BLOCK 211.03 LOT 13 QUALIFICATION CODE C18:21 ADDRESS (SITE) 28 Rochester Road PERMIT NO. 04-0621

Brick

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 28 Rochester Road Brick NJ 08723
2. Name of Owner in Fee: Gerard Levin Tel [redacted]
   Address 28 Rochester Road Brick NJ 08723 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private +
4. Principal Contractor: Point Bay Fuel, Inc. Tel. (732) 349-5059
   Address 71 Irons Street Toms River NJ 08753
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 22-1817388 FAX: (732) 505-9990
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Michael Lee
   Tel. ( ) ____ FAX ( ) ____

Repl. oil boiler

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	44	HA
2.	Electrical		33	50
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		7	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	84	50

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	
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	

Called 2/19/04

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									
6.	☒ Plumbing (S)	5100.00				2-19-04		2/2/04		OK
7.	☒ Electrical	50.00				2-18-04		5/17/04		OK
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	5150.00								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction ____
After Construction ____
Net Gain or Loss ____

B. NON-RESIDENTIAL

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

LDS BR 10501525

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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 Point Bay Fuel, Inc.

Address 71 Irons St.
Toms River, N.J. 08753

Telephone ( ) 732-349-5059

Signature Michael Lee

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. _____				

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/03/2004
Control 0
Permit # 04-0621

UCC NEW JERSEY
CONSTRUCTION PERMITE

IDENTIFICATION: Block 211.03 Lot 13 Qual

Work Site Location 28 ROCHESTER RD
REPLACE BOILER
Owner in Fee LEVIN, GERARD
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor POINT BAY FUEL INC
Address 11 IRONS ST
TOMS RIVER, NJ 08753-
Telephone (732)349-3059
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. 22-1817388

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE OIL BOILER

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 $ 5,150

Construction Official 03/03/2004 Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)

Building	0
Electrical	44
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	7
Cert. of Occupancy	0
Other	
Total	86
Check No.	204160
Cash	
Collected By	ERP

03/03/04 12:31PM 000000#7276
XX07 SERV.007
#040621

ELECTRIC	$44.00
PLUMBING	$35.00
DCA	$7.00
CHECK	$86.00

04-0621

Brick

UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

Date Update Issued
Control #
Permit #
Date Permit Issued

IDENTIFICATION Block 211.03 Lot 13
Work Site Location 28 Rochester Road Brick NJ 08723
Owner in Fee Gerard Levin
Address 28 Rochester Road Brick NJ 08723
Tele [redacted]

Contractor Point Bay Fuel, Inc.
Address 71 Irons Street Toms River NJ 08753
Tele. (732) 349-5059
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1817388
or Social Security No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Install HWH Storage Tank

Estimated Cost of Work $ 100.00

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

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

U.C.C. Form F-190B

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 06/21/2004
Control #
Permit # 04-0621+A
Permit Issued 03/03/2004

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 211.03 Lot 18 Qual

Work Site Location 28 ROCHESTER RD
HWH/GAS PIPE
Owner in Fee LEVIN, GERARD
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor POINT BAY FUEL
Address 11 IRONS ST
TOMS RIVER, NJ 08753-
Telephone (732)349-5059
Lic. No. or Bldrs. Reg. No. 317
Federal Emp. No. 13-7340662

06/21/04 12:03PM 001558#0437
XX01 SERV.001

#040621
PLUMBING $50.00
XXXTOTAL $50.00
CHECK $50.00
CHANGE $0.00

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GAS PIPE/HWH

PAYMENTS (Office Use Only)

Building 0
Electrical 0
Plumbing 50
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 0
Cert. of Occupancy 0
Other
Total 50
Check No. 00209063
Cash
Collected By DC

Estimated Cost of Work $ 100

Construction Official 06/21/2004 Date

U.C.C. F190 (rev. 3/96) NJ UCCPRS 5.24E

UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/17/2004
Date Issued 3/3/04
Control # ~~C18-21~~
Permit # 04 0621

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

Block 211.03 Lot 13 Qual
Work Site Location 28 ROCHESTER RD
REPLACE BOILER
Owner in Fee LEVIN, GERARD
Address SAME
BRICK NJ 08723-
Tele [redacted]
Contractor POINT BAY FUEL INC
Address 11 IRONS ST
TOMS RIVER, NJ 08753-
Tele.(732)349-5059
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1817388

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 2/18/04
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
1	3	HP/KW Space Heater/Air Handler	9
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

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	44
DCA State Permit Fee	$	0

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

UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/17/2004
Date Issued 3/3/04
Control # ~~C18-21~~
Permit # 04 0621

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

Block 211.03 Lot 13 Qual
Work Site Location 28 ROCHESTER RD
REPLACE BOILER
Owner in Fee LEVIN, GERARD
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor POINT BAY FUEL INC
Address 11 IRONS ST
TOMS RIVER, NJ 08753-
Tele.(732)349-5059
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1817388

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 2/18/04
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
1	3	HP/KW Space Heater/Air Handler	9
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

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 44
DCA State Permit Fee	$ 0

U.C.C. P120 (rev. 3/96)

UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/17/2004
Date Issued 3/3/04
Control # ~~S18-21~~
Permit # 04-0621

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

Block 211.03 Lot 13 Qual
Work Site Location 28 ROCHESTER RD
REPLACE BOILER
Owner in Fee LEVIN, GERARD
Address SAME
BRICK NJ 08723-
Tele. [redacted]
Contractor POINT BAY FUEL INC
Address 11 IRONS ST
TOMS RIVER, NJ 08753-
Tele.(732)349-5059
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1817388

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 2/16/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 5/12/04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			5/12/04	
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			5/12/04	

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

MC SURFACE WIRING

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
1	3	HP/KW Space Heater/Air Handler	9
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

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 44
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

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

Brick

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3-3-04
Date Issued
Control #
Permit # 04-0621

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

Block 211.03 Lot 13
Work Site Location 28 Rochester Road
Brick NJ 08723
Owner in Fee Gerard Levin
Address 28 Rochester Road
Brick NJ 08723
Tele [redacted]
Contractor JOHN ROONEY
Address 71 IRONS STREET
TOMS RIVER NJ 08753
Tele. (732) 349-5059 Fax ( ) _____
Lic. No. 317
Federal Emp. No. 137-34-0662

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 5700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 2-19-04
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-24-04
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures	5-17-04		7-21-04 5-17-04	[signature]
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

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

1414

U.C.C. F130 (rev. 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Called 6-11-04 JH

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731
~~Brick~~

PLUMBING SUBCODE TECHNICAL SECTION

Permit Update

04-0621 + A

Date Received
Date Issued 6/21/2004
Control # 04-0621 & A
Permit #

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

Block 211.03 Lot 13
Work Site Location 28 Rochester Road
Brick NJ 08723
Owner in Fee Gerard Levin
Address 28 Rochester Road
Brick NJ 08723
Tele. [redacted]
Contractor JOHN MOONEY
Address 71 IRONS STREET
TOMS RIVER NJ 08753
Tele. (732) 349-5059 Fax ( )
Lic. No. 317
Federal Emp. No. 137-34-0662

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5/28/04
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7-21-04
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

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

202

U.C.C. F130 (rev. 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Permit Update

04-0621 + M

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731
Brick

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6/21/2004
Control #
Permit # 04-0621 M

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

Block 211.03 Lot 13
Work Site Location 28 Rochester Road
Brick NJ 08723
Owner in Fee Gerard Levin
Address 28 Rochester Road
Brick NJ 08723
Tele. [redacted]
Contractor JOHN MOONEY
Address 71 IRONS STREET
TOMS RIVER NJ 08753
Tele. (732) 349-5059 Fax ( ) _____
Lic. No. 317
Federal Emp. No. 137-36-0662

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5/27/04
Approved by: (D)

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

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

202

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

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3 Pink = Office Copy 4 Gold = Applicant Copy

Brick

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3-3-04
Date Issued
Control #
Permit # 04 0621

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

Block 211.03 Lot 13
Work Site Location 28 Rochester Road
Brick NJ 08723
Owner in Fee Gerard Levin
Address 28 Rochester Road
Brick NJ 08723
Tele. [redacted]
Contractor JOHN KINNEY
Address 71 IRONS STREET
TOMS RIVER NJ 08753
Tele. (732) 349-5059 Fax ( ) _____
Lic. No. 317
Federal Emp. No. 137-36-0662

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 5100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 3/12/04
Approved by: _____

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				

C. CERTIFICATION IN LIEU OF OATH

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

John Kinney
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

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

1414

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

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WEIL-McLAIN

GOLD OIL

WGO RATINGS

DOE

Boiler Model Number	I-B-R Burner Capacity GPH*	DOE Heating Capacity† MBH**	Net I-B-R Ratings-Water+ MBH**	DOE Seasonal Efficiency % (AFUE)	Draft Loss Thru Boiler In. W.C.•	Minimum I-B-R Chimney Size		
						Rectangular Inches	Round Inches	Height Feet
▲-WGO-2	.70	86	75	86.4	.010	8×8	6	15
▲-WGO-3	.95	115	100	85.3	.020	8×8	6	15
▲-WGO-4	1.20	145	126	85.0	.010	8×8	6	15
▲-WGO-5	1.45	175	152	85.0	.015	8×8	7	15
▲-WGO-6	1.75	212	184	85.0	.015	8×8	7	15
▲-WGO-7	2.00	242	210	85.0	.015	8×8	7	15
▲-WGO-8	2.30	266 ■	231	–	.025	8×12	7	20
▲-WGO-9	2.55	295 ■	257	–	.030	8×12	7	20

▲ Substitute "P" for package boiler (WGO-2 through WGO-6 only). Substitute "B" for boiler-burner unit or "A" for boiler only (2 through 9).

* No. 2 fuel oil – Commercial Standard Spec. CS75-56. Heat value of oil – 140,000 BTU/Gal.

† Based on standard test procedures prescribed by the United States Department of Energy at combustion condition of 13½% CO_2 and –0.02" W.C. draft.

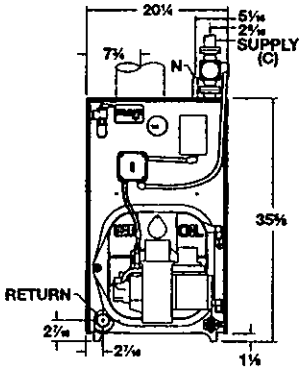
**MBH refers to thousands of BTU per hour.

■ I-B-R gross ouptut.

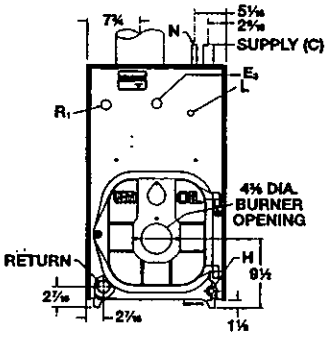
+ Net I-B-R ratings are based on net installed radiation of sufficient quantity for the requirements of the building and nothing need be added for normal piping and pickup. Water ratings are based on a piping and pickup allowance of 1.15. An additional allowance should be made for unusual piping and pickup loads. Consult a Weil-McLain representative.

• Listed draft losses are for factory-shipped settings.

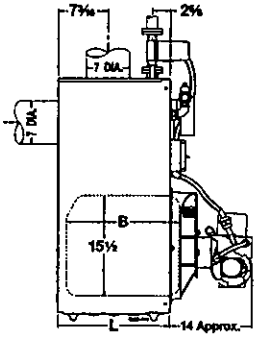
DIMENSIONS



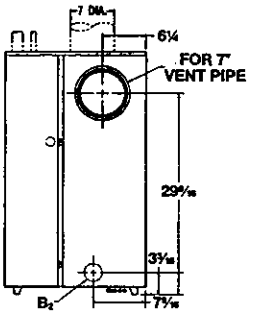
P-WGO FRONT



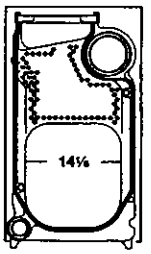
B & A FRONT



SIDE



BACK



INTERMEDIATE

Boiler Model Number	Supply (C)		Front Return All Units	Dimensions Inches		Approx. Shipping Wt. Lbs.*
	P-WGO (in Circulator)	B & A-WGO		B	L	
WGO-2	1¼"	1½"	1½"	10½	13¾	540
WGO-3	1¼"	1½"	1½"	13½	16⅞	595
WGO-4	1¼"	1½"	1½"	13⅝	16⅞	645
WGO-5	1½"	1½"	1½"	16⅞	20	760
WGO-6	1½"	1½"	1½"	20	23⅛	860
WGO-7	–	1½"	1½"	23⅛	26¼	930
WGO-8	–	1½"	1½"	26¼	29⅜	1030
WGO-9	–	1½"	1½"	29⅜	32½	1135

CRATE MEASUREMENTS – Height: 39"; Width: 23"; Length: P-2 thru 4: 37"; P-5 & 6: 43"; A & B-3 & 4: 27"; A & B-5 & 6: 33".

*Weights based on P units (2 through 6) and B units with all components (7 through 9).

CONTROL TAPPINGS

Location	Size Inches	Control
B_2	1½	Alternate Return – B and A Units Only
E_3	¾	Pressure-Temperature Gauge
H	¾	Drain Valve
L	¾	High Limit/Circulator Control
N	½	Piping to Expansion Tank or Automatic Air Vent
R_1	¾	Relief Valve

STANDARD EQUIPMENT

Limited Lifetime Warranty on Boiler Sections
Factory Tested
Factory Assembled Cast Iron Sections with the following parts installed
- **Insulated Steel Jacket with Cap***
- **Aluminized Steel Flue Collector Hood with Flue Cap on Top Outlet**
- **Swing-Away Burner Mounting Door**
- **Refractory Blanket and Target Wall in Combustion Area**

**Jacket and collector hood not assembled on 7, 8 and 9 section blocks*

Circulator (Taco 007, B&G NRF-22 or Grundfos UP15) – P units only – wired but not installed
High Efficiency Flame Retention Oil Burner (Weil-McLain QB, Beckett AFG or Carlin EZ) – P and B units only
High Limit Control with Circulator Relay
Electrical Junction Box with Wiring Harnesses
Service Switch and Junction Box Cover Plate
Built-in Air Separator
Two Vent Pipe Brackets
Combination Pressure-Temperature Gauge
30 P.S.I. ASME Relief Valve (boiler sections tested for 50 P.S.I. working pressure)
Drain Valve
Balanced Draft Damper

ADDITIONAL EQUIPMENT

Weil-McLain 5-Year Homeowner Protection Plan
Weil-McLain Indirect-Fired Water Heaters
Circulators – Taco 110 and B&G 100
Two-Stage Fuel Unit

In the interest of continual improvement in products and performance, Weil-McLain reserves the right to change specifications without notice.

WEIL-McLAIN
A United Dominion Company

Weil-McLain
500 Blaine Street
Michigan City, IN 46360-2388

Form No. C-750R6(997)

Litho In U.S.A.

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 21.03 LOT 13 PERMIT # _____

WORK SITE ADDRESS 28 Rochester Rd. Brick NJ 08723

Applicant Gerard Lewin

Certifying Individual Michael Lee Company Point Bay Fuel, Inc.

Address 28 Rochester Rd. Brick NJ. 08723 71 Irons St. Toms River, N.J. 08753

Tel [redacted] 732-349-5059

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas Appliance Replacement
- [X] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:

- [ ] B Label Vent
- [X] L Label Vent
- [ ] Masonry Chimney — Tile Lined
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____ _____

Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Michael Lee _____

Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ _____

Signature Date

Direct Vent Appliance:

No certification required:

_____ _____

Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. #370
(rev. 3/99)

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 28 Rochester Road Brick NJ 08723
Block: 211.03 Lot: 13
Owner's Name: Gerard Lewin
Owner's Mailing Address: 28 Rochester Road
Brick NJ 08723
Phon [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 Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Total Cost of New Building Work: $

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

Signature:

Please Print Name

ELECTRICAL

Contractor: Point Bay Fuel, Inc.
Address: 71 Irons Street
Toms River NJ 08753
Phone#: 732-349-5059
Lis #:
Federal Emp # or SSN 22-1817388

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 (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HI
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMI
Subpanel	AMI
Motor Control Center	AM
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other: Repl. oil boiler	1

Estimated Cost of Electrical Work: $50.00

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

Signature: Michael Lee
Please Print Name Michael Lee

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
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_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

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

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:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____

Print Name:_____