323.23

BLOCK 323.23 LOT 7 ADDRESS (SITE) Katie Lynn Ct. PERMIT NO. 2168-90

RECEIVED OCT 22 1990 BUILDING

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: KATIE LYNN CT
2. Name of Owner in Fee: C + C CERAMI Tel [redacted]
   Address 2304 GRAND CENTRAL LAVALLETTE 08753 (street / municipality / zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: C + C CERAMI Tel. (____) ______
   Address SAME
   License No. OR, if new home, Builder Reg. No. 4191 Exp. Date 5-91
   Federal Emp. No. ______ Social Security No. ______
5. Architect or Engineer PETER GRYGOTIS Tel. (____) 367-8822
   Address ______
6. Responsible Person In Charge of Work Charles Cerami Tel. (____) SAME

V. FEE SUMMARY (for office use only)

		$	Update	Update
1.	Building	$ 315.23		
2.	Electrical			
3.	Plumbing	115.—	15 Pd 2-26-92 Ck#	
4.	Fire Protection	90—		
5.	Other Fire place			
6.	Subtotal	$ 520.23		
7.	Less 20% for State Plan Review	5.00		
8.	Subtotal	$		
9.	DCA Training Fee	49.03		
10.	Subtotal	$		
11.	Cert. of Occupancy	78.03		
12.	Other			
13.	TOTAL	$ 652.29		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	24 ft.	
3. Area—Largest Floor	1357 sq. ft.	
4. Building Area—All Floors	2389 sq. ft.	
5. Volume of Structure	35026 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	2244 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		

PROTO

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☑ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☒ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	60,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			11/19/90	RK	final 2-27-92	JC	
	11-9-90		11-9-90		final fire 2-27-92		
	10-30-90	10-30-90	11-7-90		2/25/92		
		Eng	10/29/90	AP	2/26/92	TCB	

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☑ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction ______
After Construction ______
Net gain or loss ______

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group: R3
3. Change in Use Group, Indicate Former:

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

OK Soil temp Eng TCB
Howell CC

LDS BR 10204791

ZOK

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 Charles Cellura Date 10-23-90

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	COMMENTS
☐ Planning Board									
☑ 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	SIC	10/26/90	house						
☐									
☐									

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. 2168	2.27.92	4-30-92
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☑ Certificate of Occupancy	No. 2168	3-6-92	

CERTIFICATE

Date Issued 3/6/92
Control #
Permit # 2168-90

IDENTIFICATION

Block 323.23 Lot 7
Work Site Location 224 Katie Lynn Ct.

Owner in Fee C & C Cerami
Address 2304 Grand Central
Lavallette, NJ
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 097927
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Single family dwelling

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ **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. Ciarzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CERTIFICATE

Date Issued 2-27-92
Control #
Permit # 2168-90

IDENTIFICATION

Block 323.23 Lot 7
Work Site Location 224 Katie Lynn Ct.

Owner in Fee C & C Cerami
Address 2304 Grand Central
Lavallette, NJ
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 097927
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Single family dwelling

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **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.

XX ☑ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than April 30, 19 92 or the owner will be subject to a fine or order to vacate: Pending compliance with Engineering (black top in driveway) and Ocean County Soil (seeding in rear yard)

Arthur J. Ciarco
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

TOWNSHIP OF BRICK

APPLICATION FOR CERTIFICATE

PERMIT NO. 2168-90
DATE ISSUED 2-26-92
Block 323.23 Lot 7
Subdivision
Notice No.

IDENTIFICATION

OWNER:
Name C + C CERAMI
Address 2304 GRAND CENTRAL
Town/State/Zip LAVALLETTE NJ. 08735 Tel. (___)

CONSTRUCTION LOCATION:
Address 224 KATIE LYNN CT
BRICK TOWN

ACTION

☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: R-3 Previous R-3 Current

FINAL COST OF CONSTRUCTION: $ 150,000
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

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

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

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

SIGNED: Charles W Cerami
OWNER/AGENT

☒ Owner
☐ Agent

U.C.C. Form F-270 (8/83)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 11/19/90
Control #
Permit # 2168-90

IDENTIFICATION Block 323.23 Lot 7

Work Site Location Katie Lynn Ct

Owner in Fee C & C Carany

Address 2304 Brand Ave
La Vallette NJ

Tele. ( )

Contractor
Address.

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

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Single family Dwelling
25026

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 $ 60,000

(signature)
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		2168##
Building	315 BLOCK	0.00
Plumbing	115.00 323 #	
Electrical	LOT	0.00
Fire Protection	90 — 7 #	
Other	BUILDING	315.23
Other	P/R 5 PLUMBING	115.00
DCA Training Fee	49 PLAN RVW	5.00
Cert. of Occ.	78 FIRE 3	90.00
Other	D.C.A.	49.03
Total	652.29	78.03
Check No.	X TOTAL	652.29
Cash	/ CHECK	652.29
Collected By:	(initials)	

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

PERMIT UPDATE

Date Update Issued
Control #
Permit #
Date Permit Issued

IDENTIFICATION Block 323.23 Lot 7
Work Site Location
Owner in Fee
Address
Tele. ( )

Contractor
Address
Tele. ( ) **0005**
Lic. No. or Bldrs. Reg. No. 2168**
Federal Emp. No. or Social Security No. 323-23

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

BLOCK 0.00
LOT 0.00

PAYMENTS (Office Use Only) 7 #

Building	15.00
Plumbing	15.00
Electrical	15.00
Fire Protection	0.00
Other	13.52
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

PLUMBING
TOTAL
CASH
CHANGE
02/26/92 NO. 3 0017H003

U.C.C. Form F-190A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/19/90
Date Issued
Control #
Permit # 2168-90

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

Block 323.23 Lot 7
Work Site Location KATIE LYNN CT

Owner in Fee C + C CERAMI
Address 2304 GRAND CENTRAL
LAUREL TTE
Tele [redacted]
Contractor SAME
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

2 story Dwelling on Crawl
2 car garage

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[✓] All	11/19/90		Footing			11-16-90	
[ ] Footing			Foundation			11-20-90	
[ ] Foundation			Slab				
[ ] Frame			Frame			9/30/91	
[ ] Other			Insulation			9/24/92	
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[X] CO [ ] CCO [ ] CA			TCO				
Date: 2-26-92			Other				
Approved By: J. Chuala			Final				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed ✓
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 24 Ft.
Area—Largest Floor 1357 Sq. Ft.
Total Bldg. Area/All Floors 2389 Sq. Ft.
Volume of Structure 35026 Cu. Ft.
Total Land Area Disturbed 2244 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 60,000
2. Alteration $
3. Total (1+2) $

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

(Office Use Only)
FEE
$

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

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

2-26-92 - Final O.K. - no $ until letter on upstairs is received -JK-

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/19/90
Date Issued
Control #
Permit # 216f-90

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

Block 323.23 Lot 7
Work Site Location KATIE LYNN CT

Owner in Fee C + C CERAMI
Address 2304 GRAND CENTRAL
LAVALLETTE
Tele. [redacted]
Contractor SAME
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[✓] All	11/19/90	PC	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ✓
Constr. Class Present ____ Proposed ____
No. of Stories 2
Height of Structure 24 Ft.
Area—Largest Floor 1357 Sq. Ft.
Total Bldg. Area/All Floors 2389 Sq. Ft.
Volume of Structure 35026 Cu. Ft.
Total Land Area Disturbed 2244 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 60,000
2. Alteration $ ____
3. Total (1+2) $ ____

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2 story Dwelling on Crawl
2 car garage

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

(Office Use Only)
FEE
$

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11/19/90
Date Issued
Control #
Permit # 2168-90

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

Block 323, 23 Lot 7
Work Site Location KATIE LYNN CT

Owner in Fee C+C CERAMI
Address 2304 GRAND CONTRAL
VALLETTE
Tele [redacted]
Contractor SAME
Address

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

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 11-8-90
Approved by: JE

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 2-26-92
Approved by: JE

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			2-26-92	JE
Mechanical			2-26-92	JE
TCO				
Other Final			2-26-92	JE
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 New Duct Work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	3	10—
Heat Detectors		
TOTAL	3	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Plans & Insp		35—
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Furnace		25—
Gas or Oil Fired Appliance		
OTHER Fire Place		30—
Administrative Surcharge		$
Paid [ ] Check # Minimum Fee		$
Collected by TOTAL FEE		$ 90—

U.C.C. Form F-140A

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11/19/90
Date Issued
Control #
Permit # 2168-90

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

Block 323.23 Lot 7
Work Site Location KATIE LYNN CT

Owner in Fee C+C CERAMI
Address 2304 GRAND CENTRAL
LAVALLETTE
Tele. [redacted]
Contractor SAME
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 11-8-90
Approved by: RE

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

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

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work New Dwelling

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	3	10—
Heat Detectors		
TOTAL	3	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Plans & Insp		35—
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Furnace		25—
Gas or Oil Fired Appliance		
OTHER Fire Place		30—
	Administrative Surcharge $	
	Minimum Fee $	90—
	TOTAL FEE $	

Paid [ ] Check #
Collected by

U.C.C. Form F-140A

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

~~70088~~

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # JAN 17 92 0 0 0 5 9 4

Brick

Unfinished 2nd Floor garage Door open

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

Block 323.23 Lot 7
Work Site Location 224 Katie Lynn Ct.
Bricktown NJ.
Owner in Fee C+C Cermini
Address 2304 Grandcentral Av.
Lavalette NJ.
Tele. ( )
Contractor Eastside Electrical Cont.
Address 1437 Delaware Av.
Toms River NJ.
Tele. (908) 270-9048
Lic. No. 9572
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as Res. Dwelling Utility Co. JCP&L
Est. Cost of Elec. Work $ 2200.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 2-27-92
Approved by: D. Koelus

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			1-21-92	1427
Temporary			1-21-92	1427
Constr. Serv.				
TCO				
Other				
Service				
Final	2-25-92 #4		2-27-92	

Temp. Cut-in-Card Date Issued 1-21-92 1427
Final Cut-in-Card Date Issued 2-27-92
Line Dept.

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.

Timothy P. Rumsey
Signature Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
11		Fixtures (1)	
35		Receptacles (2)	
14		Switches (3)	
60		Total 1 + 2 + 3	48
		Range	
		Oven(s)	
		Surface Unit	
1	20A	Dishwasher	4
		Garbage Disposal	
		Dryer	4
1	30A	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
3		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
1	20A	Central heat:	
		oil, (gas) or elec.	2
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
1	150A	Service Entrance	10
		Other	

Administrative Surcharge $ _____
Paid [✓] Check # 408 Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ 68.—

RPF

U.C.C. Form F-120A

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

1-21-93 2nd FL HAS S.D., RECPT. IN HALL 4 3 WAY LT SW. ONLY FF1427

2-25-92 (1) cold water ground removed
& Rec. missing behind door in family Room
(3) W.P. bowl missing in rear of house
(4) Need O.K from B.T 2nd floor Rough plumbing framed for Rdmes
& No R/W

2-25-92
first flr only final OK
2nd flr not being finished at this time / will be done later on new permit

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 11/19/90
Date Issued
Control #
Permit # 2168-90

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

Block 323.23 Lot 7
Work Site Location 224 KATY LYNN DR.

Owner in Fee C & C CERAMI
Address RT 35 N.
EGG HARBOR TWP. N.J.
Tele. [redacted]
Contractor FRANK D. SMITH
Address 33 ST. THOMAS AVE.
TOMS RIVER N.J.
Tele. (201) 506-0333
Lic. No. 8242
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed ✓
Building Sewer Size 3"
Water Service Size 1"
Estimated Cost of Plumbing Work $ $5000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 11-7-90
Approved by: [signature]
first flr only

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: [signature]
Date: 2-25-92

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	1-17-92		1-24-92	[signature]
Water				
Sewer				
Fixtures				
Gas Equipment			1-17-92	[signature]
Gas Final				
Solar				
TCO				
CO	2-21-92			

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]
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	15.—
	Urinal/Bidet	
1	Bath Tub	5.—
3	Lavatory	15.—
1	Shower	5.—
	Floor Drain	
	[redacted]nk	5.—
	[redacted]shwasher	5.—
	[redacted]inking Fountain	
	[redacted]ashing Machine	5.—
2	Hose Bibb	
4	Gas Piping	15.—
	Fuel Oil Piping	
1	Water Heater	5.—
1	~~Steam Boiler~~ FURNACE	15.—
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	~~Water Cooled~~ A/C ~~or Refrigeration Unit~~	15.—
	Sewer Connection	
1	Water Service Connection	
1	Gas Service Connection	
	Active Solar System	
	Other VENT	10.—

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 115.—

extra 1-bathtub
Due #15—

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 11/19/90
Date Issued
Control #
Permit # 2168-90

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

Block 323.23 Lot 7
Work Site Location KATY LYNN DR.

Owner in Fee C & C CERAMI
Address Rt 35 N.
N. J.
Tele [redacted]
Contractor FRANK D. SMITH
Address 33 ST. THOMAS AVE.
TOMS RIVER N.J.
Tele. (201) 506-0333
Lic. No. 8242
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed ✓
Building Sewer Size 3"
Water Service Size 1"
Estimated Cost of Plumbing Work $ $ 5000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 11-7-90
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 Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 115.—

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

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date Feb 27, 1992

NAME LOS TRES CABALLEROS

ADDRESS 250 WASHINGTON STREET TOMS RIVER, NJ

PROPERTY LOCATION 224 KATIE LYNN CT.

Account No. G999747 Block 323-23 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 Kevin Brereton

BLOCK 323.23

LOT 7

DATE 10-30-90

PLUMBING & MECHANICAL CHECK LIST

called 11-1
left message

- X TECHNICAL SECTION INCOMPLETE
- X PLUMBER'S IDENTIFICATION & SEAL
- X ISOMETRIC SKETCH
- LIST OF EXISTING FIXTURES
- X GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)
- SIZE OF EXISTING HEATING UNIT
- X BROCHURE FOR NEW HEATING UNIT
- X HEAT LOSS SURVEY
- BARRIER-FREE CODE REQUIREMENTS
- OTHER

TOWNSHIP OF
BRICK NJ

11/19/90 NO. 3

0004
[illegible]**

BLOCK	0.00
323 #	
LOT	0.00
1 #	
BUILDING	[illegible].23
PLUMBING	1[illegible]5.00
PLAN REV	5.00

FIRE	9[illegible].00
[illegible]	49.06
C / O	73.03
TOTAL	632.29
CHECK	632.29
CHANGE	0.00

[illegible]

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

Please note our new address: ...ms River, NJ 08754
OCEAN SOIL CONSERVATION DISTRICT
714 Lacey Road
Forked River, NJ 08731
Telephone: 609-971-7002

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK TOWNSHIP

PROJECT: CIRCLE ESTATES SCD NO.: 3408

BLOCK NO.(s) 323.23 LOT NO.(s) 7

— —

Complete Compliance ☒ Temporary Compliance ☐

BLOCK NO.	LOT NO.	CONDITIONS
—	—	

RECEIVED
MAR 9 1992
DIV. OF INSPECTION

Total Fees Due: $

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

AGENT RESPONSIBLE FOR PROJECT:

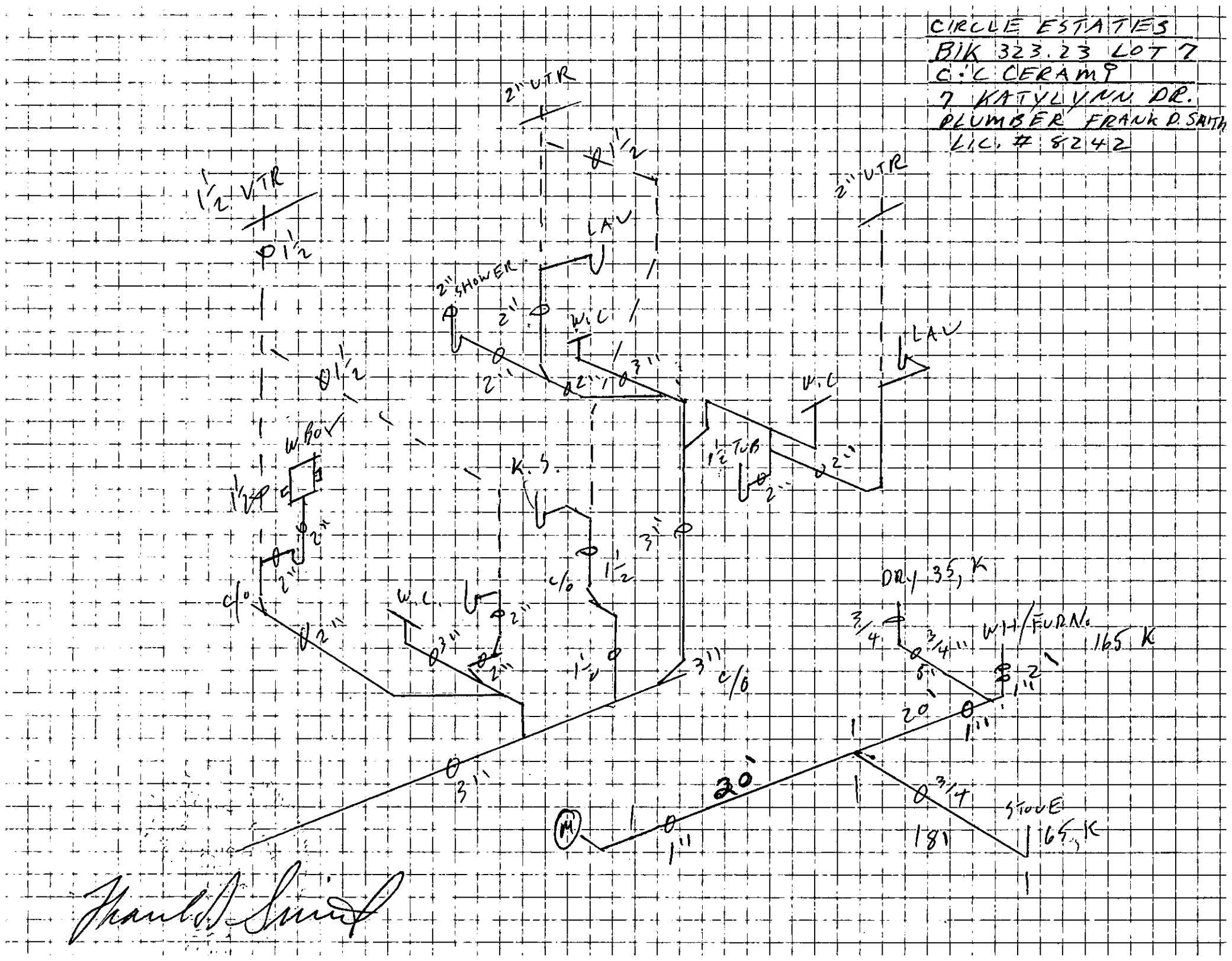
AUTHORIZED DISTRICT SIGNATURE: Allan Penn

Date: March 6, 1992

Distribution: White-Township Canary-Applicant Pink-District

A4687

CIRCLE ESTATES
BLK 323.23 LOT 7
C.I.C CERAMIC
7 KATYLYNN DR.
PLUMBER FRANK D. SMITH
LIC. # 8242



CALLED RE MESSAGE ON MACHINE RK 11/9/96

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Division of Inspectio

A.J. Cierzo,
Construction Offici

(201) 477-3000, ext.

CHECK LIST

RE: Block 323.23 Lot 7 Address KATIE LYNN CT.

Please be advised that your application for a construction permit for the subject property has beenrejected due to deficiencies in the following areas:

Administrative _____

Zoning _____

Engineering _____

Building UPDATE & GOOD RAILS TO GO CODE

Plumbing _____

Electric _____

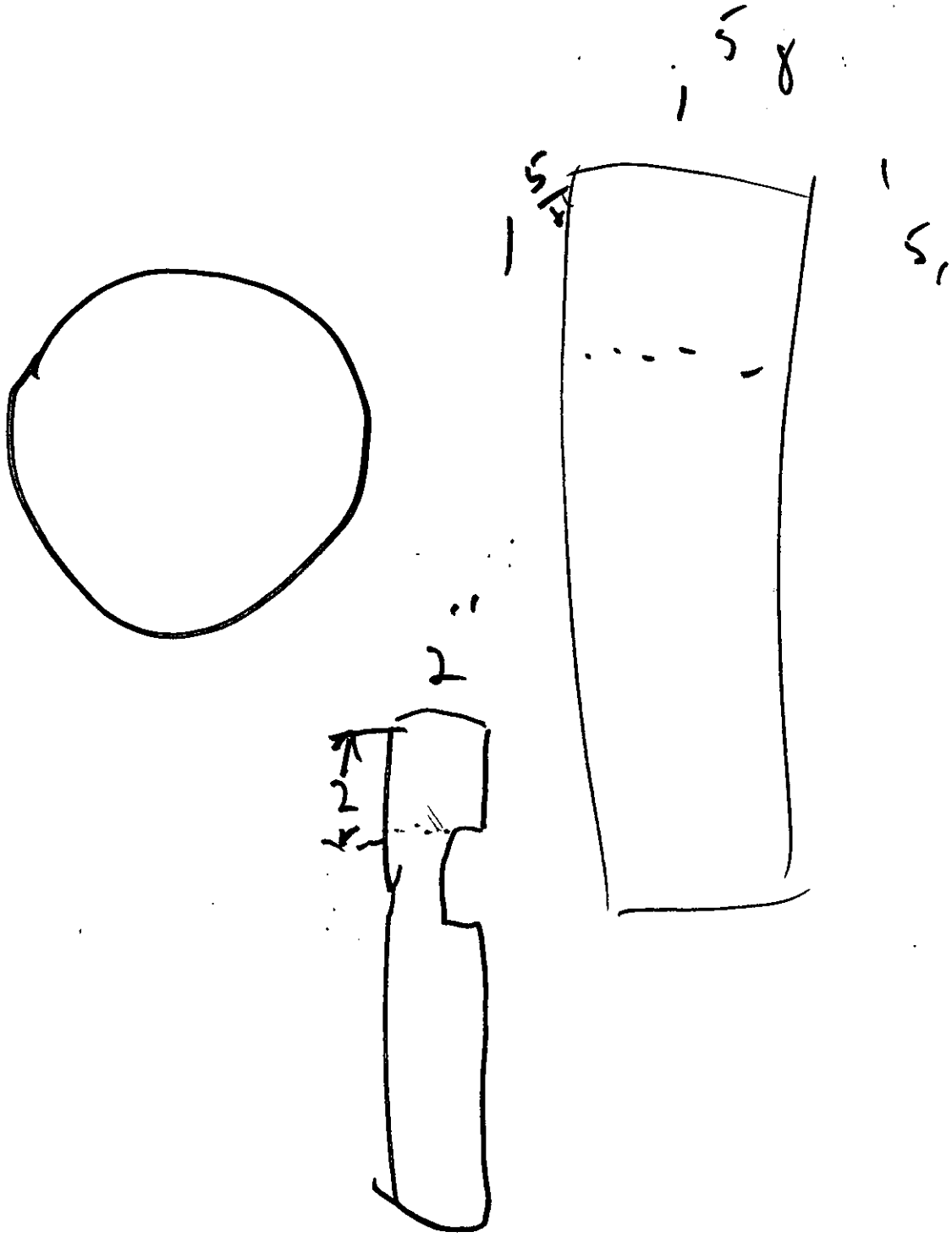
Fire _____

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your applicatio accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time lim ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the applicat resubmitted.

Arthur J. Cierzo,
Construction Official

Date


2
2

Peter M. Grygotis, Architect
421 W. County Line Road
Lakewood, N.J. 08701

C & C CERAMI
2304 Grand Central
Lavallette, N.J. 08735

Lot #7

SIZING FOR WATER AND SEWER SERVICES

Property Owner C + C CERAMI Date 11-7-80

Property Address KATY LYNN DR. Block 323.23 Lot 7

Zoning _____ Use Group _____

Contractor SMITH License No. Registration 8242

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	3	(3) 9	( )
2. Lavatory	3	(1) 3	( )
3. Bath Tub	1	(2) 2	( )
4. Shower Stall	1	(2) 2	( )
5. Kitchen Sink	1	(2) 2	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	1	(1) 1	( )
9. Washing Machine	1	(3) 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 22

Gallons per minute 15.2

Size of Service 1"

Date: 11-7-80

Approved: J. W. Spl
Brick Township Plumbing Inspector

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road
Forked River, NJ 08731 609.971.7002 NJ 08754

RECEIVED
FEB 1 8 1992

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK DIV. OF INSPECTION

PROJECT: CIRCLE ESTATES SCD NO.: 3408

BLOCK NO.(s) 323.23 LOT NO.(s) 7

Complete Compliance ☐ Temporary Compliance ☑

BLOCK NO.	LOT NO.	CONDITIONS
		This **TEMPORARY** compliance expires on **APRIL 30, 1992.** The applicant is required to notify this office when work is properly completed. A $55.00 re-inspection fee will be billed to the applicant for each day required work is not properly completed. NO COMPLIANCES will be issued after APRIL 24, 1992, until **ALL** temporary compliances have met permanent stabilization requirements.

Total Fees Due: $ 55.00

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

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: [signature]

Date: 1/23/92

Distribution: White-Township Canary-Applicant Pink-District

A4687

To Whom It May Concern

I request permission to store belongings at 224 Katie Lynn Court, Block 323.23 Lot 7. I will not hold the township responsible in any way and I will not occupy the premises until I receive the C.O.

Thank You.

Charles Cerami

Florence L. Mirachi Exp. 2/26/94
Florence L. Mirachi - Notary

RECEIVED
FEB 26 1992
DIV. OF INSPECTION

To Whom It May Concern

I request permission to store belongings at 224 Katie Lynn Court, Block 323.23 Lot 7. I will not hold the township responsible in any way and I will not occupy the premises until I receive the C.O.

Thank You.

_____
Charles Cerami

_____
Florence L. Mirachi - Notary

To Brick Township Building Department

I Virgil Lanni and my wife Bonnie Lanni absolve any responsibility of the city of Bricktownship toward fire or theft in regards to the storing of furniture and personal belongings at 224 KATIE LYNN COURT. (Lot #7) (Block # 323-23) I WILL NOT OCCUPY THE PREMISES IN ANYWAY.

C. Lanni Const.
2/26/92 owner/contractor
Very Truly Yours

Virgil J. Lanni
VIRGIL J. LANNI

RECEIVED
FEB 26 1992
DIV. OF INSPECTION

Bonnie A. Lanni
BONNIE A. LANNI

INSPECTOR: MURTAGH JAMES

DATE: 2 25 92

JOB: CIRCLE EST.

SECTION: 1

TYPE OF WORK: FINAL ENG

WEATHER: RAIN

LOCATION: KATIE LYNN CT.

TEMPERATURE: 40

BLOCK: 323.23 LOT: 7

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

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

COMMENTS REFERENCING ITEM NUMBER:

(1-7) DRIVE HAS ONLY GRAVEL BASE. TO BE COMPLETED BY MAY 1 AS PER ATT. NOTE FROM CONTRACTOR

RECOMMENDATIONS:

☒ TEMP. C.O.

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[HWD.] MUNICIPAL ENGINEER

E.C. AS PER HANK

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.

To Whom It May Concern

The house under constructin at 224 Katie Lynn Court, Block 323.23, Lot 7, originally was going to have a finished second floor. It is now being sold by me with an unfinished second floor as per plans submitted.

I have advised the buyer in the event he goes to finish the second floor he will have to get permits to do so at that time.

As of now, the second floor has insulation, heat, rough plumbing, and rough electric, as well as a tub and shower base. All other work for completion will be done by the buyer in the future.

Thank You.

Charles Cerami, Builder

Florence L. Mirachi - Notary

To Whom It May Concern

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Thank You.

Charles Cerami, Builder

Florence L. Mirachi - Notary - Exp. 2/26/94

Florence L. Mirachi - Notary

RECEIVED

FEB 26 1992

DIV. OF INSPECTION

2-26-92 See H.O.W. file

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(908) 477-3000, Ext. 260
Fax: (908) 920-4850

February 26, 1992

R. McCoullough
Ocean County Electric Bureau
2 Mott Place
Toms River, New Jersey 08753

Re: 224 Katie Lynn Court/Block 323.23, Lot 7

Dear Bob,

Please be advised that the owner Mr. Cerami,of the above referenced lot informed us by letter that he is now selling this dwelling with an unfinished second floor as per plans submitted.

Mr. Cerami also notes in his letter to us, that he advised the buyer that when he is ready to proceed and complete the upstairs he will have to get permits to do the necessary work.

At this point, and for your records the second floor has insulation, heat, rough plumbing, rough electric, as well as a tub and shower base.

Based on the letter from Mr Cerami, which is filed in the permit application please conduct your inspection for a final electric on all but the second floor based on letter in file.

Very truly yours,

Arthur J. Cierzo

Arthur J. Cierzo
Construction Official

cc: file

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(908) 477-3000, Ext. 260
Fax: (908) 920-4850

February 26, 1992

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Ocean County Electric Bureau
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Toms River, New Jersey 08753

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Very truly yours,

Arthur J. Cierzo

Arthur J. Cierzo
Construction Official

cc: file

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING AND DEVELOPMENT
BUREAU OF HOMEOWNER PROTECTION
NEW HOME WARRANTY PROGRAM
CN 805
Trenton, New Jersey 08625

CERTIFICATE OF PARTICIPATION

in New Home Warranty Security Fund

OWNER ☐ **CHECK IF FOR COMMON ELEMENTS***

1 VIRGIL & BONNIE LANNI

NAME OF OWNER WHO WILL BE FIRST RESIDENT. (WHEN USED FOR COMMON ELEMENTS; ENTER NAME OF CONDOMINIUM DEVELOPMENT. SEE INSTRUCTIONS.)

NEW DWELLING LOCATION

3 224 KATIE LYNN COURT
STREET NAME AND NUMBER

BUILDING UNIT NUMBER

BRICKTOWN 08723
CITY ZIP

323.23 7
BLOCK NUMBER LOT NUMBER

BRICKTOWN OCEAN
MUNICIPALITY COUNTY

COMMENCEMENT DATE OF WARRANTY

4

	month	day	year
COMMENCEMENT DATE	3	1	92

(The date of closing or first occupancy, whichever occurs first.)

NOTE: Any change in the commencement date must be reported to the Bureau.

OWNER: ANY DISAGREEMENT WITH INFORMATION ON THIS CERTIFICATE MUST BE REPORTED TO THE NEW HOME WARRANTY PROGRAM WITHIN 45 DAYS FROM ITS RECEIPT.

☐ CHECK IF EXCLUSION SHEET IS INCLUDED

REGISTERED BUILDER-WARRANTOR

2 CHARLES W CERAMI
NAME

2304 GRAND CENTRAL
STREET AND NO.

LAJALLETTE NJ. 08735
CITY STATE ZIP

PHONE NUMB [redacted]

N.J. BLDR. REGISTRATION # 004191

Charles W Cerami
Registered Builder's Signature

NOTE: WHERE TITLE IS TRANSFERRED, THE SELLER MUST BE THE REGISTERED BUILDER AND WARRANTOR.

PREMIUM PAYMENT

5

SELLING PRICE* $ _____
(NOT APPLICABLE IF THIS CERTIFICATE OF PARTICIPATION IS FOR CONDOMINIUM COMMON ELEMENTS*)

Amount of Premium $ 155,000.00
.004 x Selling Price

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

☐ CHECK IF HOUSE CONSTRUCTED ON OWNER'S LOT. CALCULATE WARRANTY PREMIUM AS FOLLOWS:

TOTAL CONTRACT PRICE 620.00

Amount of Premium $ _____
(1.25 x Total Contract Price x .004)

CHECK TYPE OF HOME:

SINGLE FAMILY ☑ **TWO-FAMILY** ☐ (single title) **CONDOMINIUM** ☐ **TOWNHOUSE** ☐

*NOTE: A SEPERATE CERTIFICATE OF PARTICIPATION IS REQUIRED FOR EACH INDIVIDUAL BUILDING IN A CONDOMINIUM DEVELOPMENT. A PREMIUM PAYMENT IS NOT REQUIRED.

NOTE: See reverse side for assignment of property.

OWNER NOTE:
A HOMEOWNER BOOKLET MUST BE GIVEN WITH THIS CERTIFICATE BY YOUR BUILDER-WARRANTOR. IF NOT RECEIVED—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, Chapter 46:3B-1 et seq. Said warranty is valid for varying periods of 1, 2, and 10 years subject to the terms

VALIDATION STAMP
CERTIFICATE NUMBER
097927 FEB 21 92
WARRANTY NUMBER

PLEASE REMOVE ALL CARBON PAPER BEFORE RETURNING

MUNICIPAL COPY

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING AND DEVELOPMENT
BUREAU OF HOMEOWNER PROTECTION
NEW HOME WARRANTY PROGRAM

VIRGIL + BONNIE LANNI
Owner

224 KATIE LYNN COURT
New Home Address

BRICKTOWN N.J. 08723

BLOCK 323.23 LOT 7

CHARLES W CERAMI
Builder

2304 GRAND CENTRAL
Address

LAVALLETTE N.J. 08735

Charles W Cerami
Signature

EXCLUSIONS

LIST ALL ITEMS OF LABOR AND/OR MATERIAL IN THE HOME FOR WHICH YOU AS THE BUILDER ARE NOT RESPONSIBLE UNDER THE WARRANTY COVERAGE. SUCH LABOR AND MATERIAL ARE DEEMED TO BE FURNISHED AND/OR INSTALLED BY THE HOME OWNERS OR THEIR CONTRACTOR.

PRINT OR TYPE (ATTACH ADDITIONAL SHEET IF NECESSARY)

2ND FLOOR PLUMBING, ELECTRIC, DOORS + TRIM, SHEETROCK, SMOKE DETECTORS, RUGS, ATTAIC STAIRS, + CERAMIC TILE, BATHROOM FIXTURES + VANITIES WILL BE SUPPLIED + INSTALLED BY NEW HOME OWNER. OK Rw

BUILDER IS ONLY RESPONABLE FOR ROUGH PLUMBING, ELECTRIC, CARPENTRY, INSULATION + HEAT (2ND FLOOR ONLY - PER CONVERSATION WITH CHARLES W. CERAMI ON 2-20-92 - 3:25 PM.) OK Rw

097921 FEB 21 92

THESE EXCLUSIONS BECOME A PART OF THE WARRANTY ISSUED:

COPIES TO: *HOMEOWNER, NEW HOME WARRANTY PROGRAM, BUILDER*

NHWP-1685e

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(908) 477-3000, Ext. 260
Fax: (908) 920-4850

February 26, 1992

R. McCoullough
Ocean County Electric Bureau
2 Mott Place
Toms River, New Jersey 08753

Re: 224 Katie Lynn Court/Block 323.23, Lot 7

Dear Bob,

Please be advised that the owner Mr. Cerami,of the above referenced lot informed us by letter that he is now selling this dwelling with an unfinished second floor as per plans submitted.

Mr. Cerami also notes in his letter to us, that he advised the buyer that when he is ready to proceed and complete the upstairs he will have to get permits to do the necessary work.

At this point, and for your records the second floor has insulation, heat, rough plumbing, rough electric, as well as a tub and shower base.

Based on the letter from Mr Cerami, which is filed in the permit application please conduct your inspection for a final electric on all but the second floor based on letter in file.

Very truly yours,

Arthur J. Cierzo

Arthur J. Cierzo
Construction Official

cc: file

INSPECTOR: JAMES MURTAGH

DATE: 3 4 92

JOB: CIRCLE EST SECTION: /

TYPE OF WORK: FINAL ENG

WEATHER: SUN

LOCATION: 224 KATIE LYNN CT.

TEMPERATURE: 40°

BLOCK: 323.23 LOT: 7

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

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

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

OK TO FINAL
3/6/92

☐ 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.

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(201) 458-7000

RECEIVED
MAY 17 1990
BUILDING

STATEMENT OF UTILITY SERVICES
FOR APPROVED DEVELOPMENTS

NAME: Los Tres Caballeros BTMUA REF. NO. S&W 1093

ADDRESS: 250 Washington St. TELEPHONE NO.:

Toms River, NJ 08753

DEVELOPMENT KNOWN AS: Circle Estates

UNDER AN APPROVED APPLICATION, THE DEVELOPER WILL INSTALL ALL WATER AND SEWER SERVICES TO THE FOLLOWING PROPERTIES.

NO CONNECTIONS ARE TO BE MADE UNTIL ALL FEES HAVE BEEN PAID AND CONSTRUCTION OF UTILITY LINES HAS BEEN INSPECTED AND APPROVED.

BLOCK	LOT	SERVICE LOCATION	BTMUA ACCT.NO.	WATER	SEWER
323.23	1	200 Katie Lynn Court	D202150	✓	✓
323.23	2	204 Katie Lynn Court	G512008	✓	✓
323.23	3	208 Katie Lynn Court	G999501	✓	✓
323.23	4	212 Katie Lynn Court	G999519	✓	✓
323.23	5	216 Katie Lynn Court	G999721	✓	✓
323.23	6	220 Katie Lynn Court	G999739	✓	✓
323.23	7	224 Katie Lynn Court	G999747	✓	✓
323.23	8	228 Katie Lynn Court	G999755	✓	✓
323.23	9	232 Katie Lynn Court	I647304	✓	✓
323.23	12	244 Katie Lynn Court	I852860	✓	✓
323.23	13	248 Katie Lynn Court	I852878	✓	✓
323.23	14	247 Katie Lynn Court	I852886	✓	✓
323.23	15	251 Circle Dr.	I852909	✓	✓
323.23	16	253 Circle Dr.	I877353	✓	✓
323.23	18	257 Circle Dr.	I877379	✓	✓
323.23	20	217 Katie Lynn Court	I877395	✓	✓
323.23	22	225 Katie Lynn Court	J105682	✓	✓
323.23	24	243 Katie Lynn Court	J265709	✓	✓

DATE: 16 May 90 SIGNED: Thomas E. Hartman Jr

PETER M. GRYGOTIS - ARCHITECT
421 WEST COUNTY LINE RD.
LAKEWOOD, N.J. 08701
(201) 367-8822

Brick Township Building Official
Brick Township, New Jersey

Re: Circle Estates
Comm. No. 6959
New Two Story Dwelling
Brick Township, N.J.

Dear Sir:

Kindly allow the above referenced dwelling to be constructed on Lot # 7 Block # 323.23

This authorization for construction bears my architects seal.

Yours truly,

Peter M. Grygotis

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

Department of Engineering
Robert H. Chankalian, P.E.
Business Administrator/Municipal Engineer
(201) 477-3000, ext. 201

Jerome J. Tansey, P. E.
Acting Municipal Engineer
Richard E. Garnett, L.S., P.P.
Municipal Surveyor/Planner
(201) 477-3000

MAJOR SUBDIVISION CHECKLIST

DEVELOPMENT: Circle Est. PLANNING BD: BA1319

CONTRACTOR:

BLOCK 323.23 LOT: 7 SECTION

ADDRESS Katie Lynn Ct

ABOVE ITEMS MUST BE COMPLETED, BEFORE ACCEPTING PLOT PLAN.

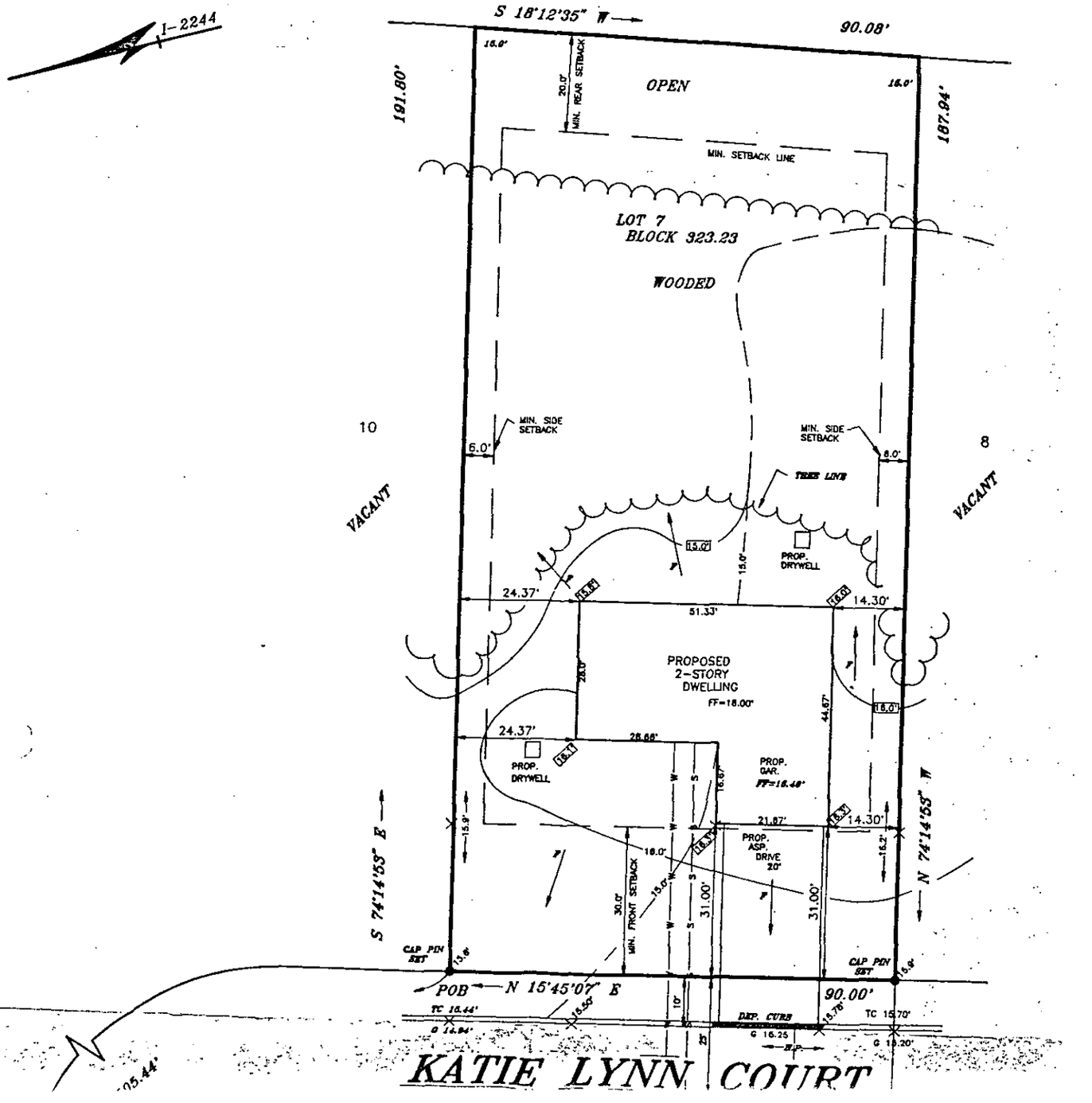
	ACCEPTABLE	DEFICIENT	REMARKS
1) SURVEY/PLOT, SIGNED & SEALED:	✓		
2) RESOLUTION COMPLAINCE	✓		
3) INSPECTION FEES POSTED	✓		
4) PERFORMANCE BOND POSTED	✓		
5) STREET LIGHTING MONEY POSTED:	✓		
6) PROPOSED GRADING	✓		
7) PRELIMINARY SITE PLAN SIGNED SEALED:	✓		
8) PORTION OF SITE PLAN ATTACHED:	✓		

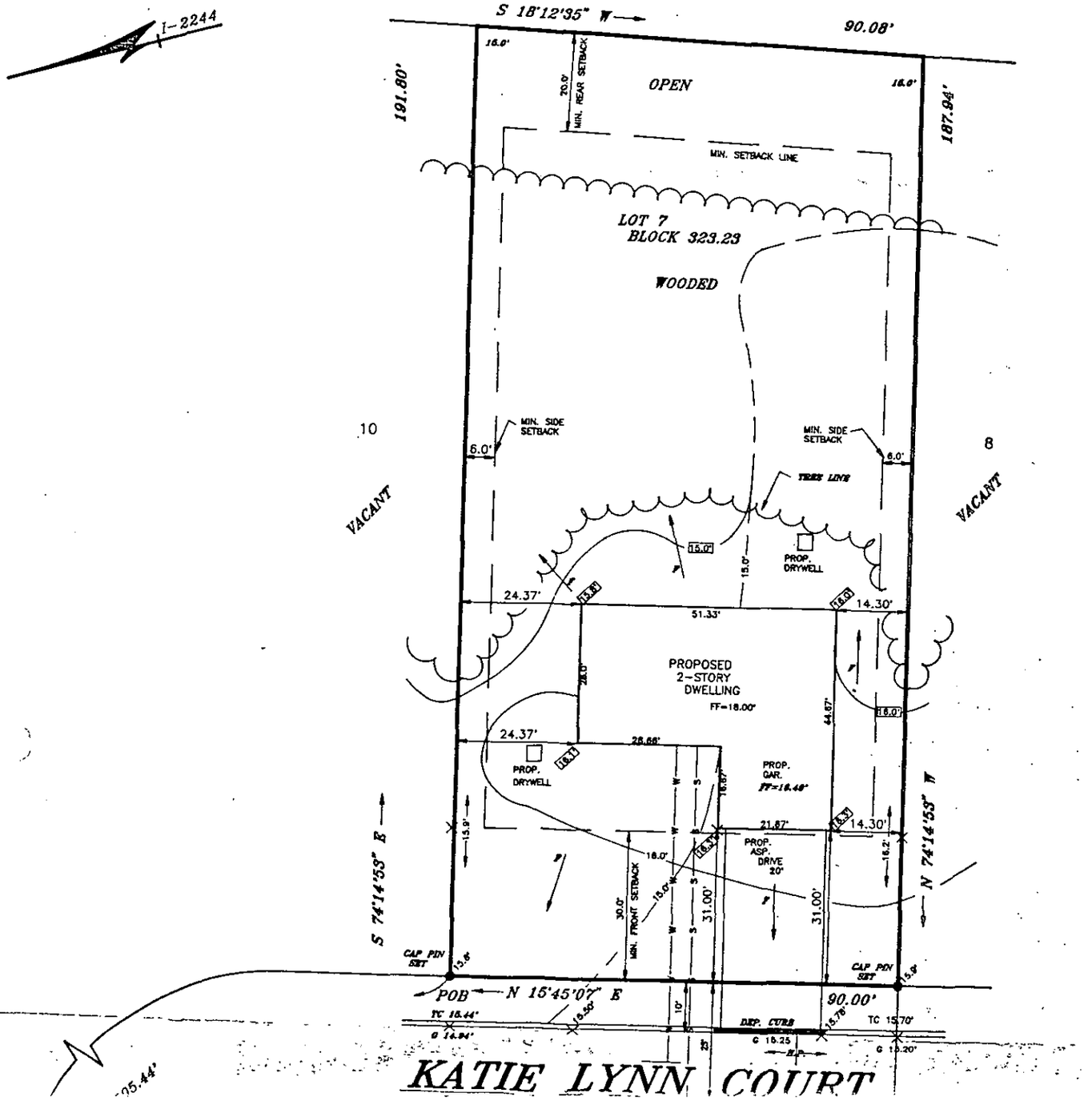
ACCEPTED: ✓ Paul SIGNED 10/29/90 DATE

OCT 2 1990

REJECTED: _____ REASON (S) _____

SIGNED DATE


I-2244
S 18°12'35" W
90.08'
191.80'
187.94'
OPEN
MIN. REAR SETBACK
20.0'
MIN. SETBACK LINE
LOT 7
BLOCK 323.23
WOODED
10
8
VACANT
VACANT
MIN. SIDE SETBACK
6.0'
TREE LINE
PROP. DRYWELL
24.37'
51.33'
14.30'
PROPOSED 2-STORY DWELLING
FF=18.00'
28.66'
PROP. GAR.
FF=18.48'
21.67'
PROP. ASP. DRIVE 20'
MIN. FRONT SETBACK
30.0'
31.00'
S 74°14'58" E
N 74°14'58" W
CAP PIN SET
POB
N 15°45'07" E
90.00'
TC 16.44'
TC 16.70'
DEP. CURB
KATIE LYNN COURT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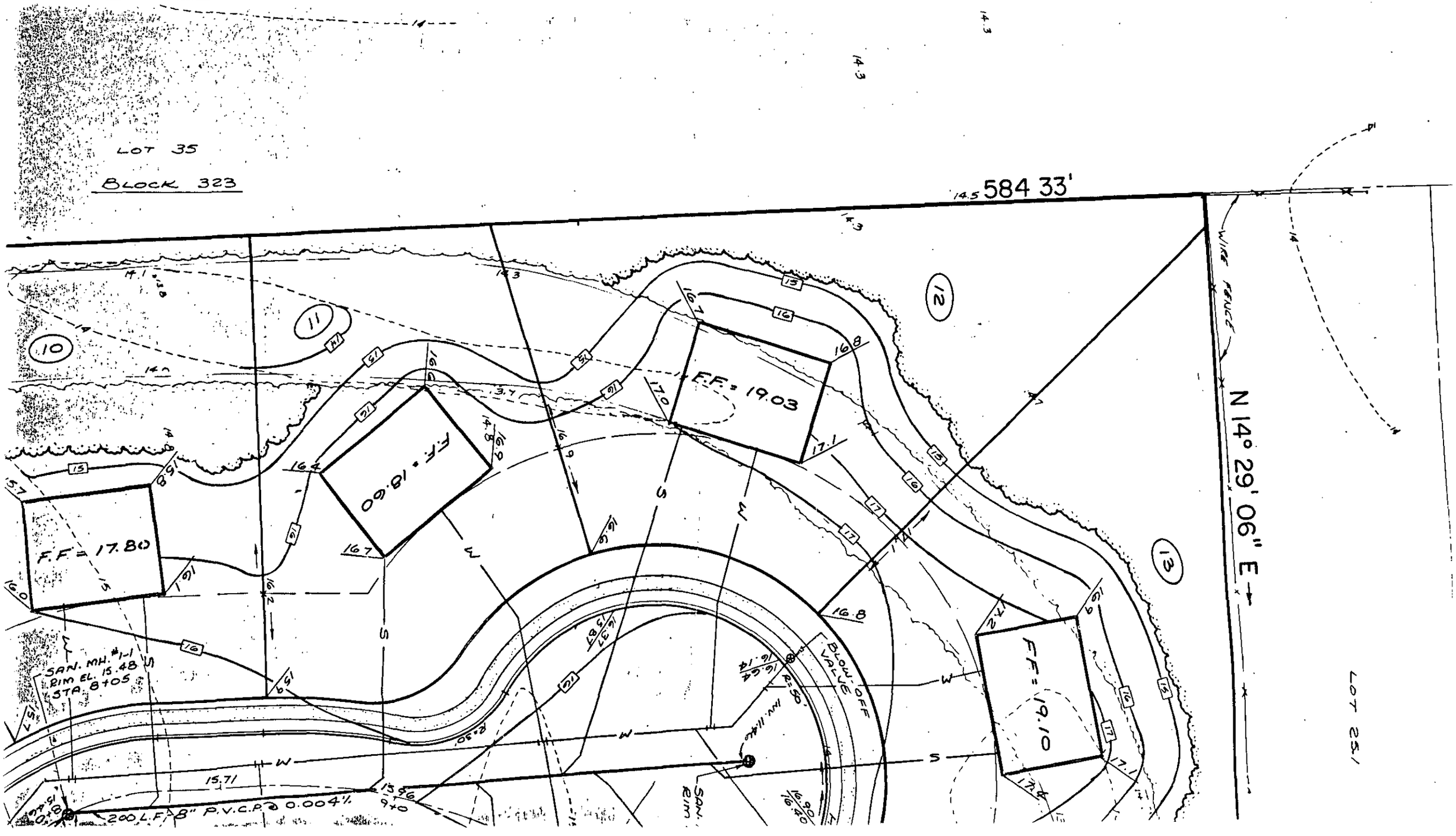
LOT 35
BLOCK 323
S 84° 33' W
N 14° 29' 06" E
WIRE FENCE
LOT 25.1
F.F. = 19.03
F.F. = 18.60
F.F. = 17.80
F.F. = 19.10
SAN. MH. #1-1
RIM EL. 15.48
STA. 8+05
INV. 11.40
BLOW OFF VALVE
15.71
200 L.F. 8" P.V.C.P. @ 0.004%
9+0
10
11
12
13