C10 '80

BLOCK 701,24 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 247 Sprucewood Dr. PERMIT NO. 00-1072

RECVD

DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

Cash

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

I. IDENTIFICATION

1. Propsed Work Site at: 247 Sprucewood Drive, Brick, N.J. 08723
2. Name of Owner in Fee: Kerry O'Keefe Jr. Tel. [redacted]
   Address 247 Sprucewood Dr. Brick, N.J. 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Kerry O'Keefe Jr. Tel. ( ) [redacted]
   Address 247 Sprucewood Drive, Brick, N.J. 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Kerry O'Keefe Jr.
   Tel. [redacted] FAX ( ) _____

INTERIOR CLEAN OUT

V. FEE SUMMARY (for office use only)

			Update HA	Update HB
1.	Building	$ 35		
2.	Electrical		83	
3.	Plumbing		125	25
4.	Fire Protection		35	46
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$	1	
9.	DCA Training Fee		4	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 35	247.71	35

HA HB HC 35 1 35

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

		Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection					4-11-00	RS	3/9/01		
6.	☐ Plumbing					4-17-00	DS	3/9/01		
7.	☒ Electrical					4/6/00	MN			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☒ Demolition	$550.00				4/11/00				
	TOTAL COSTS									

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:

h/o called 4/11/00

LDS BR 10503585

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. (X) 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 4-10-00

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

0011
1072*#
BLOCK 701.24 # 0.00
LOT 8 # 0.00
BUILDING 35.00
TOTAL 35.00
CASH 35.00
CHANGE 0.00
NO. 5 0012A005 12:01
04/11/00

UCC NEW JERSEY CONSTRUCTION PERMIT

Date Issued 04/11/2000
Control #
Permit # 00-1072

IDENTIFICATION Block 701.24 Lot 8 Qual

Work Site Location 247 SPRUCEWOOD DR
INTERIOR CLEAN OUT
Owner in Fee O'KEEFE, KERRY
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TAKE DOWN ALL SHEETROCK IN HOUSE AND REPLACE SHEETROCK AND INSULATION
R-13 WALL AND R-19 FLOOR
R-19 OR R-30 CEILING PER JOHN

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 $ 550

Construction Official

04/11/2000
Date

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	
Cash	X
Collected By	SC

U.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 09/11/2000
Control #
Permit # 00-1072+B
Permit Issued 04/11/2000

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 701.24 Lot 8 Qual

Work Site Location 247 SPRUCEWOOD DR
GAS PIPE/DRYER/
Owner in Fee O'KEEFE, KERRY
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor K & J
Address 18 COLLETON ST
LAKEWOOD, NJ
Telephone (732)364-4917
Lic. No. or Bldrs. Reg. No. 8347
Federal Emp. No. 36-44917

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GAS PIPE, MAKINE T'S BIGGER

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	25
Fire Protection	46
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	71
Check No.	314
Cash	
Collected By	AJP

Estimated Cost of Work $ 350

Construction Official

09/11/2000
Date

U.C.C. P190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 08/18/2000
Control #
Permit # 00-1072+A
Permit Issued 04/11/2000

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 701.24 Lot 8 Qual

Work Site Location 247 SPRUCEWOOD DR
ELECTRICAL/PLUMBING
Owner in Fee O'KEEFE, KERRY
Address SAME
BRICK, NJ 08723-
Telephone (732)920-7228

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACING IN SAME LOCATION

PAYMENTS (Office Use Only)

Building	0
Electrical	83
Plumbing	125
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	4
Cert. of Occupancy	0
Other	
Total	247
Check No.	
Cash	X
Collected By	TL

Estimated Cost of Work $ 5,650

Construction Official

08/18/2000
Date

U.C.C. F190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 09/19/1000
Control #
Permit # 00-1072+C
Permit Issued 04/11/2000

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 701.24 Lot 8 Qual

Work Site Location 247 SPRUCEWOOD DR
INTERIOR ALTERATION
Owner in Fee O'KEEFE, KERRY
Address SAME
BRICK NJ 08723-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR ALTERATIONS

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	36
Check No.	323
Cash	
Collected By	AJP

Estimated Cost of Work $ 700

Construction Official

09/19/1000
Date

U.C.C. P190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/10/2000
Date Issued 4/11/00
Control # C10-80
Permit # 00-1072

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

Block 701.24 Lot 8 Qual
Work Site Location 247 SPRUCEWOOD DR
INTERIOR CLEAN OUT
Owner in Fee O'KEEFE, KERRY
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor
Address

Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 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

TAKE DOWN ALL SHEETROCK IN HOUSE AND REPLACE SHEETROCK AND INSULATION R-13 WALL AND R-19 FLOOR
R-49 ceiling

CALL FOR INSUL INSP.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial
[X] No Plans Req. 4/11/00
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		19
[ ] Roofing		0
[ ] Siding		0
[ ] Fence 0	Height (exceeds 6')	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[ ] Other		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 550
3. Total (1+2) $ 550

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge		$ 0
Paid [ ] Check #	Minimum Fee	$ 16
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/14/2000
Date Issued ~~01/01/1954~~ 8/18/00
Control #
Permit # 00-1072+A

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

Block 701.24 Lot 8 Qual
Work Site Location 247 SPRUCEWOOD DR
ELECTRICAL/PLUMBING
Owner in Fee O'KEEFE, KERRY
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address

Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 8/16/00
Approved By:

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

INSPECTIONS

Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	9-1-00	WM.	9-8-00	TC.
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final	3-9-01			TC

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

B. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
29		Lighting Fixtures	
82		Receptacles	
36		Switches	
4		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
151		TOTAL NUMBERS	65
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
1	2	KW Oven/Surface Unit	9
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

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

Paid [ ] Check #
Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 83
DCA Training Fee	$ 0

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

(1) 3 [illegible] S'meter

(2) Complete all splices

(3) Staples

(4) Wall plate panel

(5) all wire in Boxes

(6) room closet light

9-8-00

PART Rev, L

Replace SMALL EYEBOLTS

Sub Panel - Ground Bar - on Replace Sub Panel - EXISTING Sub Panel

OTHER PART REV 9/19/00 PASSED

3-5-01 All counter outlets to be GFCI - COUNTER OUTLET NEEDED

CABLE PANEL

4X4 BOX on heater

Light CLOSET

OPEN GROUND

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/14/2000
Date Issued ~~01/01/1954~~ 8/18/00
Control #
Permit # 00-1072+A

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

Block 701.24 Lot 8 Qual
Work Site Location 247 SPRUCEWOOD DR
ELECTRICAL/PLUMBING
Owner in Fee O'KEEFE, KERRY
Address SAME
BRICK, NJ 08723-
Tele [redacted] Fax ( )
Contractor A & J
Address 18 COLLETON ST
LAKEWOOD, NJ
Tele.(732)364-4917
Lic. No. or Bldrs. Reg. No. 8347
Federal Emp. No. 36-44917

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb Plans Approved
Date: 8-17-00
Approved By: DW

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By: DW
Date: 3-9-01

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	9-1-00		9-12-00	DW
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping			9-12-00	DW
Solar				
TCO	HW/VT 3-9-01		3-9-01	DW

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
1	Shower	10
0	Floor Drain	0
2	Sink	20
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 125
DCA Training Fee $ 4

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

Direct Replacement but must have Rough Inspection Homeowner is going to repair what he finds in wall

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

9-1-00

Diverter need stops

Kit @ tub drain 1½ not 2"

W/ M trap arm not ¼" min

1ST fl lav vent flat

wallplate missing

update for gas, ~~not~~ no test

9-8-00 - ① TY on kit revent backwards

② still no GAS update

39-01 - Brochure for Hot

OK DN

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/08/2000
Date Issued 01/01/1954
Control # 9-11-00
Permit # 00-1072+B

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

Block 701.24 Lot 8 Qual
Work Site Location 247 SPRUCEWOOD DR
GAS PIPE/DRYER/
Owner in Fee O'KEEFE, KERRY
Address SAME
BRICK, NJ 08723-
Tele [redacted] Fax (__)
Contractor A & J
Address 18 COLLETON ST
LAKEWOOD, NJ
Tele.(732)364-4917
Lic. No. or Bldrs. Reg. No. 8347
Federal Emp. No. 36-44917

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 9-11-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			9-12-00	DW
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping			9-12-00	DW
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 25
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/14/2000
Date Issued ~~01/01/1954~~ 8/18/00
Control #
Permit # 00-1072+A

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

Block 701.24 Lot 8 Qual
Work Site Location 247 SPRUCEWOOD DR
ELECTRICAL/PLUMBING
Owner in Fee O'KEEFE, KERRY
Address SAME
BRICK, NJ 08723-
Tele.(__) Fax (__)
Contractor
Address

Tele.(__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 50

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 3-15-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3-9-01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			3-9-01	DD
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			3	
Smoke Ctl				
TCO				
Final			3-9-01	DD
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	4	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	4	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

INTERIOR FIT UP ONLY
- NO NEW BRS
- REHAB ONLY

2 comm. are A Det each level

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/08/2000
Date Issued 01/01/1954
Control # 9-11-00
Permit # 00-1072+B

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

Block 701.24 Lot 8 Qual
Work Site Location 247 SPRUCEWOOD DR
GAS PIPE/DRYER/
Owner in Fee O'KEEFE, KERRY
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address

Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 50

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 9-11-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 3-9-01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			3-9-01	
Smoke Ctl				
TCO				
Final	9-12-00		3-9-01	
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	1	46
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA Training Fee	$	0

Paid [ ] Check # Collected by:

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

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: _____

JURISDICTION TR. Ellicottown
(City, County, Township, etc.)

BUILDING LOCATION 247 Spruce Wood
(Street address)

BUILDING DESCRIPTION House

REVIEWED BY _____

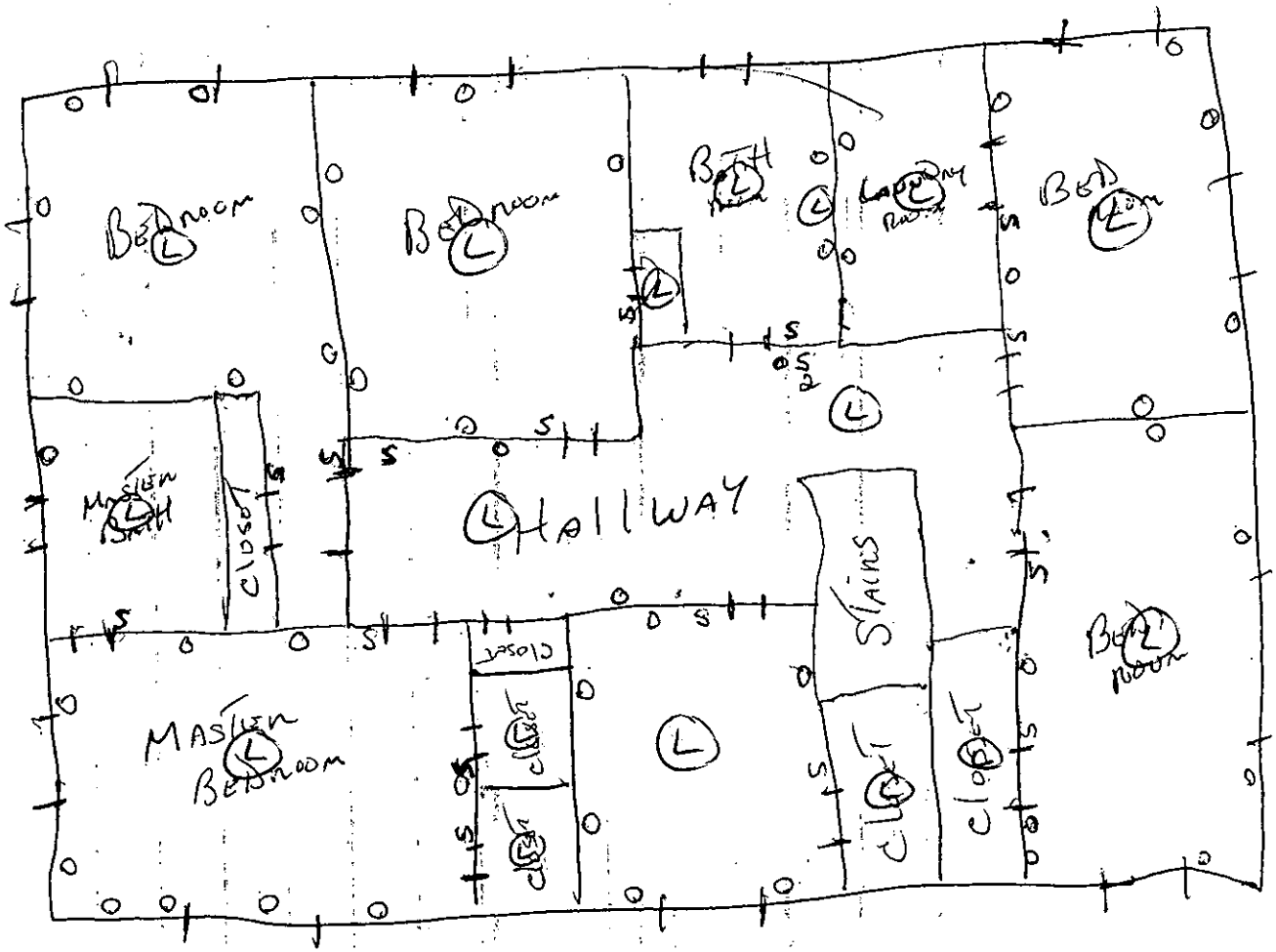
Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	need plans called 9 1600 Mr	
	talked to Homer owner said at	
	Mr	
	Resubmit	
	8/17/00	

06/93

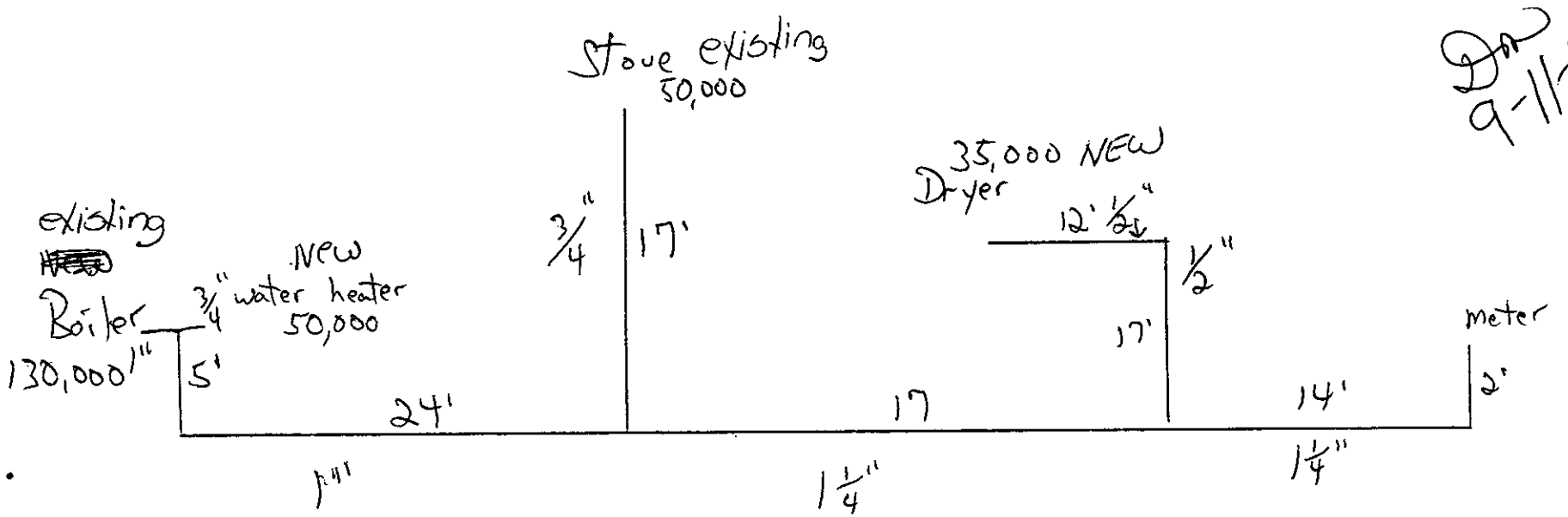
2nd Floor


BEDROOM
BEDROOM
BATH
LAUNDRY
BEDROOM
MASTER BATH
CLOSET
HALLWAY
STAIRS
CLOSET
MASTER BEDROOM
CLOSET
CLOSET
CLOSET
CLOSET
BEDROOM

247 Spruce wood

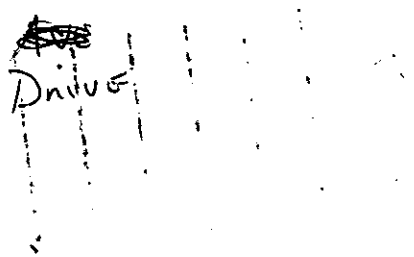
62' Total Run

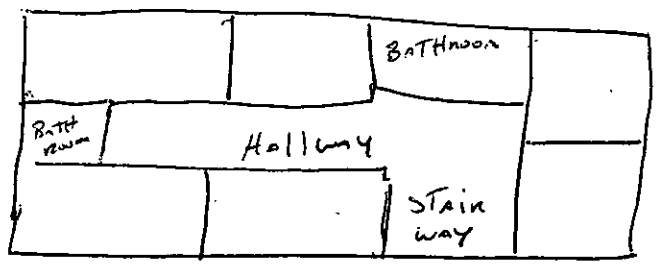
265,000 B.T.U.



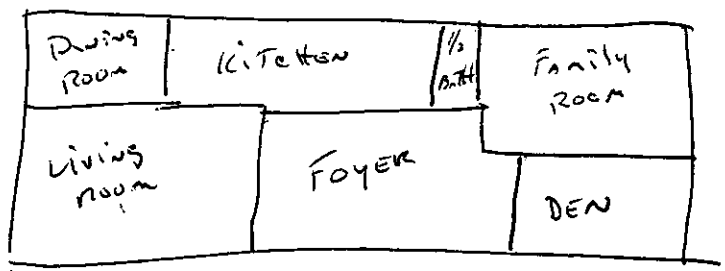
DM
9-11-00

247 Spruce wood





2ND FLOOR

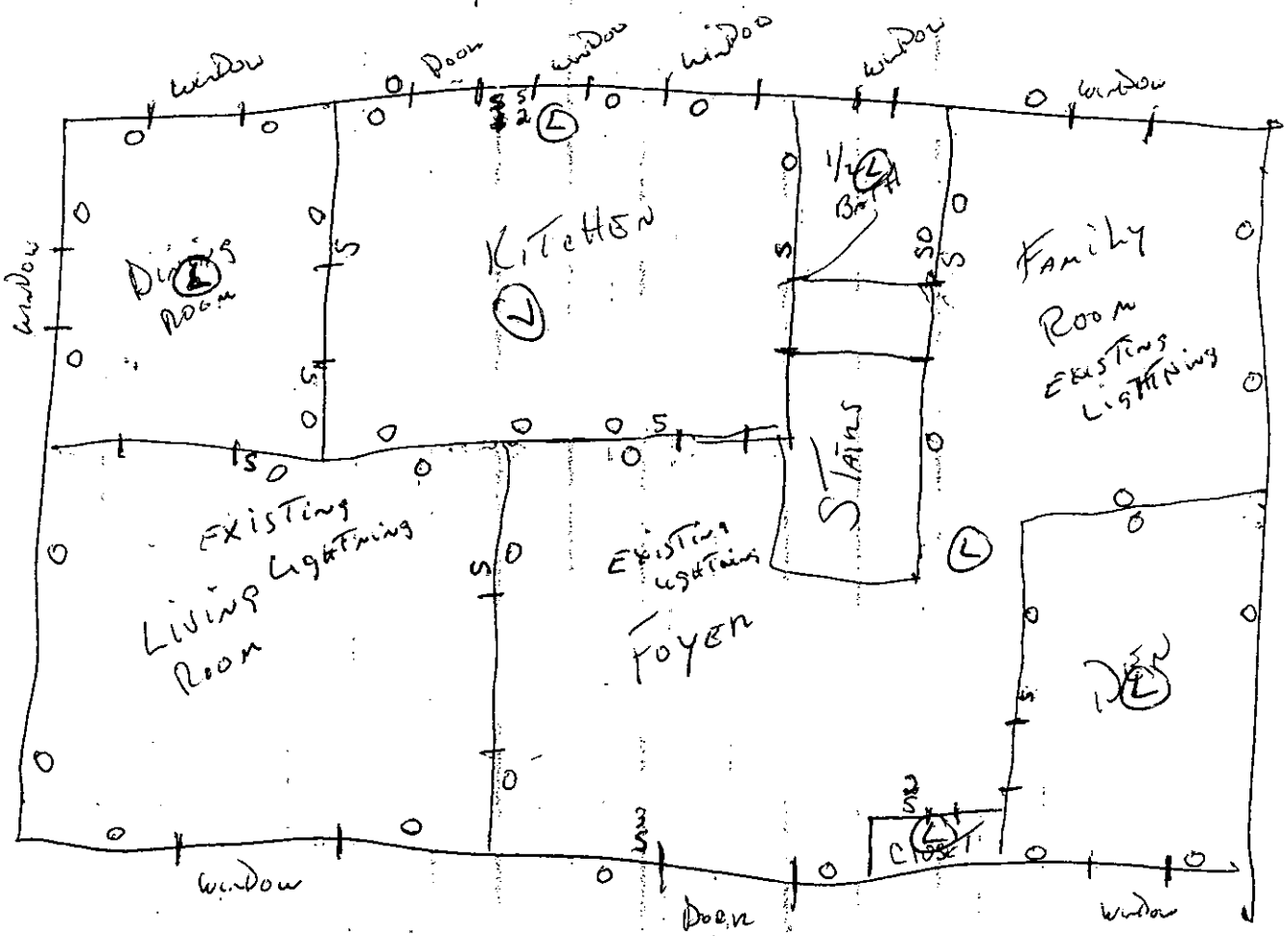


1ST FLOOR

BRICK TOWNSHIP

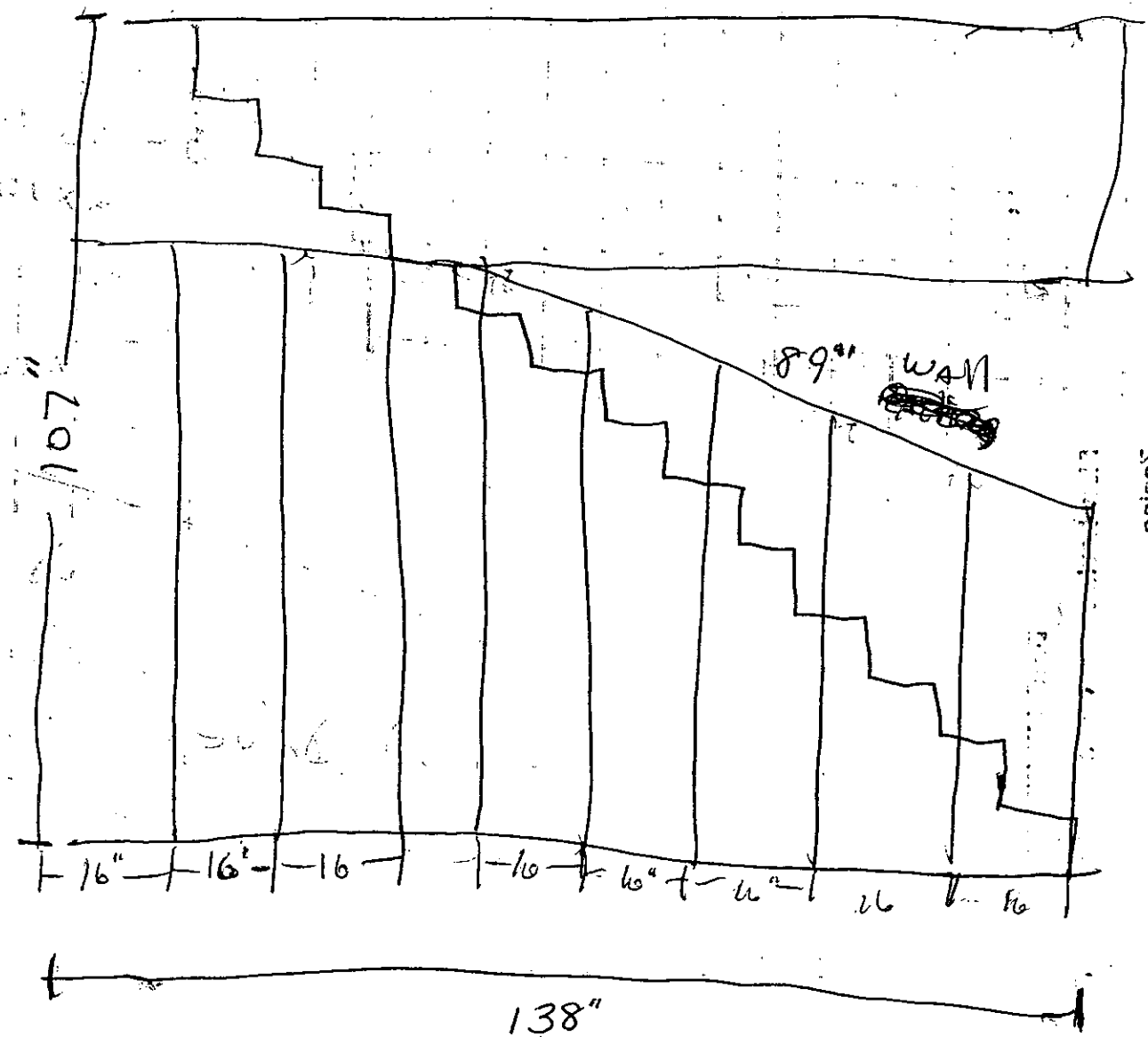
Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
Energy			
Electrical			

1ST Floor



247 Spruce wood Drive

NEW STEPS FROM 1ST FLOOR TO 2ND FLOOR



14 STEPS

EACH STEP is

7½" High

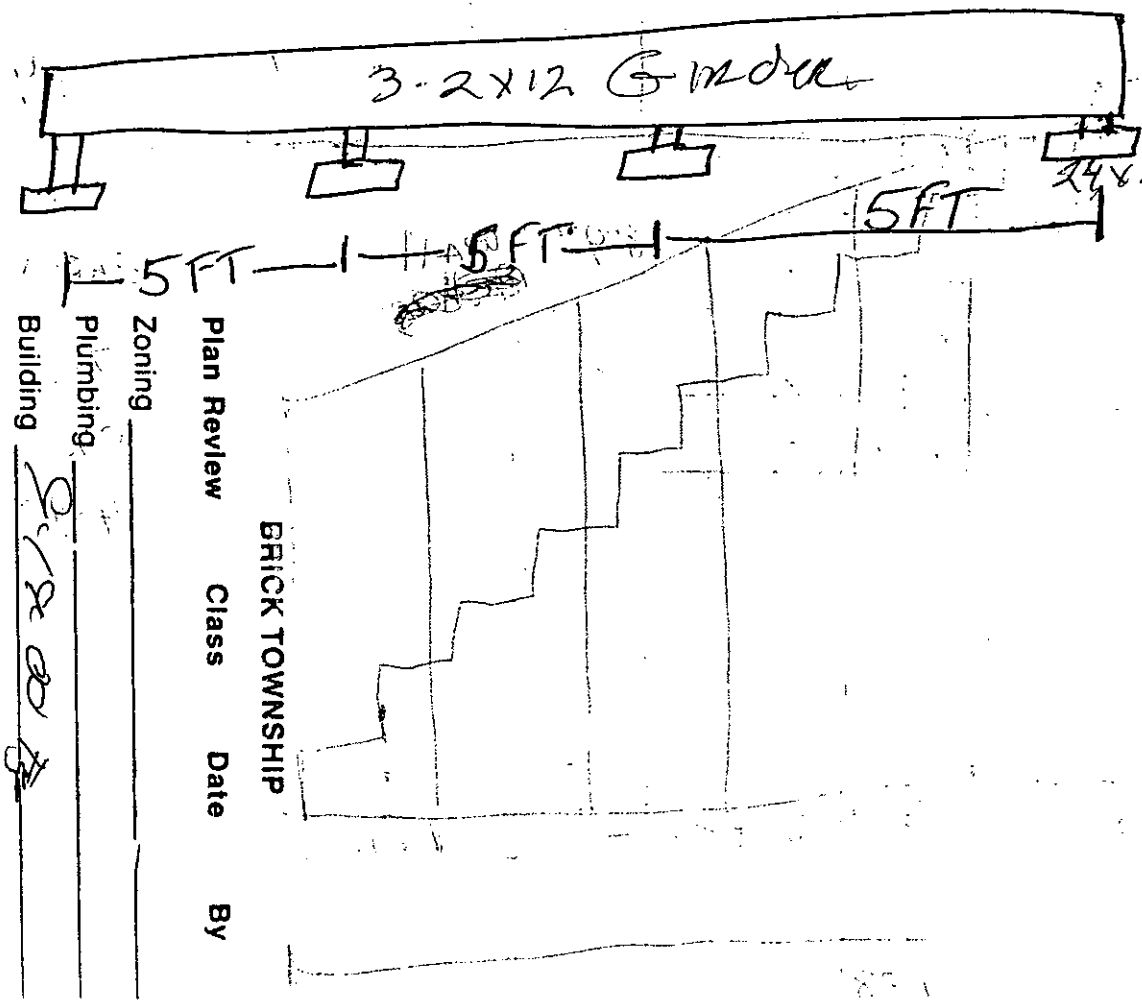
9¼" Wide

40¼" Long

247 Spruce wood Drive

FROM ~~LIVING ROOM~~ FAMILY ROOM TO ~~DINING~~ DINING ROOM EXTRA SUPPORT

IN CRAWL SPACE



3 - 20 FT
2x12
ON TOP OF
4-PRESSURIZED
6x6
THAT ARE
2 FOOT INTO THE
GROUND
INSIDE OF
2FT X 2FT
CEMENT FOOTINGS

BRICK TOWNSHIP

Plan Review Class Date By

Zoning _____

Plumbing _____

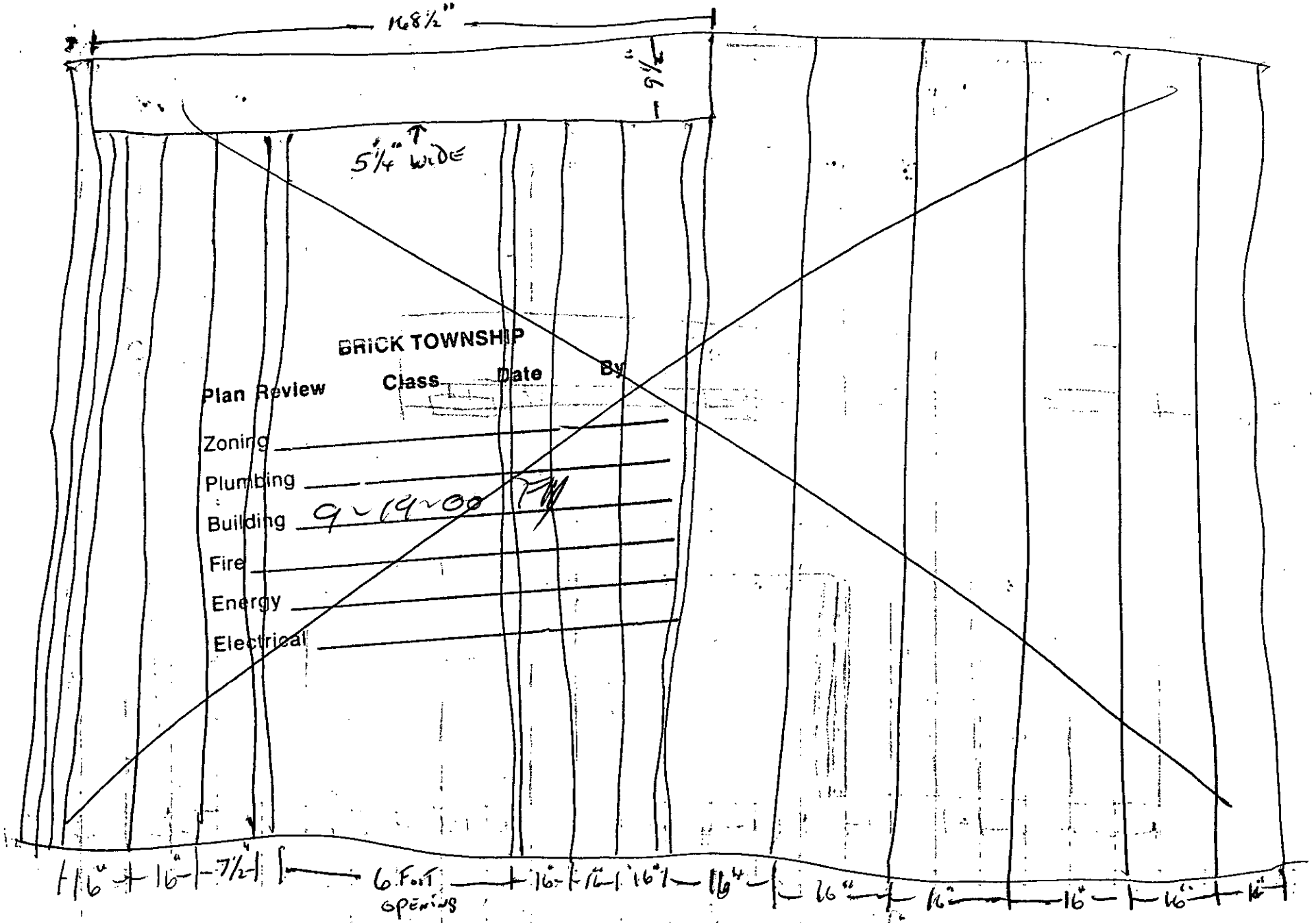
Building _____

Fire _____

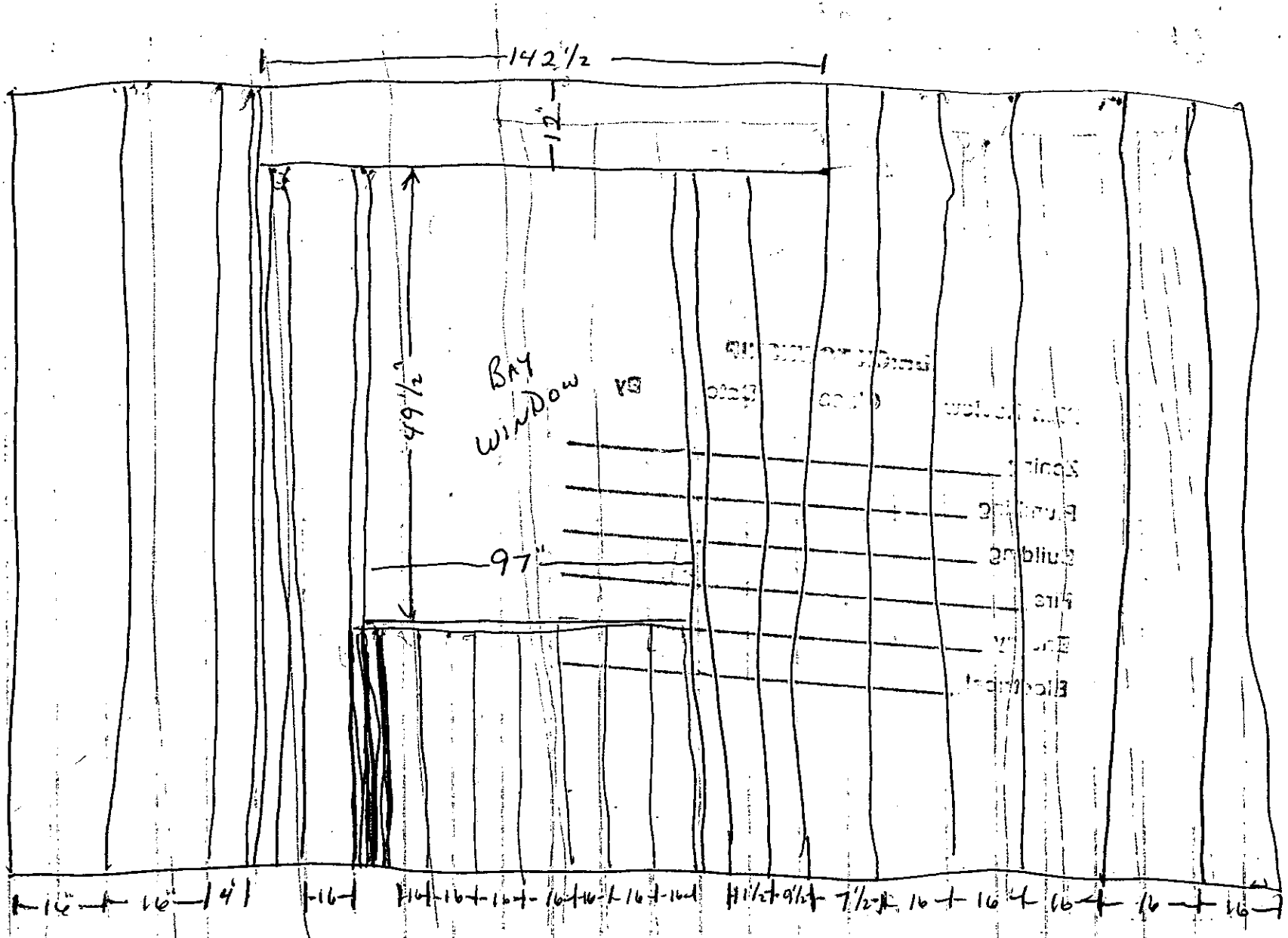
Energy _____

Electrical _____

NEW POWER LAM OVER DOOR WAY LIVINGROOM TO DINING ROOM



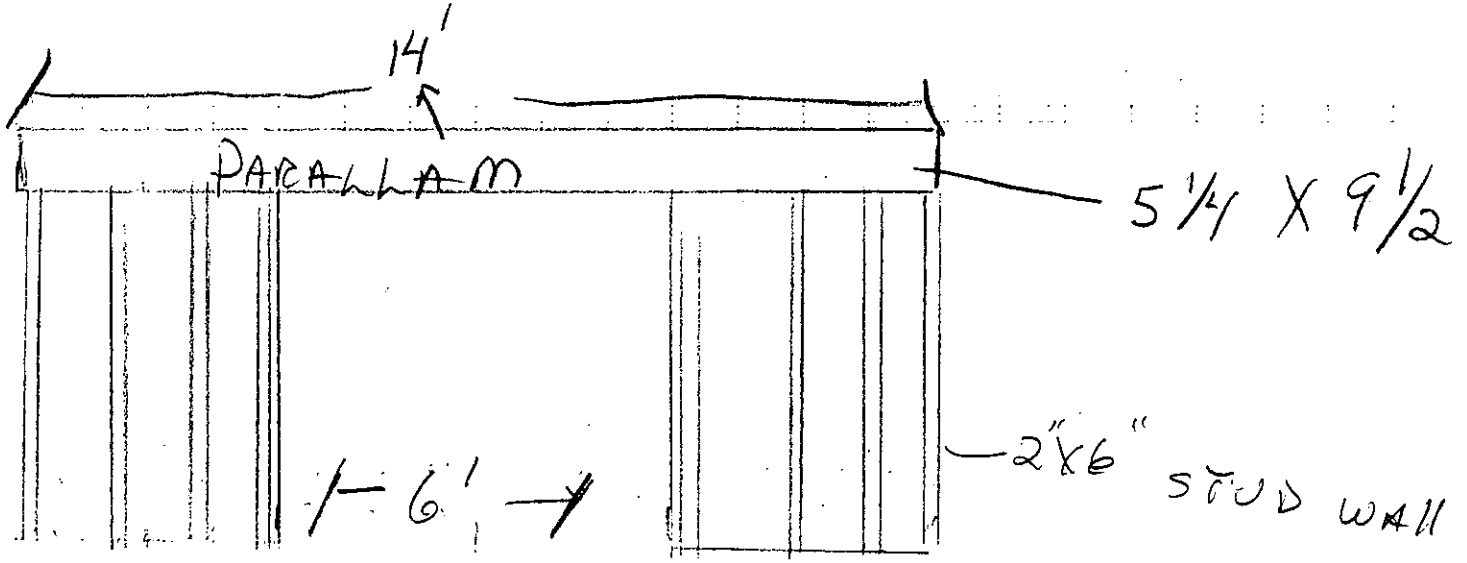
LIVING ROOM NEW BAY WINDOW



13¼" OUTSIDE

247 Spruce wood Drive

247 Spruceroot Drive



See attached info from manufacturer.

This drawing is for Parallam Replacement on first floor.

BRICK TOWNSHIP

Plan Review Class Date By

Zoning

Plumbing

Building 9-19-00 FM

Fire

Energy

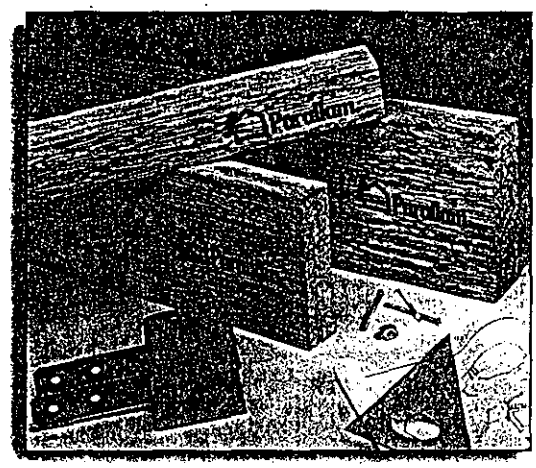
Electrical

2.0E PARALLAM® PSL ALLOWABLE DESIGN STRESSES (100% LOAD DURATION)

Shear modulus of elasticity	G	= 125,000 psi
Modulus of elasticity	E	= 2.0×10^6 psi
Flexural stress	F_b	= 2,900 psi[1]
Compression perpendicular to grain parallel to wide face of strands	$F_{c\perp}$	= 750 psi[2]
Compression parallel to grain	F_{cll}	= 2,900 psi
Horizontal shear perpendicular to wide face of strands	F_v	= 290 psi

(1) For 12-inch depth. For others, multiply by $\left[\frac{12}{d}\right]^{0.111}$

(2) $F_{c\perp}$ shall not be increased for duration of load.



ALLOWABLE DESIGN PROPERTIES (100% LOAD DURATION)

1¾" 2.0E PARALLAM® PSL

DESIGN PROPERTY	DEPTH				
	9¼"	9½"	11¼"	11⅞"	14"
MOMENT (ft-lbs)	6,210	6,530	8,985	9,950	13,580
SHEAR (lbs)	3,130	3,215	3,805	4,020	4,735
MOMENT OF INERTIA (in.⁴)	115	125	210	245	400
WEIGHT (lbs/lin. ft.)	5.1	5.2	6.2	6.5	7.7

2 11/16" 2.0E PARALLAM® PSL

DESIGN PROPERTY	DEPTH						
	9¼"	9½"	11¼"	11⅞"	14"	16"	18"
MOMENT (ft-lbs)	9,535	10,025	13,800	15,280	20,855	26,840	33,530
SHEAR (lbs)	4,805	4,935	5,845	6,170	7,275	8,315	9,350
MOMENT OF INERTIA (in.⁴)	175	190	320	375	615	915	1,305
WEIGHT (lbs/lin. ft.)	7.8	8.0	9.5	10.0	11.8	13.4	15.1

3½" 2.0E PARALLAM® PSL

DESIGN PROPERTY	DEPTH						
	9¼"	9½"	11¼"	11⅞"	14"	16"	18"
MOMENT (ft-lbs)	12,415	13,055	17,970	19,900	27,160	34,955	43,665
SHEAR (lbs)	6,260	6,430	7,615	8,035	9,475	10,825	12,180
MOMENT OF INERTIA (in.⁴)	230	250	415	490	800	1,195	1,700
WEIGHT (lbs/lin. ft.)	10.1	10.4	12.3	13.0	15.3	17.5	19.7

5¼" 2.0E PARALLAM® PSL

DESIGN PROPERTY	DEPTH						
	9¼"	9½"	11¼"	11⅞"	14"	16"	18"
MOMENT (ft-lbs)	18,625	19,585	26,955	29,855	40,740	52,430	65,495
SHEAR (lbs)	9,390	9,645	11,420	12,055	14,210	16,240	18,270
MOMENT OF INERTIA (in.⁴)	345	375	625	735	1,200	1,790	2,550
WEIGHT (lbs/lin. ft.)	15.2	15.6	18.5	19.5	23.0	26.3	29.5

7" 2.0E PARALLAM® PSL

DESIGN PROPERTY	DEPTH						
	9¼"	9½"	11¼"	11⅞"	14"	16"	18"
MOMENT (ft-lbs)	24,830	26,115	35,940	39,805	54,325	69,905	87,325
SHEAR (lbs)	12,520	12,855	15,225	16,070	18,945	21,655	24,360
MOMENT OF INERTIA (in.⁴)	460	500	830	975	1,600	2,390	3,400
WEIGHT (lbs/lin. ft.)	20.2	20.8	24.6	26.0	30.6	35.0	39.4

GENERAL ASSUMPTIONS FOR NON-TREATED PARALLAM® PSL

This one used.

- Values in this brochure for non-treated Parallam® PSL are applicable for use in dry service conditions only.
- Lateral support is required at all bearing points and along compression edge at intervals of 24" on-center or closer.
- Parallam® PSL beams are made without camber; therefore, in addition to complying with the deflection limits of the applicable building code, other considerations, such as long term deflection under sustained loads (including creep), ponding (positive drainage is essential) and aesthetics, must be evaluated.
- Roof members shall either be sloped for drainage or designed to account for load and deflection as specified in the applicable building code.
- Reductions applied in accordance with: 1994 UBC 1606, 1996 NBC 1606 and 1994 SBC 1604 for floor live load; 1994 UBC 1606, 1996 NBC 1607 and 1994 SBC 1604 for roof live load in non-snow (125%) conditions.
- 3½" members may be two pieces of 1¾" or a single 3½" width beam.
  5¼" members may be three pieces 1¾", one piece 1¾" with one piece 3½", or a single 5¼" width beam.
  7" members may be two pieces 1¾" around one piece 3½", two pieces 3½", or a single 7" width beam.

See pages 16 and 17 for multiple member beam connections.

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 247 Spruce Wood Dr.
Block: 701.24 Lot: 8
Owner's Name: Kerry O'Keefe Jr.
Owner's Mailing Address: 247 Spruce Wood Dr. Brick, NJ 08723
Phone [redacted]

BUILDING

Contractor: Kerry O'Keefe Jr.
Address: 247 Spruce Wood Dr. Brick NJ 08723
Phone#: [redacted]
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Interior Alteration

Type of Work

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

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:
Cost of Alteration: $700
Cost of New Building:

Total Cost of Building Work:

Signature:
Please Print Name Kerry O'Keefe Jr.

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

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

Estimated Cost of Electrical Work:

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

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

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

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

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

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

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

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

247 Spruceswood Drive — 701.24 — 8
Work Site Address — Block — Lot

[redacted]

Kerry O'Keefe 247 Spruceswood Drive
Owner's Name, Address, Phone

Kerry O'Keefe 247 Spruceswood Drive
Contractor's Name, Address, Phone

Construction _____
Describe type (Single -family home, etc.)

Demolition ~~Roof~~, ~~Siding~~, Interior walls.
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material _____

Name, address and phone of party responsible for removal of debris:
East Coast Carting P.O. Box 1601 Lakewood, NJ. 08701 (732) 367-1444

Size of dumpster: 30 yard Dumpster

Destination of discarded debris: Ocean County Landfill

Hauler's DEP Permit No.: 18186

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

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

Kerry O'Keefe — [signature] — 12/0-00
Printed/Typed Name — Signature — Date

****

FOR OFFICE USE ONLY

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

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

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

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

Update
00-1072 +A

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 247 Spruce wood Drive
Block: 701.24 Lot: 8
Owner's Name: Kerry C O'Keefe Jr.
Owner's Mailing Address:
Phone: [redacted]

BUILDING

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

Technical Data

Description of Work:

Type of Work

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

Building Characteristics

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

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor: Kerry C O'Keefe Jr
Address: 247 Spruce wood Drive
Phone#: [redacted]
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity	
		Location
Lighting Fixtures	29	Replacing same
Receptacles	82	Replacing same Location
Switches	36	Replacing same Location
Detectors	4	
Light Poles		
Motors w/ Fract. HP		
Emergency & Exit Lights		
Communication Points		
Alarm Devices/FAC Panel		
Total		

Pool
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit 1 KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher 1 KW
Garbage Disposal HP
A/C Unit –Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Light Stander AMP
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work: 600.00

Signature: Kerry O'Keefe

Please Print Name: Kerry O'Keefe Jr

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: K+J
Address: 18 Colleton St
Lakewood N.J.
Phone #: 364-4917
Lis #:
Federal Emp # or S[redacted]

Technical Data

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

Estimated Cost of Plumbing Work: 5000.
Signature: Kenneth R. Dennis
Please Print Name: KENNETH R. DENNIS

CONTRACTOR'S SEAL

FIRE

Contractor: KERRY O'KEEFE JR
Address: 247 Spruce Wood Drive
[redacted]
Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:

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

Flammable Storage Tanks ___capacity___fuel
Combustible Storage Tanks___capacity___fuel
LPG Storage Tanks___capacity___fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	4
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

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

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

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

Estimated Cost of Fire Work: 50.00
Signature:
Print Name: KERRY. O'KEEFE JR

Counter Form
PLEASE PRINT

PLUMBING

Contractor: K+J Plumbing + Heating
Address: 18 colleton ST
Lakewood NS.
Phone #: 732-364-4917
Lis #: 8347
Federal Emp # or SSN

FIRE

Contractor: Kenny O'Keefe Jr
Address: 247 Spruce wood Drive
Buck, N.T. 08723
Phone #: [redacted]
Lis #:
Federal Emp # or SSN

Technical Data

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

making T's bigger

Estimated Cost of Plumbing Work $ 300.00

Signature:

Please Print Name:

CONTRACTOR'S SEAL

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:

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

Flammable Storage Tanks ___ capacity ___ fue
Combustible Storage Tanks ___ capacity ___ fue
LPG Storage Tanks ___ capacity ___ fue

RECEIVED

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	
Pre-Engineered Systems:	
CO2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	

Gas/Oil Fired Appliances: 1 - Dyer.
Number of gas/oil fired appliances
using existing / Burnham x 5 Model # + Brand.
Furnace
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work

Signature:

Print Name: Kerry O'Keefe Jr.

Township of [illegible]

Counter Form
(PLEASE PRINT)

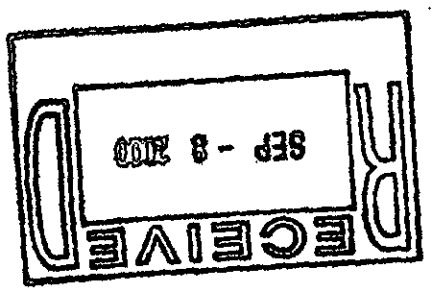
Site Location: 247 Spruce wood Drive
Block: 701.24 Lot: 8
Owner's Name: Kerry O'Leary Sr
Owner's Mailing Address: 247 Spruce wood Drive
S. 08723
Phone: ([redacted])

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data
Description of Work:



Type of Work

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

Building Characteristics

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

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item Quantity

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

Pool
Spa/Hot Tub/Storable Pool
Electric Range
Oven/Surface Unit
Electric Water Heater
Electric Dryer
Dishwasher
Garbage Disposal
A/C Unit -Central Air
Space Heater/Air Handler
Baseboard Heating
Motors 1+ HP
Transformer/Generator
Light Stander
Service
Subpanel
Motor Control Center
Sign/Outline Light
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

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

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

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

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

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

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

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 247 Spruce wood Drive
Block: 701.24 Lot: 8
Owner's Name: KERRY O'KEEFE
Owner's Mailing Address: 247 SPRUCEWOOD DRIVE, BRICK, NJ- 08723
Phone: [redacted]

BUILDING

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

Technical Data

Description of Work:

TAKE DOWN ALL SHEETROCK IN HOUSE

REPLACE SHEETROCK + INSULATION (R-13 WALLS) + (R-19 FLOOR)

Type of Work

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

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories: 2
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration: $550.00

Cost of New Building:

Total Cost of Building Work: $550.00

Signature: [signature]
Please Print Name KERRY O'KEEFE

ELECTRICAL

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

Technical Data

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

Estimated Cost of Electrical Work:

Signature:
Please Print Name

CONTRACTOR'S SEAL