BLOCK 89.01 LOT 40 QUALIFICATION CODE _____ ADDRESS (SITE) 27 BROWER DRIVE PERMIT NO. 14-3990

CONSTRUCTION PERMIT APPLICATION

C14-003992

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

I. IDENTIFICATION

1. Proposed Work Site at: 27 BROWER DRIVE
2. Name of Owner in Fee: DION NATALE & Wendy
   Tel. [redacted] e-mail _____
   Address 2378 WANDERING Lane (street) Scotch Plains (municipality) 07076 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: DION NATALE Tel. (908) 889-0027
   Address 2378 WANDERING Lane e-mail _____
   Scotch Plains
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer WALTER J. HESSBERGER Contact _____
   Address 2715 Hooper Ave, Brick, N.J. e-mail WJHESSBERGER@G.MAIL
   Tel. ( ) _____ FAX: (732) 262-1312
6. Responsible Person in Charge once Work has Begun _____
   Tel. (908) 967-4770 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		$	Update	Update
1.	Building	1554-		
2.	Electrical	1500	100	
3.	Plumbing	388		
4.	Fire Protection	390		
5.	Elevator Devices			267
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	126-	2	
10.	Subtotal	$		
11.	Cert. of Occupancy	300		
12.	Other EP	150		
13.	TOTAL	$ 3,610	102	269

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 2	
2.	Height of Structure 31.67 ft.	
3.	Area — Largest Floor 1502 sq. ft.	
4.	New Building Area 2699 sq. ft.	
5.	Volume of New Structure 36,844 cu. ft.	
6.	Max. Live Load 40	
7.	Max. Occupancy Load 13	
8.	If Industrialized Building: State Approved ____ HUD ____	
9.	Total Land Area Disturbed 4000 sq. ft.	
10.	Flood Hazard Zone AE	
11.	Base Flood Elevation 8 ft.	
12.	Wetlands yes ____ no X	

ZONE AE

IIa. PROPOSED WORK

- ☐ Minor Work
- ☒ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building			9/8/14	093014	11/21/14	SR			
☒ Electrical				10-3-14		EJ	11/5/14		JCO
☒ Plumbing					10/17/14	DD			
☒ Fire Protection				9/22/14			10/22/14		JCO
☒ Elevator		EJ	9/24/14		9/24/14				
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed: R-5
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units / Income-restricted
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL (primary use)

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

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☒ Swimming Pools, Spas and Hot Tubs (FUTURE)
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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. (X) 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(f)1.ix:

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

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

D. (X) 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 Dion Nathale Date 3/4/14

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. 5:23-2.15(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.

(X) Check if contractor.

Agent Name Dion NATHale

Address 2378 WAIDHeim ave Scotch Plains 07076

Telephone (908) 928-9228

Signature Dion Nathale

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/11/2016
Control Number C-14-003992
Permit Number 14-3990
Permit Issue Date 12/08/2014
Certificate Number 14-3990

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 27 BROWER DR. Brick Township, NJ Block: 89.01 Lot: 40 Qual:

Owner in Fee: NATALE, DION

Owner Address: 2378 WALDHEIM AVE SCOTCH PLAINS NJ 07076

Telephone: [redacted]

Contractor NATALE, DION

Address 2378 WALDHEIM AVE SCOTCH PLAINS NJ 07076

Telephone: [redacted] Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SINGLE FAMILY DWELLING

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☑ **Temporary Certificate of Occupancy**
The following conditions must be met no later than: 05/11/2016
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 05/11/2016
Conditions to be met:
Needs Final Building Inpsection and Final [redacted] Approval

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 04/11/2016

U.C.C. F260 (rev. 08/05)

CO SINGLE FAMILY DWELLING

Certificate requirements

print
reset defaults
check all
complete

CERTIFICATE OF OCCUPANCY CHECKLIST

SUBCODES

Approved Final Building Inspection	**comment**	☐	☐
tco 30 days			
Approved Final Electric Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☑	☐

PRIOR APPROVALS

Approval from Division of Engineering (Two Sealed Final As-Built Surveys and Two Sealed Final Elevation Certificates)	**comment**	☐	☐
sent to Engineering with Jacket on 12/9/15 MFF 12/22/16 Needs a detailed reinspection LH (application for Viariation submitted 1/12/16 LH) needs sign off from bulding before next engineering inspection MFF 2/24/16 TCO until 7/8/16			
Certificate of Compliance from the BTMUA (732) 458-7000	comment	☑	☐
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002	comment	☑	☐
New Home Warranty or Affidavit of Waiving Home Warranty as per N.J.S.A. 46:3B-1 et seq.	comment	☑	☐
Final Affordable Housing Payment	**comment**	☑	☐
jacket back from AH - Final due $554 - L/M with Dion on 12/9/15 MFF PAID 12/11/15 LH			
Garbage Can Receipt (Fee to be Collected in Tax Collector's Office)	**comment**	☐	☑
existing			
Recycling Can Receipt (Fee to be Collected in Tax Collector's Office)	**comment**	☐	☑
existing			
Completed CO Application	comment	☑	☐
All Updates have been approved	comment	☐	☐
All open permits on property have been closed	comment	☑	☐

This checklist has been given to: (edit)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/06/2017
Control Number C-14-003992
Permit Number 14-3990
Permit Issue Date 12/08/2014
Certificate Number 14-3990

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 27 BROWER DR. Brick Township, NJ Block: 89.01 Lot: 40 Qual:

Owner in Fee: NATALE, DION

Owner Address: 2378 WALDHEIM AVE SCOTCH PLAINS NJ 07076

Telephone: [redacted]

Contractor NATALE, DION

Address 2378 WALDHEIM AVE SCOTCH PLAINS NJ 07076

Telephone: [redacted] Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SINGLE FAMILY DWELLING

Certificate Comments:

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

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

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

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

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

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

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

Construction Official

Fee: $302.00
Check Number: 135
Collected By: Lauren Helmstetter

Date Printed: 07/06/2017

U.C.C. F260 (rev. 08/05)

CO SINGLE FAMILY DWELLING

Certificate requirements

print
reset defaults
check all
complete

CERTIFICATE OF OCCUPANCY CHECKLIST

SUBCODES

Approved Final Building Inspection	comment	☑	☐
Approved Final Electric Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☑	☐

PRIOR APPROVALS

Approval from Division of Engineering (Two Sealed Final As-Built Surveys and Two Sealed Final Elevation Certificates)	**comment**	☑	☐
sent to Engineering with Jacket on 12/9/15 MFF 12/22/16 Needs a detailed reinspection LH (application for Viariation submitted 1/12/16 LH) needs sign off from bulding before next engineering inspection MFF 2/24/16 TCO until 7/8/16 Passed 6/3/16 rec'd in bldg. 6/6/16 MFF			
Certificate of Compliance from the BTMUA (732) 458-7000	comment	☑	☐
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002	comment	☑	☐
New Home Warranty or Affidavit of Waiving Home Warranty as per N.J.S.A. 46:3B-1 et seq.	comment	☑	☐
Final Affordable Housing Payment	**comment**	☑	☐
jacket back from AH - Final due $554 - L/M with Dion on 12/9/15 MFF PAID 12/11/15 LH			
Garbage Can Receipt (Fee to be Collected in Tax Collector's Office)	**comment**	☐	☑
existing			
Recycling Can Receipt (Fee to be Collected in Tax Collector's Office)	**comment**	☐	☑
existing			
Completed CO Application	comment	☑	☐
All Updates have been approved	comment	☑	☐
All open permits on property have been closed	comment	☑	☐

This checklist has been given to: (edit)

*6/3/16 - OK - Final - RH

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1–9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

SECTION A – PROPERTY INFORMATION

FOR INSURANCE COMPANY USE
Policy Number:
Company NAIC Number:

A1. Building Owner's Name Dion Natale

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
27 Brower Drive
City Brick State NJ ZIP Code 08723

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 40 Block 89.01

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential
A5. Latitude/Longitude: Lat. 40 02'52.4" Long. 74 04'49.0" Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.
A7. Building Diagram Number 6 ✓
A8. For a building with a crawlspace or enclosure(s):
a) Square footage of crawlspace or enclosure(s) 169 ✓ sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 2 ✓
c) Total net area of flood openings in A8.b 400 ✓ sq in
d) Engineered flood openings? ☒ Yes ✓ ☐ No

A9. For a building with an attached garage:
a) Square footage of attached garage 795 ✓ sq ft
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 5 ✓
c) Total net area of flood openings in A9.b 1000 ✓ sq in
d) Engineered flood openings? ☒ Yes ✓ ☐ No

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
Township of Brick 345285	Ocean	New Jersey

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
34029C0212	F	9/29/06	9/29/06	AE	5'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source: _____
B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No
Designation Date: _____ ☐ CBRS ☐ OPA

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction ✓
*A new Elevation Certificate will be required when construction of the building is complete.
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: _____ Vertical Datum: _____
Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____
Datum used for building elevations must be the same as that used for the BFE.

		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	8.1 ✓	☒ feet	☐ meters
b) Top of the next higher floor	15.7 ✓	☒ feet	☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A ✓	☐ feet	☐ meters
d) Attached garage (top of slab)	6.3 ✓	☒ feet	☐ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	15.3 ✓	☒ feet	☐ meters
f) Lowest adjacent (finished) grade next to building (LAG)	6.2 ✓	☒ feet	☐ meters
g) Highest adjacent (finished) grade next to building (HAG)	6.2	☒ feet	☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	6.1	☒ feet	☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. *I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.*

☒ Check here if comments are provided on back of form.
☒ Check here if attachments.
Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

PLACE SEAL HERE

Certifier's Name Robert H. Morris License Number 30090
Title Land Surveyor Company Name Morris Surveyors, Inc.
Address 1119 Arnold Avenue City Point Pleasant State NJ ZIP Code 08742
Signature Date 4/8/16 Telephone 732-899-0965

See reverse side for continuation.

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 27 Brower Drive	Policy Number:
City Brick State NJ ZIP Code 08723	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments A.5 Google Earth A8.b Smart Vent #1540-510 C2.a Foyer Fl. El. 8.1 Gar.&Stor. Fl. El. 6.3 C2.e A/C on platform on right side of building PBFE is AE El. 8' as shown on FIRM #34029C0212G dated 1/30/15

Signature

Date 4/8/16

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
   a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____.____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
   b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____.____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____.____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is _____.____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____.____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____.____ ☐ feet ☐ meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____.____ ☐ feet ☐ meters Datum _____

G10. Community's design flood elevation: _____.____ ☐ feet ☐ meters Datum _____

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

☐ Check here if attachments.

Building Photographs

See Instructions for Item A6.

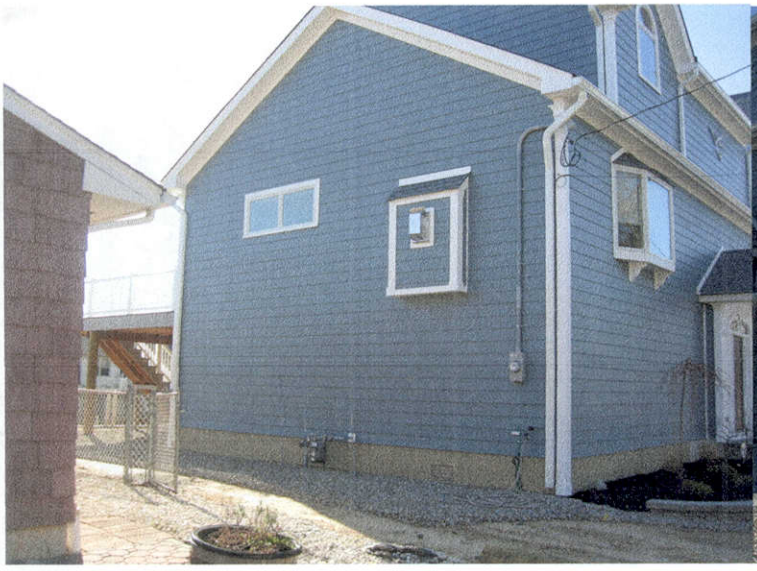
IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 27 Brower Drive	FOR INSURANCE COMPANY USE Policy Number:
City Brick State NJ ZIP Code 08723	Company NAIC Number:

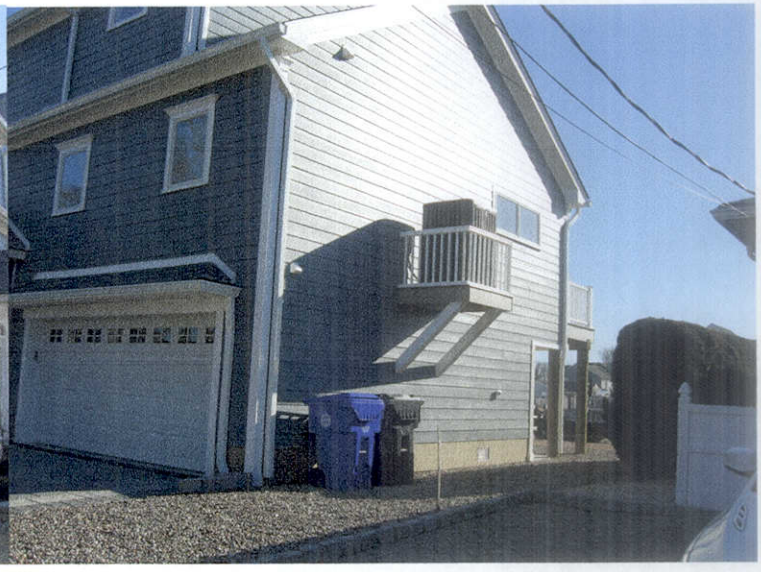
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

FRONT VIEW 3/30/16

REAR VIEW 3/30/16



LEFT SIDE VIEW 3/30/16



RIGHT SIDE VIEW 3/30/16

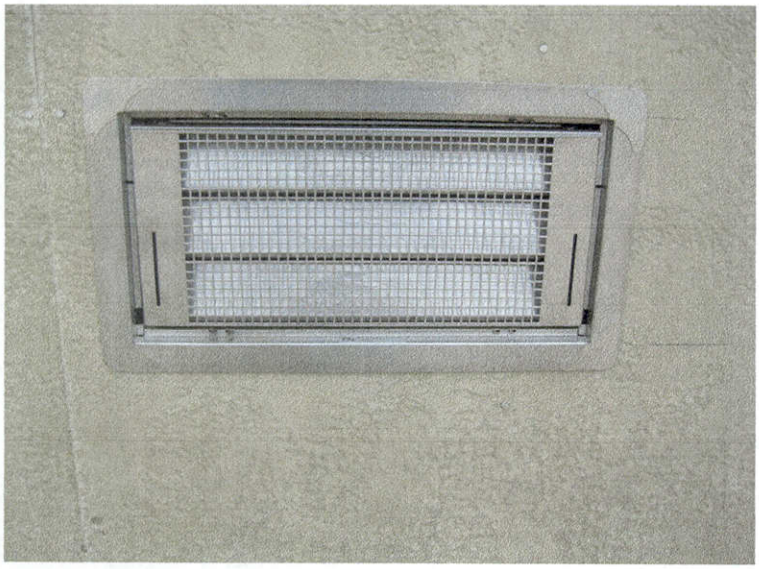
Building Photographs

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 27 Brower Drive	FOR INSURANCE COMPANY USE Policy Number:
City Brick State NJ ZIP Code 08723	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



SMART VENT VIEW 3/30/16

ICC-ES Evaluation Report

ESR-2074

Reissued February 2015

This report is subject to renewal February 2017.

www.icc-es.org | (800) 423-6587 | (562) 699-0543 *A Subsidiary of the International Code Council®*

DIVISION: 08 00 00—OPENINGS
Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

SMARTVENT PRODUCTS, INC.
430 ANDBRO DRIVE, UNIT 1
PITMAN, NEW JERSEY 08071
(877) 441-8368
www.smartvent.com
info@smartvent.com

EVALUATION SUBJECT:

SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS: FLOODVENT™ MODEL #1540-520; FLOODVENT™ STACKING MODEL #1540-521; SMARTVENT™ MODEL #1540-510; SMARTVENT™ STACKING MODEL #1540-511; WOOD WALL FLOOD MODEL #1540-570; WOOD WALL FLOOD OVERHEAD DOOR MODEL #1540-574; FLOODVENT™ OVERHEAD DOOR MODEL #1540-524; SMARTVENT™ OVERHEAD DOOR MODEL #1540-514

1.0 EVALUATION SCOPE

Compliance with the following codes:

- 2009 and 2006 *International Building Code®* (IBC)
- 2009 and 2006 *International Residential Code®* (IRC)
- 2013 *Abu Dhabi International Building Code* (ADIBC)†

†The ADIBC is based on the 2009 IBC. 2009 IBC code sections referenced in this report are the same sections in the ADIBC.

Properties evaluated:

- Physical operation
- Water flow

2.0 USES

The Smart Vent® units are automatic foundation flood vents (AFFVs) employed to equalize hydrostatic pressure on nonfire-resistance-rated foundation walls, rolling-type overhead doors and building walls subject to rising or falling flood waters. The Smart Vent® units are intended for use where flood hazard areas have been established in accordance with IBC Section 1612.3 or IRC Section R3222.1. Certain models also allow natural ventilation in accordance with Section 1203 of the IBC or Section 408.1 of the IRC.

3.0 DESCRIPTION

3.1 General:

When subjected to pressure from rising water, the Smart Vent® AFFVs disengage, then pivot open to allow flow in either direction to equalize water level and hydrostatic pressure from one side of the foundation to the other. The AFFV pivoting door is normally held in the closed position by a buoyant release device. When subjected to rising water, the buoyant release device causes the unit to unlatch, allowing the plate to rotate out of the way and allow flow. The water level stabilizes, equalizing the lateral forces. Each unit is fabricated from stainless steel. The SmartVENT™ Stacking Model #1540-511 and FloodVENT™ Stacking Model #1540-521 units each contain two vertically arranged openings per unit.

3.2 Engineered Opening:

The AFFVs comply with the design principle noted in Section 2.6.2.2 of ASCE/SEI 24 for a maximum rate of rise and fall of 5.0 feet per hour (0.423 mm/s). In order to comply with the engineered opening requirement of ASCE/SEI 24, Smart Vent AFFVs must be installed in accordance with Section 4.0.

3.3 Model Sizes:

The FloodVENT™ Model #1540-520, SmartVENT™ Model #1540-510, FloodVENT™ Overhead Door Model #1540-524, and SmartVENT™ Overhead Door Model #1540-514 units measure $15^3/_4$ inches wide by $7^3/_4$ inches high (400 by 196.9 mm). The Wood Wall Flood Model #1540-570 and Wood Wall Flood Overhead Door Model #1540-574 units measure 14 inches wide by $8^3/_4$ inches high (355.6 by 222.25 mm). The SmartVENT™ Stacking Model #1540-511 and FloodVENT™ Stacking Model #1540-521 units measure 16 inches wide by 16 inches high (406.4 by 406.4 mm).

3.4 Ventilation:

The SmartVENT® Model #1540-510 and SmartVENT® Overhead Door Model #1540-514 both have screen covers with $^1/_4$-inch-by-$^1/_4$-inch (6.35 by 6.35 mm) openings, yielding 51 square inches (32 903 mm^2) of net free area to supply natural ventilation. The SmartVENT™ Stacking Model #1540-511 consists of two Model #1540-510 units in one assembly, and provides 102 square inches (65 806 mm^2) of net free area to supply natural ventilation. Other AFFVs recognized in this report do not offer natural ventilation.

4.0 INSTALLATION

SmartVENT® and FloodVENT™ are designed to be installed into walls or overhead doors of existing or new construction from the exterior side. Installation of the vents must be in accordance with the manufacturer's instructions, the applicable code and this report. The

mounting straps allow mounting in wood, masonry and concrete walls up to 12 inches (305 mm) thick. In order to comply with the engineered opening design principle noted in Section 2.6.2.2 of ASCE/SEI 24, the Smart Vent® AFFVs must be installed as follows:

- With a minimum of two openings on different sides of each enclosed area.
- With a minimum of one AFFV for every 200 square feet (18.6 m^2) of enclosed area, except that the SmartVENT™ Stacking Model #1540-511 and FloodVENT™ Stacking Model #1540-521 must be installed with a minimum of one AFFV for every 400 square feet (37.2 m^2) of enclosed area.
- Below the base flood elevation.
- With the bottom of the AFFV located a maximum of 12 inches (305.4 mm) above grade.

5.0 CONDITIONS OF USE

The Smart Vent® AFFVs described in this report comply with, or are suitable alternatives to what is specified in, those codes listed in Section 1.0 of this report, subject to the following conditions:

5.1 The Smart Vent® AFFVs must be installed in accordance with this report, the applicable code and the manufacturer's installation instructions. In the event of a conflict, the instructions in this report govern.

5.2 The Smart Vent® AFFVs must not be used in the place of "breakaway walls" in coastal high hazard areas, but are permitted for use in conjunction with breakaway walls in other areas.

6.0 EVIDENCE SUBMITTED

Data in accordance with the ICC-ES Acceptance Criteria for Automatic Foundation Flood Vents (AC364), dated October 2013 (editorially revised May 2014).

7.0 IDENTIFICATION

The Smart VENT® models recognized in this report must be identified by a label bearing the manufacturer's name (Smartvent Products, Inc.), the model number, and the evaluation report number (ESR-2074).

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1–9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

SECTION A – PROPERTY INFORMATION

FOR INSURANCE COMPANY USE
Policy Number:
Company NAIC Number:

A1. Building Owner's Name Dion Natale

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
27 Brower Drive
City Brick State NJ ZIP Code 08723

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 40 Block 89.01

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. 40 02'52.4" Long. 74 04'49.0" Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 9

A8. For a building with a crawlspace or enclosure(s):
- a) Square footage of crawlspace or enclosure(s) 1139 sq ft
- b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 2
- c) Total net area of flood openings in A8.b 100 sq in
- d) Engineered flood openings? ☐ Yes ☒ No

A9. For a building with an attached garage:
- a) Square footage of attached garage 388 sq ft
- b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0
- c) Total net area of flood openings in A9.b 0 sq in
- d) Engineered flood openings? ☐ Yes ☐ No

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
Township of Brick 345285	Ocean	New Jersey

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
34029C0212	F	9/29/06	9/29/06	AE	5'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No
Designation Date: _____ ☐ CBRS ☐ OPA

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: _____ Vertical Datum: _____
Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____
Datum used for building elevations must be the same as that used for the BFE.

		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	5.4	☒ feet	☐ meters
b) Top of the next higher floor	8.1	☒ feet	☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	☐ feet	☐ meters
d) Attached garage (top of slab)	6.2	☒ feet	☐ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	8.8	☒ feet	☐ meters
f) Lowest adjacent (finished) grade next to building (LAG)	6.2	☒ feet	☐ meters
g) Highest adjacent (finished) grade next to building (HAG)	6.7	☒ feet	☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	☐ feet	☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. *I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.*

☒ Check here if comments are provided on back of form.
☐ Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

PLACE SEAL HERE

Certifier's Name Robert H. Morris License Number 30090

Title Land Surveyor Company Name Morris Surveyors, Inc.

Address 1119 Arnold Avenue City Point Pleasant State NJ ZIP Code 08742

Signature Date 6/11/14 Telephone 732-899-0965

See reverse side for continuation.

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 27 Brower Drive	Policy Number:
City Brick State NJ ZIP Code 08723	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments A.5 Google Earth C2.e A/C on platform on rig side of building, furnace on attic fl. Elevations are NAVD 1988 datum PBFE is AE El. 8' as shown on www.region2coastal.com/sandy/table

Signature Date 6/11/14

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____._____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____._____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____._____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is _____._____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____._____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____._____ ☐ feet ☐ meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____._____ ☐ feet ☐ meters Datum _____

G10. Community's design flood elevation: _____._____ ☐ feet ☐ meters Datum _____

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

☐ Check here if attachments.

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 27 Brower Drive	FOR INSURANCE COMPANY USE Policy Number:
City Brick State NJ ZIP Code 08723	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

FRONT VIEW 6/11/14

REAR VIEW 6/11/14

LEFT SIDE VIEW 6/11/14

RIGHT SIDE VIEW 6/11/14

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 12/8/14

Date Issued / Permit # 14-3990

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

Block 89.01 Lot 40 Qualification Code

Work Site Location 27 BROWER DRIVE

Owner in Fee: DION NATALE

Tel. [redacted] e-mail [redacted]

Address 2378 WALDHEIM AVE (street) SCOTCH PLAINS (municipality) 07076 (zip code)

Contractor: Home Owner DION NATALE Tel. ( )

Address 2378 WALDHEIM AVE e-mail

SCOTCH PLAINS 07076

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 7,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: 11/5/14 Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 11/5/14

Approved by:

AS NOTED UPON DATES MAY BE NEEDED

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 11/4/15

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough X			7/15/15	JDOT
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other 200A SUBPNL 2NDFLR			7/15/15	JDOT
Service			7/15/15	JDOT
Final			11/4/15	RMS
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Dwellings + ~~Pool~~

QTY	SIZE	ITEMS	FEE (Office Use Only)
36		Lighting Fixtures	
55		Receptacles	
33		Switches	
7		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
6		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
X		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
~~1~~	~~9.6~~	KW Elec. Range/Receptacle	
1	9.6	KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1	2.4	KW Dishwasher	
		HP Garbage Disposal	
2	14.4	KW Central A/C Unit	
2	3.4	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1	25	HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
1	70	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

7/1/15 - GARAGE ENTRANCE SOFFIT - OVER HANG - & RECESS
LIGHTING - FIXTURES - ONLY - ROUGH - PASS - JOT.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 12/8/14
Control #
Date Issued
Permit # 14-3990

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

Block 89.01 Lot 40 Qualification Code ______

Work Site Location 27 BROWER DRIVE BRICKTOWN

Owner in Fee: DION NATALE

Tel. [redacted]-mail ______

Address 2378 WAIDHeim ave ScotchPlains 07076 (street / municipality / zip code)

Contractor: Dion NATAle Tel. (908) 889-0027

Address 2378 WAIDHeimave e-mail ______

Scotch Plains

Contractor License No. or Builder Registration No. ______ Exp. Date ______

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______

Federal Emp. ID No. Home OWNER FAX: ( ) ______

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.

Sign here: Dion Natall

Print name here: DION NATAle

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW DWELLING ~~& Pool~~

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	11/21/14	DSA
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 11/21/14
Approved by: DSA

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 06/30/17
Approved by: [illegible]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing			5-21-15	[illegible]
Footing Bonding			5-4-15	[illegible]
Foundation			[illegible]	
Slab			5-26-15	[illegible]
Frame Piles &			7/16/15	DSA *
Truss Sys./Bracing	4-20-15		5-22-15	[illegible]
Barrier-Free				
Insulation			7-27-15	[illegible]
Sheath / Finishes-Base Layer	5-14-15			
Open deck / Finishes-Final	5-14-15		5-28-15	[illegible] for Call
Energy				
Mechanical				
TCO			11/13/15 DSA	
Other				
Final	11/13/15		6/30/17 [illegible]	
~~Barrier-Free~~	*6-3-16 [illegible]			

6/23/17 [illegible]

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

No. of Stories 2

Height of Structure 31.65 ft.

Area — Largest Floor 1502 sq. ft.

New Bldg. Area/All Floors 2699 sq. ft.

Volume of New Structure 36844 cu. ft.

Max. Live Load 40

Max. Occupancy Load 13

Constr. Class Present ______ Proposed VB

If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $ 123,000
2. Rehabilitation $ 2,000 - DECK
3. Total (1+ 2) $ 125,000

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

FEE (Office Use Only)
$ ______

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

U.C.C. F110
(rev. 11/09)

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

4-20-15
3 Piles - Beams overhang
more than 25%
ok to Proceed @ own
Risk

5-14-15
- Open deck - wrong "H" Clip
- Sheath - Roof Good
walls not Enough nails
in straps

7/16/15
ok 7-27-15 Fire block Soffits
Structural strap plates
outside Bearing WALLS. DSI
Need Framing check List

11/13/15 FINAL FAIL
Need Fire rated Garage
Door or Solid 1 3/8 DSI

6-3-16 NW Final Rej
1) Seal all penetrations at
1st Floor Underside with
Fire Caulk

6-23-17 DM - Final - Fire Rate garage
CAULK NOT Foam

Tech

13A(-)N SERIES AIR CONDITIONER
EFFICIENCIES UP TO 14.5 SEER/12 EER
NOMINAL SIZES 1.5 TO 5 TONS [5.28 TO 17.6 kW]

JOB NAME _____ LOCATION _____

CONTRACTOR _____ ORDER NO. _____

ENGINEER _____ UNIT MODEL NO. _____

SUBMITTED FOR ☐ APPROVAL ☐ RECORD COIL MODEL NO. _____

DATE _____ AIR HANDLER MODEL NO. _____

UNIT DATA

COOLING PERFORMANCE

EFFICIENCY ..... _____ SEER

TOTAL CAPACITY* ..... _____ MBH [kW]

SENSIBLE CAPACITY* ..... _____ MBH [kW]

OUTDOOR DESIGN TEMP. ..... _____ °F [°C] DB

TEMP. OF AIR ENTERING EVAPORATOR COIL ..... _____ °F [°C] DB

_____ °F [°C] WB

POWER INPUT REQUIREMENT ..... _____ kW
(*uses blower motor heat)

SUPPLY AIR BLOWER PERFORMANCE

TOTAL AIR SUPPLY ..... _____ CFM [L/s]

TOTAL RESISTANCE EXTERNAL TO UNIT ..... _____ IWG

BLOWER SPEED ..... _____ RPM

POWER OUTPUT REQUIREMENT .... _____ BHP

MOTOR RATING ..... _____ HP [W]

POWER INPUT REQUIREMENT ..... _____ kW

ELECTRICAL DATA

POWER SUPPLY ..... _____ Hz

TOTAL UNIT AMPACITY ..... _____ AMPS

MINIMUM WIRE SIZE ..... _____ AWG

MAXIMUM OVERCURRENT DEVICE FUSES/HACR BREAKER ..... _____ AMPS

CLEARANCES

ACCESS SIDE	24" [609.6 mm]
AIR INLETS	6" [152.4 mm]
ABOVE UNIT	60" [1524 mm]

FEATURES FOR 13A(-)N SERIES AIR CONDITIONERS 1.5 TO 5 NOMINAL TON [5.28 TO 17.6 kW]

- Painted louvered steel cabinet
- Easily accessible control box
- Condenser coils constructed with copper tubing and enhanced aluminum fins
- Grille/Motor mount for quiet fan operation
- Filter Drier (shipped – not installed)

ACCESSORIES

Low Pressure Control ..... ☐
High Pressure Control ..... ☐
Low Ambient Control ..... ☐
Compressor Time Delay Control ..... ☐
Crankcase Heater ..... ☐
Sound Enclosure ..... ☐

ENERGY STAR

ENERGUIDE
Seasonal Energy Efficiency Ratio (SEER)
THIS MODEL 16.0
13.0 — Uses least energy → 21.0

ISO 9001:2008
Certificate Number: 3094

c UL us LISTED

AHRI CERTIFIED
www.ahridirectory.org
Unitary Small AC
AHRI Standard 210/240

"Proper sizing and installation of equipment is critical to achieve optimal performance. Ask your Contractor for details or visit www.energystar.gov."

RELY ON RUUD.™

SUBMITTAL COVER SHEET

PROJECT NAME _____

LOCATION _____

ARCHITECT _____

ENGINEER _____

CONTRACTOR _____

SUBMITTED BY _____ DATE _____

UNIT SUMMARY

Quantity						
Unit Designation						
Model No.						
Total Cooling						
Sensible Cooling						
Air Ent. Evaporator						
Air Lvg. Evaporator						
Heating Input						
Heating Output						
CFM/ESP						
EER/SEER						
Electrical						
Minimum Ampacity						
Min.-Max. Breaker						
Net Unit Weight						
Accessory						
Catalog Form Number						

ACCESSORIES:

NOTES:

PERMIT # 14-3990 LOT: 40 BLOCK: 89.01

FRAMING CHECKLIST

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

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

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS
- [X] [I] SPACING
- [B] [I] SIZE

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

2. SILL PLATES:
- [X] [I] SIZE
- [X] [I] GRADE, SPECIES
- [X] [I] TREATMENT
- [X] [I] LAPS
- [X] [I] SILL SEALER
- [B] [I] PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
- [B] [I] TERMITE PROTECTION

3. BEAM POCKETS:
- [X] [I] BEARING/SHIMS
- [B] [I] TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:
- [X] [I] SIZED PER PLAN
- [X] [I] ATTACHMENT/PLATES
- [X] [I] SPACING/LOCATION
- [B] [I] PAINT/COATING

Pilings?

B. FLOOR FRAMING AND FLOORING

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

1ST	2ND	3RD	4TH	
X I	X I	X I	X I	FLOOR
X I	X I	X I	X I	SIZE
X I	X I	X I	X I	GRADE, SPECIES
X I	X I	X I	X I	SINGLE OR DOUBLE
X I	X I	B I	B I	PRE-ENGINEERED PER MAN-FACTURER'S SPECS
X I	X I	B I	B I	CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:
- [X] [I] SIZED PER PLAN
- [X] [I] TYPE
- [X] [I] GRADE, SPECIES
- [X] [I] LOCATION AND RELATION TO THE PLAN
- [X] [I] NAILING
- [X] [I] ATTACHMENT SCHEDULE
- [X] [I] BEARING
- [X] [I] LAPPING

3. FLOOR JOIST:

1ST	2ND	3RD	4TH	
B I	B I	B I	B I	FLOOR
B I	B I	B I	B I	SIZED PER PLAN
B I	B I	B I	B I	GRADE, SPECIES
B I	B I	B I	B I	PRE-ENGINEERED COMPONENTS AS SPECIFIED
B I	B I	B I	B I	BEARING
B I	B I	B I	B I	NAILING
B I	B I	B I	B I	BRIDGING
B I	B I	B I	B I	CUTTING AND NOTCHING (AS PER CODE)
B I	B I	B I	B I	POINT LOADS – SUPPORTED AS PER PLAN
B I	B I	B I	B I	SPAN HANGERS
B I	B I	B I	B I	HEADERS
B I	B I	B I	B I	FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1ST	2ND	3RD	4TH	
				FLOOR
MATERIAL				
X I	X I	B I	B I	PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

B I	B I	B I	B I	EDGE BLOCKING (IF REQUIRED)
X I	X I	B I	B I	GAPPING
X I	X I	B I	B I	LAYOUT

5. STAIR ATTACHMENT:

1ST	2ND	3RD	4TH	
X I	X I	X I	B I	FLOOR
X I	X I	X I	B I	BEARING
				NAILING

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

Responsible Person in Charge of Work: [signature] Date: 7-28-15

Building Inspector Initials: DSA Date: 7/24/15

U.C.C. F390-1 (rev. 03/09)

PERMIT # 14-3990 LOT: 40 BLOCK: 89.01

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

	1ST	2ND	3RD	4TH
SIZE	X I	X I	X I	B I
SPACE	X I	X I	X I	B I
SPECIES AND GRADE	X I	X I	X I	B I
CUTTING, NOTCHING AND BORING	B I	B I	B I	B I
HEADER SIZES	X I	X I	B I	B I
JACK STUD BEARING	X I	X I	B I	B I
TOP PLATES				
NAILING	X I	X I	X I	B I
LAPS	X I	B I	X I	B I
RAFTER TIES	X I	X I	X I	B I
HURRICANE STRAPS (AS REQUIRED)	X I	X I	X I	B I

2. INTERIOR LOAD-BEARING WALLS:

	1ST	2ND	3RD	4TH
SIZE	X I	X I	X I	B I
SPACE	X I	X I	X I	B I
LAYOUT - SUPPORT BELOW PER CODE	X I	X I	X I	B I
SPECIES AND GRADE	X I	X I	X I	B I
CUTTING, NOTCHING AND BORING	X I	X I	X I	B I
FIRE BLOCKING	X I	X I	X I	B I
HEADER SIZES	X I	X I	X I	B I
JACK STUD BEARING	X I	X I	X I	B I
TOP PLATES				
NAILING	X I	X I	X I	B I
LAPS	X I	X I	X I	B I
STRAPPING	X I	X I	X I	B I

3. INTERIOR NON-LOAD-BEARING WALLS:

	1ST	2ND	3RD	4TH
SIZE	X I	X I	B I	B I
SPACE	X I	X I	B I	B I
SPECIES AND GRADE	X I	X I	B I	B I
CUTTING, NOTCHING AND BORING	X I	X I	B I	B I
FIRE BLOCKING	X I	X I	B I	B I
HEADER SIZES	X I	X I	B I	B I
TOP PLATE NAILING	X I	X I	B I	B I

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

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

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

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

3. GABLE END BRACING (AS PER DESIGN):

- B I LAYOUT
- B I SIZE
- B I TYPE
- B I NAILING
- B I OVERLAP
- B I TERMINATION

4. SOLID SAWN ROOF FRAMING:

- X I SIZE
- X I GRADES, SPECIES

LAYOUT

- B I SPACING
- B I SPAN
- X I BEARING
- X I FASTENING
- X I DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
- X I CUTTING, NOTCHING, AND BORING
- X I BRIDGING
- X I RIDGE SIZE
- X I HURRICANE TIES WHERE APPLICABLE

E. SHEATHING

1. SHEATHING – EXTERIOR WALLS:

MATERIAL

- X I PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- X I GAPPING
- X I LAYOUT
- X I CORNER BRACING (IF REQUIRED)

2. SHEATHING – ROOF:

MATERIAL

- X I PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- X I BLOCKING, EDGE (IF REQUIRED)
- X I CLIPS (IF REQUIRED)
- B I GAPPING
- B I LAYOUT

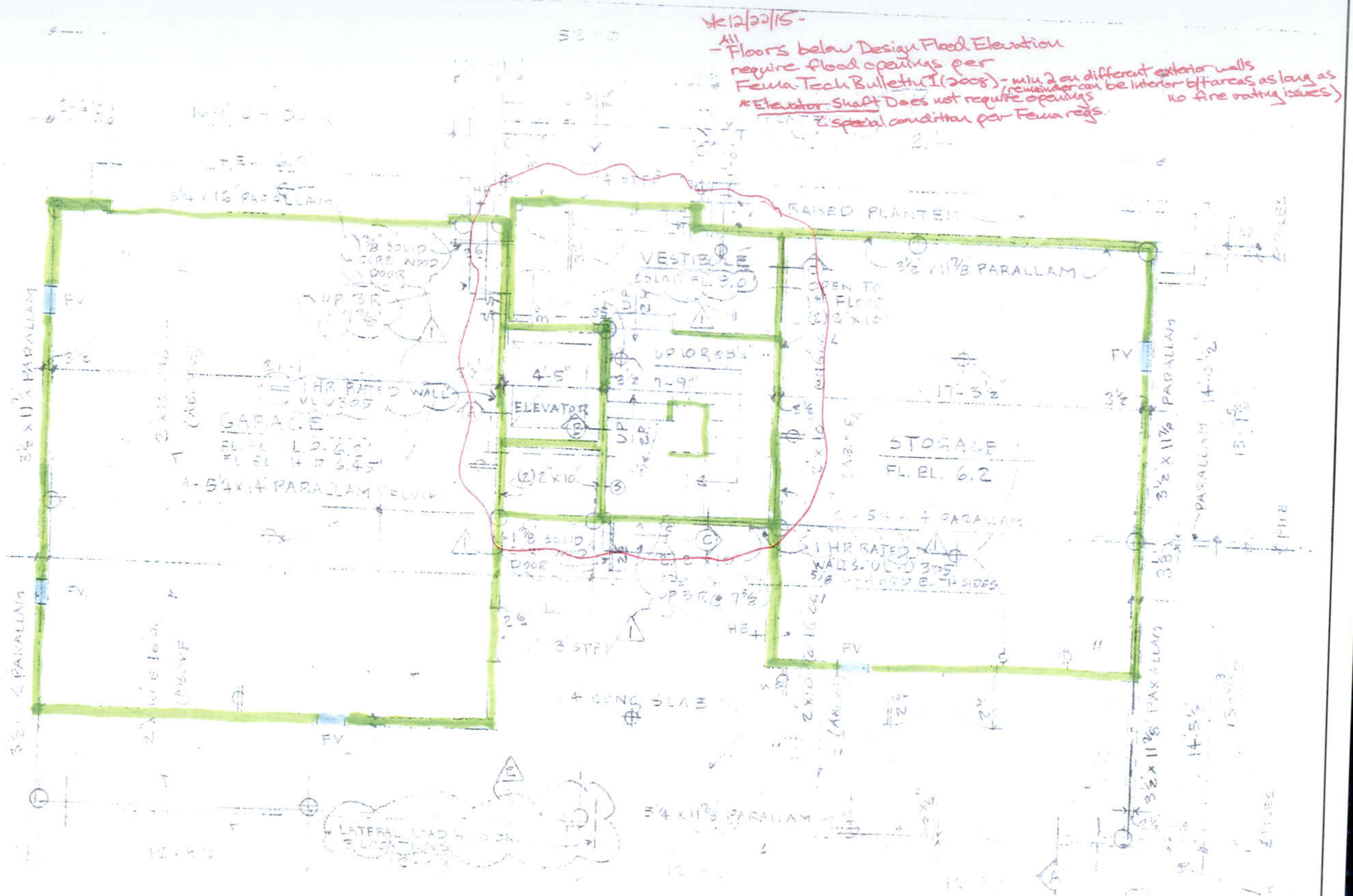
SHEATHING, FRT – ROOF

- B I FOUR FEET FROM FIREWALL
- B I NONCORROSIVE FASTENERS

Initials: Resp. Person in Charge of Work

Building Inspector

U.C.C. F390-2 (rev. 03/09)


*12/22/15 -
- All Floors below Design Flood Elevation require flood openings per Fema Tech Bulletin I (2008) - min 2 on different exterior walls (remainder can be interior b/t areas as long as no fire rating issues)
* Elevator Shaft Does not require openings
& special condition per Fema regs.
RAISED PLANTER
VESTIBULE
3½ x 11⅞ PARALLAM
GARAGE
1 HR RATED WALL
ELEVATOR
STORAGE
FL. EL. 6.2
4 CONC SLAB
3 STEP
UP 3R
1 HR RATED WALLS
FV
17-3½
4-5"
7-9"
(2) 2 x 10
5¼ x 11⅞ PARALLAM
14-5½
LATERAL LOAD
PARALLAM


12/22/15
* 27 Brower