Site Location Sandy Pt. Dr. Contractor Same

Address

Owner in Fee Edward Brennan & Margaret

Address [redacted]

Tele. ( ) [redacted]

Tele. ( ) [redacted]

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. BLOCK

or Social Security No. 60 44

is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] OTHER

[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

single fam. dwelling 1665. 23980.

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 $ 53000.

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)			
Building 216.-	7 #		0.00
Plumbing 105.-	BUILDING	2	6.00
Electrical	PLUMBING	1	5.00
Fire Protection 178.-	FIRE	1	8.00
Other Fireplace 15.-	FIREPLAC		5.00
Other Plan Rev 5.-	PLAN RVW		1.00
DCA Training Fee 3.00	D.C.A.		3.00
Cert. of Occ. 70.-	C / O		7.00
Other	TOTAL	6	80.00
Total 680.-	CHECK	6	80.00
Check No.	CHANGE		0.00
Cash 04/27/94 NO. 5	0022A005		5:14
Collected By:			

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

PERMIT UPDATE

Date Update Issued 11-3-94
Control #
Permit # 759-94
Date Permit Issued

IDENTIFICATION Block 90 Lot 7
Work Site Location 19 SANDY POINT DR
Owner in Fee EDDIAR KRUGER
Address 20 DRIFTWOOD DR
BRICK
Tele. ( ) 720-7983

Contractor BERNARD SEYFERT
Address 410 MARC DR.
TOMS RIVER NJ
Tele. ( ) 286-9193
Lic. No. or Bldrs. Reg. No. 7498 0.00
Federal Emp. No.
or Social Security No. 0.00

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

(bath) Hub

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only) 7 #	
Building	PLUMBING 7.00
Plumbing	TOTAL 7.00
Electrical	CASH 10.00
Fire Protection	CHANGE 3.00
Other 11/03/94 WO 5 00120005	14:55
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total 7 —	
Check No.	
Cash	
Collected By:	

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

Brick

PERMIT UPDATE

Date Update Issued 941031
Control # 902476
Permit # 940411
Date Permit Issued 940411

IDENTIFICATION Block 90 Lot 7
Work Site Location 19 SANDY Pt Dr.
Brick Town NJ
Owner is [redacted]
Address [redacted]
Tele. [redacted]

Contractor A.M.B. Electric Inc.
Address 1130 NARRUMSON RD
MANASQUAN, NJ. 08736
Tele. (908) 528-0218
Lic. No. or Bldrs. Reg. No. 10957
Federal Emp. No. 22-3128668
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[X] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: 100 Amp Disconnect For Service

Estimated Cost of Work $ 150.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	33.—
Check No.	1272
Cash	
Collected By:	

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # 4-27-94
Permit # 759-94

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

Block 90 Lot 7
Work Site Location SANDY POINT DR BRICK NJ 08723
Owner in Fee KRUGER, BROWN & KRUGER
Addr [redacted]
Tele
Contractor ODDVAR KRUGER, KRUGER CONSTRG
Address 60 DRIFTWOOD DR BRICK NJ 08723
Tele 908 920-7938
Lic. No. or Bldrs. Reg. No. CZ 33356
Federal Emp. No. 22-3281200 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ONE FAMILY DWELLING

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] OA
Date: 10/31/94
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing			5/3/94	
Foundation			5/23/94	
Slab				
Frame			9/30/94	
Insulation			10/4/94	
Finishes			10/31/94	
Energy				
Mechanical				
TCO				
Other				
Final				

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

(Office Use Only)
FEE
$

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R3
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 27 Ft.
Area—Largest Floor 946 Sq. Ft.
Total Bldg. Area/All Floors 1665 Sq. Ft.
Volume of Structure 23980 Cu. Ft.
Total Land Area Disturbed 1344 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 47,150 -
2. Alteration $
3. Total (1+2) $

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

Brick THURS

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # APR 11 94 0 0 2 4 7

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

Block 90 Lot 7
Work Site Location 19 SANDY POINT DR
BRICK NJ 08723
Owner in Fee KRUGER, BROWN KRUGER
Ad [redacted]
Tel
Contractor A.M.B. Electric
Address 1130 NARRUMSON RD.
MANASQUAN NJ. 08736
Tele. (908) 528-0718
Lic. No. 10957
Federal Emp. No. 22-3128668 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1800.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 11-2-94
Approved By:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough 940927 MR 6455			940929 MR 6455	
Temporary			940929 MR 6455	
Constr. Serv.				
TCO				
Other				
Service				
Final 10/31/94 EUB 415			11-2-94	

Temp. Cut-in-Card Date Issued 940929 MR 6455
Final Cut-in-Card Date Issued 11-2-94

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
16		Fixtures (1)	48
50		Receptacles (2)	
15		Switches (3)	
91		Total 1 + 2 + 3	7
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
1	hp	Dishwasher	7
	hp	Garbage Disposal	
	Kw	Dryer	
1	3TON Kw	A/C Unit 22.9/40	7
		Burglar Alarms	
		Intercoms Panels	
5		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
100	AMP Amp	Service Entrance	32
		Other	

Paid [✓] Check # 1042
RPF
Collected by:

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 95.—

U.C.C. Form F-120B

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

940927
INC WKC6455

10/31/94 ① GFI ② to left of sink energized after tripping

11/1/94 Locked 11:23 EO 4155

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4-27-94
Control #
Permit # 759-94

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

Block 90 Lot 7
Work Site Location SANDY POINT DR
BRICK NJ 08723
Owner in Fee KRUGER, BROWN + KRUGER
Addres [redacted]
Tele. [redacted]
Contractor ODDVAR KRUGER, KRUGER CONSTR.
Address 80 DRIFTWOOD DR
BRICK, NJ 08723
Tele. (908) 920-7938
Lic. No. 02335-6
Federal Emp. No. 22-3281200 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R3
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Utility Room Combustible air Attic
Total Est. Cost of Fire Prot. Work $ 250 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 10/3/94
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			6/3/94	
Mechanical				
TCO				
Other Fireplace			10/3/94	
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source Public, Brick MUA
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		46-
Smoke Detectors AC DC	4	
Heat Detectors Battery Back up		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	3	99
OTHER Fireplace	1	33

Administrative Surcharge $ 178-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4-27-94
Control #
Permit # 759-94

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

Block 90 Lot 7
Work Site Location SANDY POINT DR
BRICK NJ 08723
Owner [redacted]
Address
Tele. ( )
Contractor BERNARD SEYFERT
Address 410 MARC DRIVE
TOMS RIVER NJ
Tele. (908) 286-9143
Lic. No. 7498
Federal Emp. No. _____ or Social Security No. 161 46 1311

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R3
Building Sewer Size 4"
Water Service Size 3/4"
Estimated Cost of Plumbing Work $ 3,800 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 4-6-94
Approved by: JAR

SUBCODE APPROVAL:
[X] CO [ ] COO [ ] CA
Approved by: JAR
Date: 10/3/94

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			9/28/94	DAN
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final			10/3/94	DAN
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.

Bernard Seyfert
Signature-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 105-

EXTRAS 1 - Extra tub

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 11-3-94
Control #
Permit # 759-94 update

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

Block 90 Lot 7
Work Site Location 19 SANDY POINT OR
Owner in Fee OMAR KOUGER
Address [redacted]
Tele. ( )
Contractor BERNARD SEYFERT
Address 410 MARL OR.
TOMS RIVER NJ.
Tele. ( ) 286-9143
Lic. No. 7498
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10-18-94
Approved by: [signature]

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

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

Bernard Seyfert
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

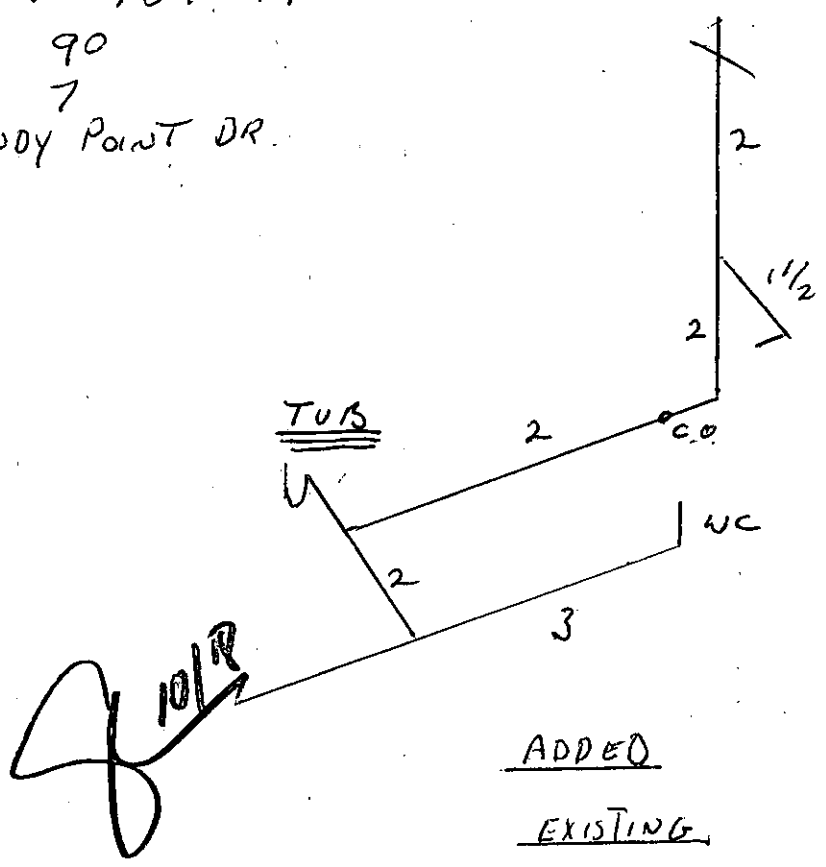
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
1	Bath Tub	17
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL $ 17

U.C.C. Form F-130B

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

Permit # 759-94
BLK 90
LOT 7
19 SANDY POINT DR.



4

TOWNSHIP OF BRICK

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

Department of Engineering

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

MAJOR SUBDIVISION CHECKLIST

DEVELOPMENT: _____ PLANNING BD: _____

CONTRACTOR: ODDVAR - KRUGER

BLOCK 90 LOT: 7 SECTION _____

ADDRESS SANDY POINT DR BRICK NJ 08723

ABOVE ITEMS MUST BE COMPLETED, BEFORE ACCEPTING PLOT PLAN.

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

ACCEPTED: ✓ _____ 4/5/94
SIGNED DATE

REJECTED: _____ REASON (S) _____

_____

_____

_____

_____
SIGNED DATE

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date 4-6-94

Property Address Sandy Point Dr. Block 90 Lot 7

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

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

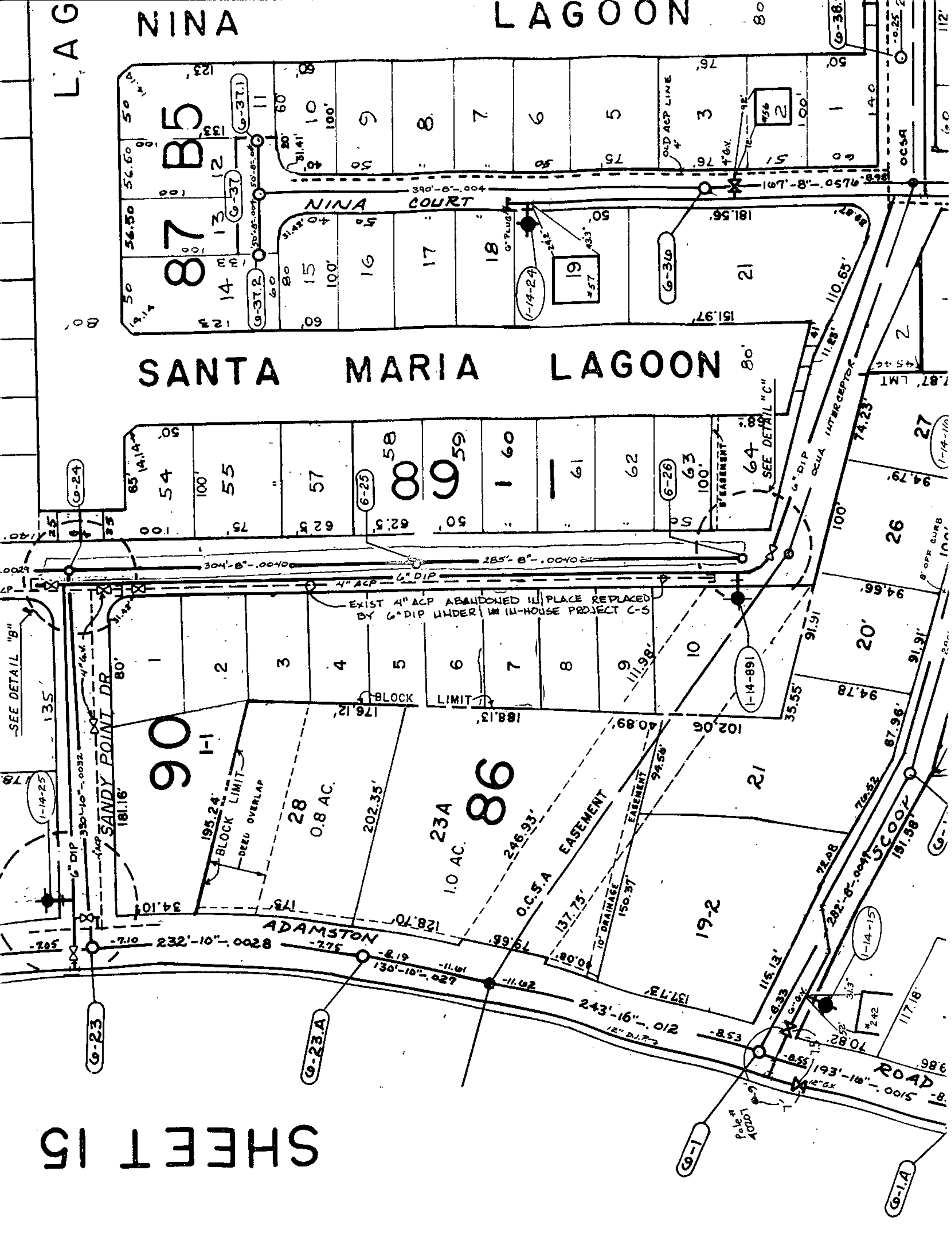
Gallons per minute 11.6

Size of Service 3/4"

Date: 4-6-94

Approved: _____

Brick Township Plumbing Inspector


NINA LAGOON
SANTA MARIA LAGOON
NINA COURT
SANDY POINT DR
ADAMSTON
ROAD
87 B5
89
90
86
SEE DETAIL "C"
SEE DETAIL "B"
OCSA INTERCEPTOR
6" DIP
4" ACP
EXIST 4" ACP ABANDONED IN PLACE REPLACED BY 6" DIP UNDER IN-HOUSE PROJECT C-5
BLOCK LIMIT
DEED OVERLAP
O.C.S.A EASEMENT
10' DRAINAGE EASEMENT
OLD ACP LINE 4'
0.8 AC.
1.0 AC.
390'-8"-.004
167'-8"-.0576
304'-8"-.0040
285'-8"-.0040
232'-10"-.0028
130'-10"-.027
243'-16"-.012
193'-18"-.0015
282'-8"-.0049
SHEET 15

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date _____

Property Address _____ Block _____ Lot _____

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

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

Gallons per minute _____

Size of Service _____ _____

Date: _____ Approved: _____

Brick Township Plumbing Inspector

Pick-Up

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Sandy Point Estates PHONE NO. _____ (bus.)

ADDRESS: 20 partridge Way _____ (home)

Colts Neck, NJ 07722

PROPERTY IN QUESTION: ADDRESS 19 Sandy Point Drive

BLOCK(S) 90 LOT(S) 7

BTMUA ACCOUNT NO. _____ TAX MAP DRAWING NO. 14C

SINGLE FAMILY RESIDENCE ✓ MINOR SUBDIVISION _____

COMMERCIAL _____ MAJOR SUBDIVISION _____

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

CONNECTION WILL BE PROVIDED AS FOLLOWS: INITIAL SERVICE CHARGES

*WATER Sandy Point Drive (STREET) 3/4" 1495.00 1" 2606.00

*SEWER " " " (STREET) 2165.00

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.

*Taps existing File #1103

DATE: 4-5-94 SIGNED: Mary M Sickliano

NOTE: STATEMENT GOOD FOR ONE YEAR.

UTILITY SERVICES FOR NEW HOMES

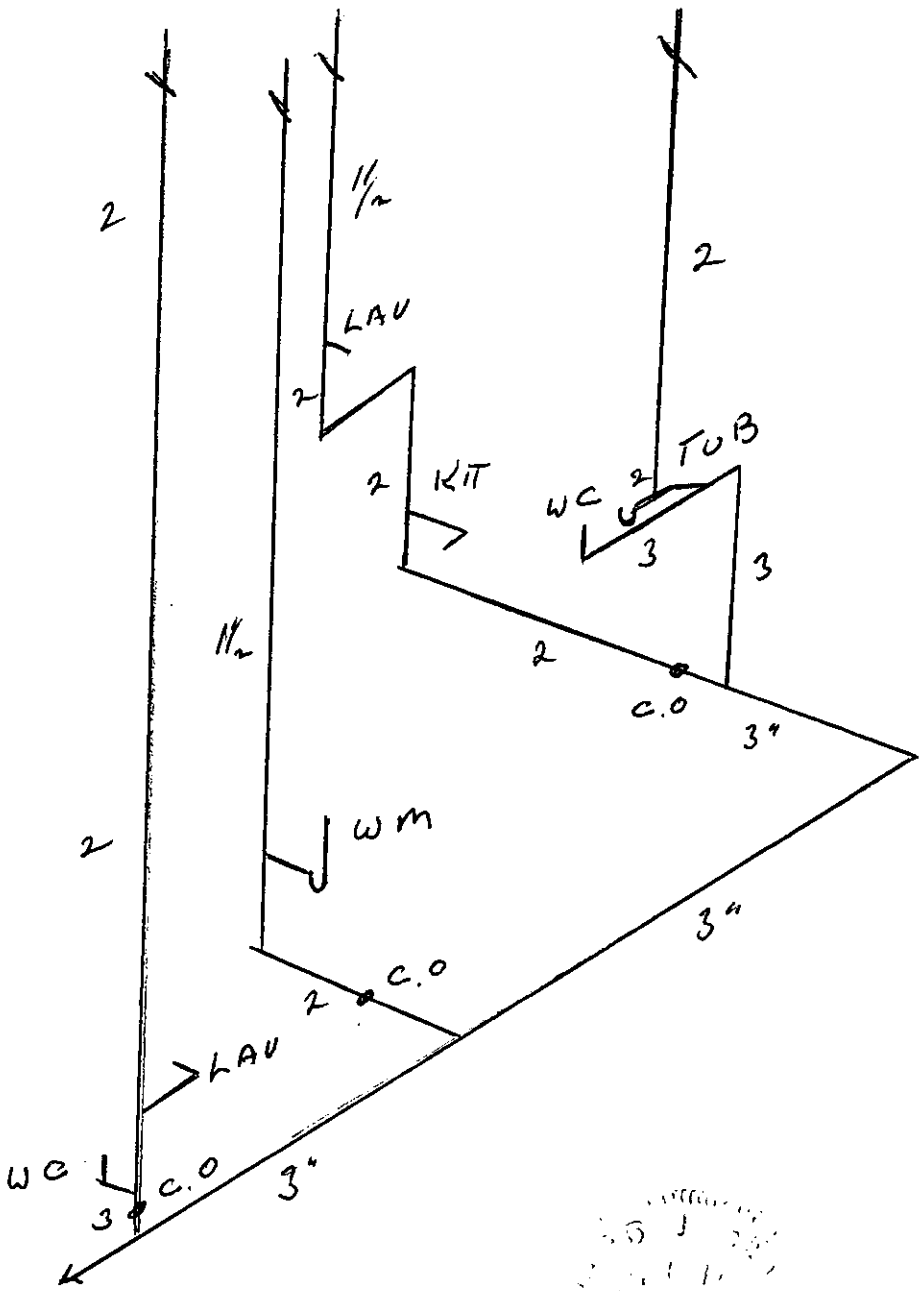
1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA
2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.
3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET, SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR,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

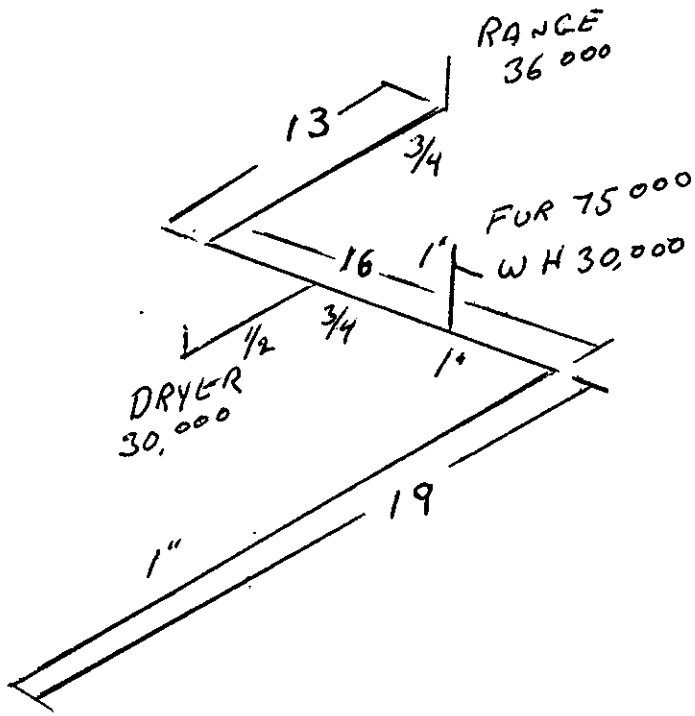
APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

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.





Bernard Seyferd

Lot 7 - Block 90
SANDY POINT DR

GPS
GENERAL PLUMBING SUPPLY
Distributors: Plumbing/Heating/Cooling/Industrial Supplies

TOMS RIVER
(908) 240-4700 • FAX. (908) 286-0270
MANAHAWKIN
(609) 597-3003 • FAX. (609) 597-6633
PLEASANTVILLE
(609) 646-1700 • FAX. (609) 641-4036

TOMS RIVER PLUMBING SUPPLY

Job Heat Loss Calculation #100255 03/23/94

Job Name	:R & S HEATING	Job Location	:
Wholesaler	:GENERAL PLUMBING SUPPLY	Contractor	:
Prepared By	:JOHN MCGARRY	Job Remarks	:NEW 2-STORY COLONIAL

Room#	Room Name	Factor	Room Size	BTU Loss	Ft Baseboard
1	ENTRY FOYER	2.00	8 X 9 X 14	4,581.3600	9.2
2	LIVING ROOM	3.00	8 X 13 X 15	6,429.5000	12.9
3	DINING ROOM	4.00	8 X 12 X 13	5,018.7200	10.0
4	KITCHEN	5.00	8 X 13 X 10	2,611.0000	5.2
5	FAMILY ROOM	6.00	8 X 18 X 13	9,355.6400	18.7
6	LAUNDRY ROOM	7.00	8 X 5 X 9	1,984.5000	4.0
7	BATH	8.00	8 X 5 X 5	1,301.1600 *	2.6
8	MAST BEDROOM	9.00	8 X 16 X 21	8,840.7200	17.7
9	WALK-IN CLOS	10.00	8 X 9 X 8	1,441.1600	3.3
10	BATH	11.00	8 X 7 X 11	2,458.0080 *	4.9
11	BEDROOM #3	12.00	8 X 11 X 14	4,414.4600	8.8
12	BEDROOM #2	13.00	8 X 11 X 15	4,658.5000	9.3
Totals	:			53,297.7480	106.6

* BTU calculations have been increased 20% to allow for extra heat in bathroom.

Dimensional Data :

Room#	Sq. Ft. Net Wall	Sq. Ft. Glass Exp	Sq. Ft. Ceiling Exp	Sq. Ft. Floor Exp	Cu. Ft. Volume	Sq. Ft. Living Area
1	39	33	0	126	1,008	126
2	179	45	0	195	1,560	195
3	170	30	0	156	1,248	156
4	68	12	0	130	1,040	130
5	302	42	156	234	1,872	234
6	51	21	0	45	360	45
7	74	6	0	25	200	25
8	266	30	336	0	2,688	336
9	136	0	72	0	576	72
10	47	9	77	0	616	77
11	165	15	154	0	1,232	154
12	193	15	165	0	1,320	165
Total	1,710	258	960	911	13,720	1,715

BTU Heat Loss Data :

Room#	Wall Loss	Glass	Ceiling	Floor	Infiltration	Total BTU
1	191.10	1,409.10	0.00	441.00	2,540.16	4,581.36
2	877.10	1,921.50	0.00	682.50	2,948.40	6,429.50
3	833.00	1,281.00	0.00	546.00	2,358.72	5,018.72

This is a multi-purpose form.

As a **PURCHASE ORDER**, the following terms and conditions apply:

TERMS AND CONDITIONS

1. Please advise buyer before shipment if order does not meet minimum billing or freight requirements.
2. Terms: — Terms as previously arranged or specified on this order.
3. Acceptance: — Acknowledgement of this order must be made in writing by return mail. Acceptance of this order constitutes acceptance of all conditions herein.
4. Prices: — This order must not be filled at prices higher than noted without authority of the Purchasing Manager.
5. Quality and Inspection: — All material furnished must be as specified and will be subject to inspection and approval of Purchasing Manager after delivery. The right is reserved to reject and return at the risk and expense of the supplier such portion of any shipment which may be defective or fail to comply with specifications without invalidating the remainder of the order.
6. Quantity: — The specific quantity ordered must not be increased without Purchasing Manager's permission in writing.
7. Non-Performance: — Purchasing Manager reserves the right to cancel this order or any portion of same if delivery is not made when and as specified, time being of the essence.
8. Liability-Faulty Merchandise: — Vendor will hold harmless consignee in event of claims for damages due to faulty merchandise or workmanship.
9. Back Orders-Partial Shipments: — Vendor will treat partial shipments as to prices, discounts, freight allowances and terms as if order had been shipped in full.
10. Freight: — Do not ship collect. If freight is not allowed, prepay and add to invoice.
11. Payments: — All goods received after 25th of month considered as 1st of following month's billing.
    Invoices received after 25th of month for goods shipped direct to our customer considered as 1st of the following month's billing.
12. Authority: — This purchase order is not valid unless signed by Purchasing Manager.
13. Errors: — We reserve the right to assess a $25.00 handling charge on all orders returned to vendor due to vendor's error and/or faulty merchandise.

As a **SALES ORDER** or **CASH SALE RECEIPT**, the following terms and conditions apply:

1. Discounts allowed only as shown according to terms:
2. Terms: 10th prox. net 11 prox. unless otherwise noted.
3. Delinquent accounts are subject to a service charge of 2% per month, 24% per annum.
4. Minimum billing $10.00.
5. No discount allowed on sales or federal excise taxes and/or freight charges.
6. No materials accepted for credit unless authorized and our invoice number furnished.
7. Merchandise ordered special is not returnable.
8. All materials returned are subject to a 20% handling charge.
9. Carrier is responsible for goods broken or lost in transit.
10. No distributor warranties unless otherwise specified in writing. As vendor of this article, we make no warranties or representations expressed or implied as to workmanship, performance, quality, durability, fitness or merchantability. The only warranties applying to the articles sold hereunder are those specifically provided in writing by the manufacturer.
11. All claims for shortages must be made within 24 hours.
12. All special orders not subject to change, return or cancellation.
13. Special orders require a 50% deposit.
14. No returns accepted after 10 days.
15. No returns accepted without sales slip and if not in original packaging.
16. Side walk delivery only.
17. Claims for shortage or damage must be noted on delivery.

GPS
GENERAL PLUMBING SUPPLY

TOMS RIVER
(908) 240-4700 • FAX. (908) 286-0270
MANAHAWKIN
(609) 597-3003 • FAX. (609) 597-6633
PLEASANTVILLE
(609) 646-1700 • FAX. (609) 641-4036

Distributors: Plumbing/Heating/Cooling/Industrial Supplies

TOMS RIVER PLUMBING SUPPLY

Job Heat Loss Calculation #100235 03/23/94

Job Name :R & S HEATING
Job Location :
Wholesaler :GENERAL PLUMBING SUPPLY
Contractor :
Prepared By :JOHN MCGARRY
Job Remarks :NEW 2-STORY COLONIAL

4	333.20	512.40	0.00	455.00	1,310.40	2,611.00
5	1,479.80	1,793.40	546.00	819.00	4,717.44	9,355.64
6	249.90	896.70	0.00	157.50	680.40	1,984.50
7	435.12	307.44	0.00	105.00	453.60	1,301.16
8	1,303.40	1,281.00	1,176.00	0.00	5,080.32	8,840.72
9	666.40	0.00	252.00	0.00	725.76	1,644.16
10	276.36	461.16	323.40	0.00	1,397.09	2,458.01
11	706.50	640.50	539.00	0.00	2,328.48	4,414.48
12	945.70	640.50	577.50	0.00	2,494.80	4,658.50
Total	8,498	11,145	3,414	3,206	27,036	53,298
%	16	21	6	6	51	100

The average BTU per Sq. Ft. of Living Area is : 31.08
The average BTU per Cu. Ft. of Living Area is : 3.88

Factors used in Heat Loss Calculations :

Factor#	Wall	Gloss	Ceiling	Floor	Infiltra	BTU Output	Temp
2	0.07	0.61	0.05	0.05	0.36	500	70
3	0.07	0.61	0.05	0.05	0.27	500	70
4	0.07	0.61	0.05	0.05	0.27	500	70
5	0.07	0.61	0.05	0.05	0.18	500	70
6	0.07	0.61	0.05	0.05	0.36	500	70
7	0.07	0.61	0.05	0.05	0.27	500	70
8	0.07	0.61	0.05	0.05	0.27	500	70
9	0.07	0.61	0.05	0.05	0.27	500	70
10	0.07	0.61	0.05	0.05	0.18	500	70
11	0.07	0.61	0.05	0.05	0.27	500	70
12	0.07	0.61	0.05	0.05	0.27	500	70
13	0.07	0.61	0.05	0.05	0.27	500	70

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TERMS AND CONDITIONS

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4. Minimum billing $10.00.
5. No discount allowed on sales or federal excise taxes and/or freight charges.
6. No materials accepted for credit unless authorized and our invoice number furnished.
7. Merchandise ordered special is not returnable.
8. All materials returned are subject to a 20% handling charge.
9. Carrier is responsible for goods broken or lost in transit.
10. No distributor warranties unless otherwise specified in writing. As vendor of this article, we make no warranties or representations expressed or implied as to workmanship, performance, quality, durability, fitness or merchantability. The only warranties applying to the articles sold hereunder are those specifically provided in writing by the manufacturer.
11. All claims for shortages must be made within 24 hours.
12. All special orders not subject to change, return or cancellation.
13. Special orders require a 50% deposit.
14. No returns accepted after 10 days.
15. No returns accepted without sales slip and if not in original packaging.
16. Side walk delivery only.
17. Claims for shortage or damage must be noted on delivery.

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date 11-1-94

NAME Kruger Construction Co.

ADDRESS 80 Driftwood Dr. Brick, NJ 08723

PROPERTY LOCATION 19 Sandy Point Drive

Account No. C332863 Block 90 Lot 7-

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

For the Authority Diane Mino

INSPECTOR: K Shuler for JW

DATE: 10/20/94

JOB: Sandy Point Estates SDR SECTION: Magnolia Rd

TYPE OF WORK: Final Eng

LOCATION: Sandy Point Dr

WEATHER: Pt Sunny

TEMPERATURE: 60's

BLOCK: 90 LOT: 7

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

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

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ ] 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.

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

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

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: Brick

PROJECT: Stony Point SCD NO.: 3181

BLOCK NO.(s) 90 LOT NO.(s) 7

Complete Compliance ☒ Temporary Compliance ☐

Block No.	Lot No.	Conditions
		APPLICANT SHALL RETAIN FULL RESPONSIBILITY FOR PROPER STABILIZATION ADDITIONAL MEASURES WILL BE REQUIRED IF DOWNSPOUTS CREATE A PROBLEM.

TOTAL FEES DUE: $ 75

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

AGENT RESPONSIBLE FOR PROJECT: Samuel & Irene A

AUTHORIZED DISTRICT SIGNATURE:

DATE: 11/8/94

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 8/92

INSP

#A5464

NJ Department of Community Affairs
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program
CN 805
Trenton, NJ 08625-0805

Certificate of Participation

in the New Home Warranty Security Fund

Owner ☐ **Check if for Common Elements***

1 VERA A. BOSSANY

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 ODDVAR KRUGER ✓

Name

80 DRIFTWOOD DR ✓

Street and Number (Mailing Address)

BRICK NJ 08723 ✓

City State Zip Code

Phone Number (908) 920-7938 ✓

NJ Builder Registration Number 02 3356 ✓

Print Builder Name ODDVAR KRUGER ✓

Registered Builder's Signature VP

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

New Dwelling Location

3 19 SANDY POINT DRIVE

Street Name and Number

Building Number BRICK Unit Number NJ Total Number of Units in Building 08723

City 90 Zip Code 7

Block Number BRICK Lot Number OCEAN

Municipality County 1506

Commencement Date of Warranty

4 Commencement Date*** Oct 31 1994

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**** $ 131,000 -

Amount of Premium $ 491 ✓ VB

(Rate .00375 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 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.

CERTIFICATE NUMBER

Note to Owner:
Any disagreement with information in blocks 1, 3, 4, and 5 on this certificate must be reported to the New Home Warranty Program within 45 days from its receipt. Your Builder/Warrantor must give you a Homeowner's Booklet with this certificate. If you did not receive it, write to the above address.

This certifies that the above described dwelling unit carries a New Home Warranty issued pursuant to the New Home Warranty and Builders' Registration Act, NJSA 46:3B-1 et seq. Said warranty is valid for varying periods of 1, 2, and 10 years.

VALIDATION STAMP

109242 OCT 3 94

WARRANTY NUMBER

7685c rev.7/93

MUNICIPAL COPY