BLOCK 1069.89 LOT 1-4 QUALIFICATION CODE C1-1 2.805 ADDRESS (SITE) 300 Prospect Dr. PERMIT NO. 99-0764

2/25/99

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: 300 Prospect Dr.
2. Name of Owner in Fee: Carol Jablonski Tel [redacted]
   Address 300 Prospect Dr (street) Brick (municipality) NJ. 08724 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Delmar Homes Inc. Tel. (732) 458-3336
   Address 1415 Forest Ave Brick, N.J. 08724
   License No. OR, if new home, Builder Reg. No. 05300 Exp. Date 9/99
   Federal Employee No. ____ FAX: ( )
5. Architect or Engineer Homeowner Tel [redacted]
   Address 300 Prospect Dr. Brick NJ. 08724
6. Responsible Person in Charge of Work Robert Martin
   Tel. (732) 458-3336 FAX ( ) ____

M/D attn.

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 336.-		
2.	Electrical	63.-		
3.	Plumbing	120.-		
4.	Fire Protection	129.-		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	17.-		
10.	Subtotal			
11.	Cert. of Occupancy	35.-		
12.	Other	30		
13.	TOTAL	$ 728.		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 2	
2.	Height of Structure 24' ft.	
3.	Area — Largest Floor 1 sq. ft.	
4.	New Building Area 1004 sq. ft.	
5.	Volume of New Structure 8032 cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed 0 sq. ft.	
8.	Flood Hazard Zone No	
9.	Base Flood Elevation ____ ft.	
10.	Wetlands yes ____ no X	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

		Est. Cost	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		WF	2/25/99		3-22-99	FM	6-1-99		DH
3.	☒ Addition	30,000								
4.	☒ Alteration	5,000								
5.	☒ Fire Protection	500				3-9-99	DB	6-1-99		DH
6.	☒ Plumbing	3,000				3-10-99	[illegible]	6-4-99		DH
7.	☒ Electrical	1,500				3/8/99	WM	6-10-99		DH
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		EWG	3/5/99		3/5/99				
	TOTAL COSTS	40,000								

OPTIONAL (for office use only)

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	1
After Construction	1
Net Gain or Loss	0

B. NON-RESIDENTIAL

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

LDS BR 10516614

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature X _____ Date 2-20-99

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/14/99
Control #
Permit # 99-0764

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 1069.89 Lot 1 Qual
Work Site Location 300 PROSPECT DR
2ND FLOOR ADDITION
Owner in Fee/Occupant JABLONSKI, CAROL
Address SAME
BRICK, NJ 08724-
Telephone [redacted]
Contractor DELAR HOMES INC
Address 1415 FOREST AVE.
BRICK, NJ 08724-
Telephone (732)458-3336 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 45-83336

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

2ND FLOOR ADDITION

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per HJAC 5:17, 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 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.

[ ] 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 _____, ___.

J. Cuniazza
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 35
Paid [X] Check No. 2805
Collected by: WP

0002
990764**
0.00
LOT 14 # 336.00
BUILDING 63.00
ELETRIC* 120.00
PLUMBING 127.00
FIRE 17.00
D.C.A. 35.00
C / O 15.00
ZONEPLOT 15.00
ENG P.R. 728.00
TOTAL 728.00
CHECK 0.00
CHANGE 15.15
03/23/99 NO. 5 0026A005

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/23/99
Control #
Permit # 99-0764

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1069.89 Lot 1 Qual

Work Site Location 300 PROSPECT DR
2ND FLOOR ADDITION
Owner in Fee JABLONSKI, CAROL
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor DELAR HOMES INC
Address 1415 FOREST AVE.
BRICK, NJ 08724-
Telephone (732)458-3336
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 45-83336

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
2ND FLOOR ADDITION

PAYMENTS (Office Use Only)

Building	336
Electrical	63
Plumbing	120
Fire Protection	127
Elevator Devices	0
Other	
DCA Training Fee	17
Cert. of Occupancy	35
Other	Dep 30.-
Total	698
Check No.	2805
Cash	728.-
Collected By	WP

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 $ 40,000

J. Cuniazza
Construction Official

03/23/99
Date

WP

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 04/23/99
Control #
Permit # 99-0764+A
Permit Issued 03/23/99

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 1069.89 Lot 1 Qual

Work Site Location 300 PROSPECT DR
ELECTRICAL
Owner in Fee JABLONSKI, CAROL
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor AG ELECTRIC INC
Address 2 MAYPINK LANE
HOWELL, NJ 07731-
Telephone (732)458-9638
Lic. No. or Bldrs. Reg. No. 10285
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SERVICE

PAYMENTS (Office Use Only)

Building	0
Electrical	40
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	40
Check No.	999
Cash	
Collected By	AJP

Estimated Cost of Work $ 600

Construction Official

04/23/99
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/25/99
Date Issued 3/23/99
Control # C1-1
Permit # 99-0764

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

Block 1069.89 Lot 1 Qual
Work Site Location 300 PROSPECT DR
2ND FLOOR ADDITION
Owner in Fee JABLONSKI, CAROL
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor DEZAR HOMES INC
Address 1415 FOREST AVE.
BRICK, NJ 08724-
Tele.(732)458-3336 Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 45-83336

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

2ND FLOOR ADDITION

see Notes on Drawing

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-22-99	Fay
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [X] CA
Date: 6-1999
Approved By

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame	4/30 No one home		5/3/99	
BarrierFree	Shed plans sent		4/21/99	JKa
Insulation			5/4/99	JKa
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R-3
Constr. Class Present ____ Proposed ____
No. of Stories 2
Height of Structure 24 Ft.
Area Largest Floor 1 Sq. Ft.
New Bldg. Area/All Floors 1,004 Sq. Ft.
Volume of New Structure 8,032 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 30,000
2. Alteration $ 5,000
3. Total (1+2)$ 35,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	201
[X] Alteration	135
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 336
DCA Training Fee	$ 17

Paid [ ] Check #
Collected by:

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

change of contractor

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/23/99
Date Issued
Control #
Permit # 99-0764 + A

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

Block 1069,89 Lot 1 Change Cont 4/23/99
Work Site Location 300 Prospect St
2nd Floor Addi.
Owner in Fee/Occupant JABLONSKI CAROL
Address SAME

Tele. ( )
Contractor A,G, Electric INC.
Address 2 MAYPINT LANE
Howell NJ 07731
Tele. (732) 458-9638 Fax ( )
Lic. No. 10285
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other Addition & Service
Building Occupied as Utility Co. G,P,C.
Est. Cost of Elec. Work $ 2,500 /800

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			04/23/99	NO. 5
Final				

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

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

QTY.	SIZE	ITEMS
10		Lighting Fixtures
34		Receptacles
13		Switches
3		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
61		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
1		KW Dishwasher
		HP Garbage Disposal
1	3 Ton	KW Central A/C Unit
1	Blower	HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
1	150.	AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

Just amp on PP

FEE (Office Use Only)	
	$
	40
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 40

CHANGE 0011A005 09:00
CASH 40.00
TOTAL 40.00
ELETRIC* 1 # 40.00
LOT 0.00
BLOCK 1069 # 0.00
00044
990764**

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/25/99
Date Issued 3/23/99
Control # C1-1
Permit # 99-0764

Atten. Rick

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

Block 1069.89 Lot 1 Qual
Work Site Location 300 PROSPECT DR
2ND FLOOR ADDITION
Owner in Fee JABLONSKI, CAROL
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor TOM BLAKE ELECTRICAL CONT
Address 542 CRESTVIEW TERR
PT PLEASANT, NJ 08742-
Tele.(732)892-5185
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3159593

Delmar Homes Inc
1415 Forest Ave
Brick N.J. 08724
458-3336

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-3
[ ] Pole/Pad # [ ] Temporary [X] Other ADDITION
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 3/8/99
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)
10		Lighting Fixtures	
34		Receptacles	
13		Switches	
3		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
61		TOTAL NUMBERS	45
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
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
1	3	KW Central A/C Unit	9
1	1	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

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

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 63
	DCA Training Fee	$ 0

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5-27-99
Control #
Permit # 99-1832

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

Block 1069.89 Lot 1
Work Site Location ~~Ocn~~ 300 B Prospect Dr.

Owner in Fee/Occupant CAROLE TGLIONSKY
Address 300 B Prospect Dr.
Brick, NJ 08724
Tele. [redacted] ty
Contractor
Address 28 Kennedy Blvd Suite 900
East Brunswick, NJ 08816
Tele. (800) 997-2585 Fax (732) 220-0553
Lic. No.
Federal Emp. No. 11-1339259 #738735D

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1500

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5 26 99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6 1 99
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6 1 99	

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

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 [X] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures 1-Door 1-motion	
		Receptacles	
		Switches 1-keypad	
		Detectors	
		Light Poles 1-Zone cont.	
		Motors—Fract. HP	
		Emergency & Exit Lights 1-siren	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		Burg. Al. Syst.	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	25
Minimum Fee	$	75
DCA Training Fee	$	
TOTAL FEE	$	

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 02/25/99
Date Issued 3/23/99
Control # C1-1
Permit # 99-0764

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

Block 1069.89 Lot 1 Qual
Work Site Location 300 PROSPECT DR
2ND FLOOR ADDITION
Owner in Fee JABLONSKI, CAROL
Address SAME
BRICK, NJ 08724-
Tele [redacted]
Contractor TOM BLAKE ELECTRICAL CONT
Address 542 CRESTVIEW TERR
PT PLEASANT, NJ 08742-
Tele.(732)892-5185
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3159593

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: ATTIC
Total Est Cost of Fire Prot Work $ 500

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 3-9-99
Approved By: GB
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6-1-99
Approved By: CAB

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			6-1-99	DDB
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			6-1-99	GB
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

		NUMBER	FEE (Office Use Only)
Storage Tanks			
Type: [ ] Flammable Liquid [ ] Combust Liquid			
[ ] LPG [ ] LNG Capacity 0 Fuel			
Alarm Systems [ ] 110v Interconnected			
[ ] System			
Alarm Devices(smoke,heat,pulls,water/flow)		3	
Supervisory Devices (tampers,low/high air)		0	
Signalling Devices (horn/strobes, bells)		0	
Other Devices		0	
TOTAL		3	35
Suppression Systems			
Fire Pump 0 GPM Type		0	
Dry Pipe/Alarm Valves		0	
Pre-action Valves		0	
Sprinkler Heads (Dry and Wet)		0	0
Standpipes		0	0
Pre-Engineered Systems			
Wet Chemical		0	0
Dry Chemical		0	0
CO2 Suppression		0	0
Foam Suppression		0	0
Halon Suppression		0	0
Other			0
Kitchen Hood Exhaust System		0	0
Smoke Control System		0	0
Gas [X] or Oil [ ] Fired Appliances		1	46
Other FURNACE			46
Other			0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	127
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 02/25/99
Date Issued 3/25/99
Control # C1-1
Permit # 99-0764

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

Block 1069.89 Lot 1 Qual
Work Site Location 300 PROSPECT DR
2ND FLOOR ADDITION
Owner in Fee JABLONSKI, CAROL
Address SAME
BRICK, NJ 08724-
Tel [redacted]
Contractor ION BLAKE ELECTRICAL CONT
Address 542 CRESTVIEW TERR
PT PLEASANT, NJ 08742-
Tele.(732)892-5185
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3159593

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: ATTIC
Total Est Cost of Fire Prot Work $ 500

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 3-5-99
Approved By: BG
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	3	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	3	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	1	46
Other FURNACE		46
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 127
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/25/99
Date Issued 3.23.99
Control # C1-1
Permit # 99-0764

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

Block 1069.89 Lot 1 Qual
Work Site Location 300 PROSPECT DR
2ND FLOOR ADDITION
Owner in Fee JABLONSKI, CAROL
Address SAME
BRICK, NJ 08724-
Tel [redacted] ax (__)
Contractor KIRK RAUCH P & H
Address 8 CROMDER DR
TOMS RIVER, NJ 08735-
Tele.(732)864-0833
Lic. No. or Bldrs. Reg. No. BIO-0833
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-10-99
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
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 Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
1	Sink	10
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 120
DCA Training Fee $ 0

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 3, 1999 1999- 0216

Block 1069.89 Lot 1-4 Zone R-7.5

Property Address: 300 Prospect Drive

Owner: Carol Jablonski (Phone): [redacted]

Applicant: Robert Martin (Phone): 458-3336

Existing Use: Single family dwelling

Proposed Use: Single family dwelling

Proposed Construction (if any): Second floor addition for a "mother-daughter" design, 24'x46', 24' high

Conditions: Addition, including deck and staircase, must be setback at least 25' from the property line at each street, at least 6' from the side property line and at least 15' from the rear property line.

The house will be occupied by Carol Jablonski and her daughter and family.

Only one (1) set of utility meters is permitted. Open interior access must be maintained.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 1069.89 LOT 1-4

PROPERTY ADDRESS 300 Prospect Dr.

NAME OF OWNER CAROL JABLONSKI OWNER'S PHON[redacted]

NAME OF APPLICANT Delmar Homes Inc Robert Martin

APPLICANT'S COMPLETE ADDRESS 1415 Forest Ave Brick NJ. 08724

APPLICANT'S PHONE NUMBER (732) 458-3336 APPLICANT'S BUSINESS NAME Delmar Homes Inc.

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☒ Single Family Dwelling
- ☐ Condo or Apartment
- ☐ Commercial (please describe) _____
- ☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☒ Single Family Dwelling
- ☐ Condo or Apartment
- ☐ Commercial (please describe) _____
- ☐ Other (please describe) Mother - Daughter

PROPOSED CONSTRUCTION Add 2nd Floor to existing RANCH type home

All Dimensions	24' W	46' L	24' Ht
Deck or Garage	☐ Attached	☐ Detached	
Fence	Type _____	Ht _____	

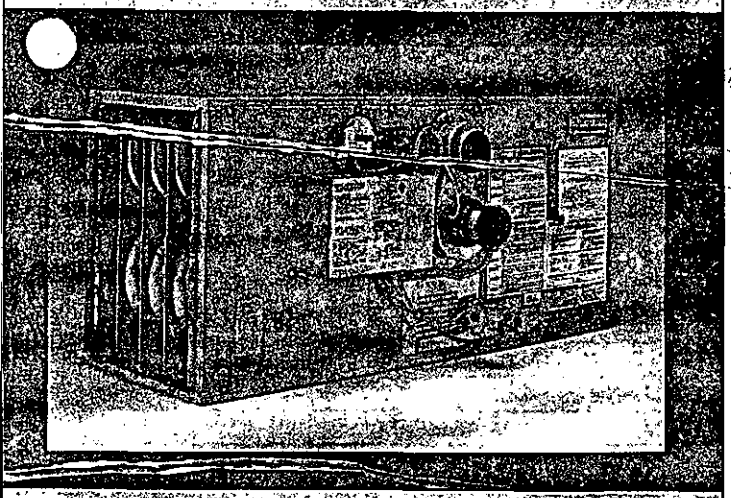
CHECKLIST:

- ☐ All information completed above
- ☐ Two (2) accurate Survey / Plot Plans containing:
  - ☐ all existing and proposed structures
  - ☐ all dimensions of lot and structures
  - ☐ set backs to all property lines
  - ☐ all streets and waterways shown
- ☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of Applicant Robert F Martin Date 2/20/99

Reviewed by Zoning Officer Date 3/3/99 ☒ Approved ☐ Rejected



HORIZONTAL 80 GAS FURNACE

Ducane®
AIR CONDITIONING AND HEATING

The difference is Quality.®

DUCANE
HORIZONTAL 80 GAS FURNACE

FEATURES
- 80% AFUE
- Electronic air cleaner connection (115V)
- Humidifier connection (115V)
- 5 amp fuse for protection
- Air conditioner time delay relay built into board for SEER enhancement
- Two wire twinning
- Horizontal application
- Heat ranges 50,000 - 125,000 BTUH
- Slow opening valve for quieter ignition

WARRANTY
- Lifetime Heat Exchanger
- 5 years on all other parts

VENTING
- Category I venting
- 4" diameter vent, all sizes
- Can be side wall vented with Field Controls DGF-2 side wall venting kit

CONTROLS
- Honeywell® Smart Valve™ System (hot surface pilot)
- Honeywell® Fan Timer Control ST9120C

SAFETY
- AGA & CGA approved
- Safety limit prevents overheating

HEAT EXCHANGER ASSEMBLY
- 4 pass clamshell for reliability
- Aluminized steel heat exchanger
- Totally crimped design (no welds)

CABINET
- Heavy gauge, textured, beige prepainted cabinet for maximum protection

BLOWER
- 3 speed PSC motors
- Ducane built & balanced whisper quiet blower wheels

UNIT SPECIFICATIONS

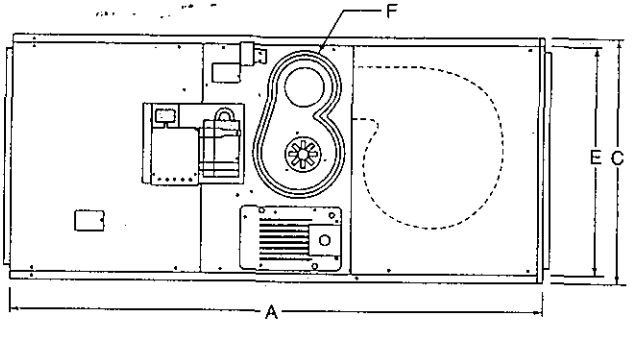
	FPBB050A3	FPBB075A3	FPBB100A4	FPBB125A5
GAS	NATURAL			
INPUT RATE (BTU per Hour)	50,000	75,000	100,000	125,000
HEATING CAPACITY (BTU per Hour)	40,000	60,000	80,000	100,000
AFUE (ISOLATED COMB. SYSTEM)	80%	80%	80%	80%
CEC SEASONAL	76.0%	75.5%	75.0%	74.0%
TEMPERATURE RISE	40-70 F	40-70 F	40-70 F	40-70 F
VOLTS / PHASE / HERTZ	115 /1/ 60			
STATIC PRESSURE	AGA CERTIFIED FOR 0.50" W.C. MAXIMUM EXTERNAL STATIC			
AIR FLOW (w/o FILTER) @ .50" STATIC	1200CFM	1280CFM	1615CFM	2015CFM
BLOWER MOTOR HORSEPOWER	1/3 HP PSC 3 SPEED	1/3 HP PSC 3 SPEED	1/3 HP PSC 3 SPEED	1/2 HP PSC 3 SPEED
BLOWER MOTOR - FLA	7.9	8.2	8.2	9.6
CAPACITOR	7.5 MFD. 370 VAC	7.5 MFD. 370 VAC	7.5 MFD. 370 VAC	15 MFD. 370 VAC
BLOWER WHEEL	10 x 8	10 x 8	10 x 9	12 x 12
BURNERS (IN-SHOT TYPE)	2	3	4	5
BURNERS ORIFICE	(2) #42	(3) #42	(4) #42	(5) #42
HEAT EXCHANGER (PRIMARY)	20 GA. ALUMINIZED FOUR-PASS SECTIONALIZED			
FLUE OUTLET	4"	4"	4"	4"
LIMIT CONTROL	190 F SNAP DISK	170 F SNAP DISK	140 F SNAP DISK	140 F SNAP DISK
GAS VALVE	HONEYWELL SV9501 SMART VALVE SYSTEM			
TRANSFORMER	40 VA, 115VAC PRIMARY, 24VAC SECONDARY, FOOT-MOUNTED			
PILOT BURNER	HONEYWELL Q3450E			
INTEGRATED CONTROL SYSTEM	HONEYWELL ST9120C			
COOLING RELAY	SPDT RELAY (PART OF INTEGRATED CONTROL SYSTEM)			
FILTER HANGER SINGLE PACK	#20055201	#20055201	#20055202	#20055203
(ACCESSORY KIT) SIX PACK	#20055301	#20055301	#20055302	#20055303
FILTER (SUPPLIED WITH KIT) (HIGH VEL. DURALAST OR EQUIV.)	(1) 23 x 13 x 1/2	(1) 23 x 13 x 1/2	(1) 23 x 16 1/2 x 1/2	(1) 23 x 20 x 1/2
LP CONVERSION KIT ACCESSORY	#20069801			
SHIPPING DIMENSIONS	54 1/2 X 26 X 25 3/4	54 1/2 X 26 X 25 3/4	54 1/2 X 29 x 25 3/4	54 1/2 x 33 x 25 3/4
SHIPPING WEIGHT	144	153	175	197
PACKAGING	NSTA APPROVED APPLIANCE PACK W/WOODEN CLEATS			
CERTIFICATION	AGA AND CGA CERTIFIED UNDER CURRENT STANDARDS			
MAXIMUM DESIGN OUTLET TEMP.	170 F			
ALT. LIMIT FOR FIELD REVERSING*	140 F SNAP DISK			

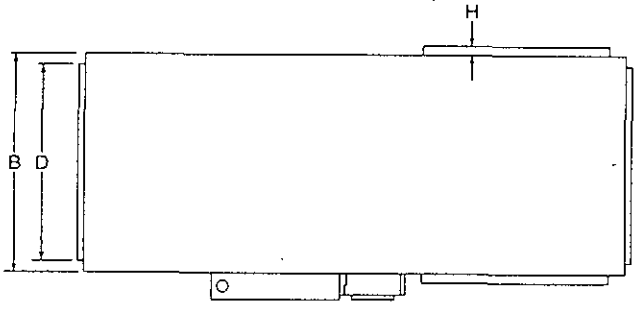
** Furnace may be field reversed for left to right airflow by inverting the unit.*

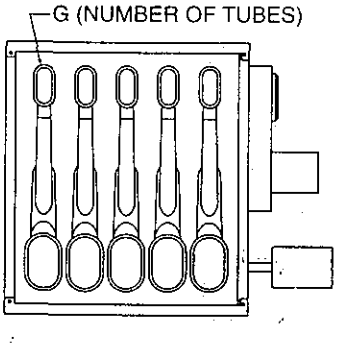
GENERAL LAYOUT

DUCANE MODEL NUMBER	UNIT DIMENSIONS LENGTH	WIDTH	HEIGHT	SUPPLY AND RETURN DUCT OPENINGS		FLUE DIA.	NO. TUBES	BLOWER DOOR
	A	B	C	D	E	F	G	H
FPBB050A3	50	13 1/2	23 1/8	11 5/8	21 3/8	4	2	FLUSH
FPBB075A3	50	13 1/2	23 1/8	11 5/8	21 3/8	4	3	FLUSH
FPBB075A4*	50	13 1/2	23 1/8	11 5/8	21 3/8	4	3	1
FPBB100A4	50	17	23 1/8	15 1/8	21 3/8	4	4	FLUSH
FPBB100A5*	50	17	23 1/8	15 1/8	21 3/8	4	4	1
FPBB125A5	50	20 1/2	23 1/8	18 5/8	21 3/8	4	5	FLUSH

*High air flow models

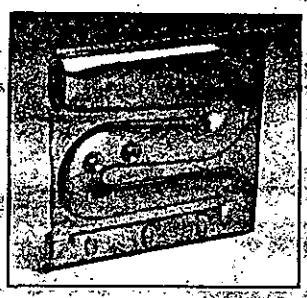






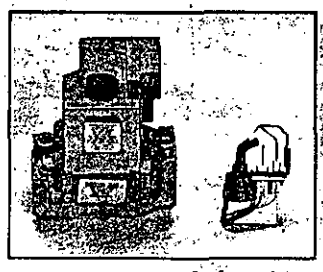
NOTE: Dimensions are in inches

DUCANE GAS FURNACES



1 Primary Heat Exchanger

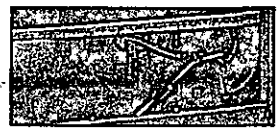
Ducane's specially designed aluminized steel heat exchanger utilizes mechanical seams which are crimped, rather than welded. The crimp technique increases the life of the heat exchanger because it eliminates stresses that are developed with either arc or seam welding methods. Ducane gas furnaces feature a Limited Lifetime Heat Exchanger Warranty which is the best you'll find.



2 Honeywell® Smart Valve

Ducane gas furnaces use only the amount of energy which is needed. There is no pilot light wasting gas or blowing out.

3 Easy Diagnostic Sleeve



Ducane's latest innovation allows the service person to troubleshoot while the gas furnace is running, thereby resulting in time and money savings on service calls.

4 Sound

Ducane gas furnaces are quiet! The blower wheels are manufactured and balanced prior to installation resulting in less vibration, and therefore less noise. The burners and heat exchanger are designed to eliminate start up combustion noise. The overall result is a unit operating in near silence. Compare the sound!

5 Secondary Heat Exchanger

Our corrosion resistant, custom designed 29 4C stainless steel secondary heat exchanger extracts additional heat thus resulting in lower utility costs.

Ducane®
AIR CONDITIONING AND HEATING

www.ducane.com

For more information, contact your local Ducane distributor.

SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE.

1231 CS/GA 5/98 25K 20091122

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date: 3-9-99

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION 300 Prospect Dr.
(Street address)

BUILDING DESCRIPTION SFD

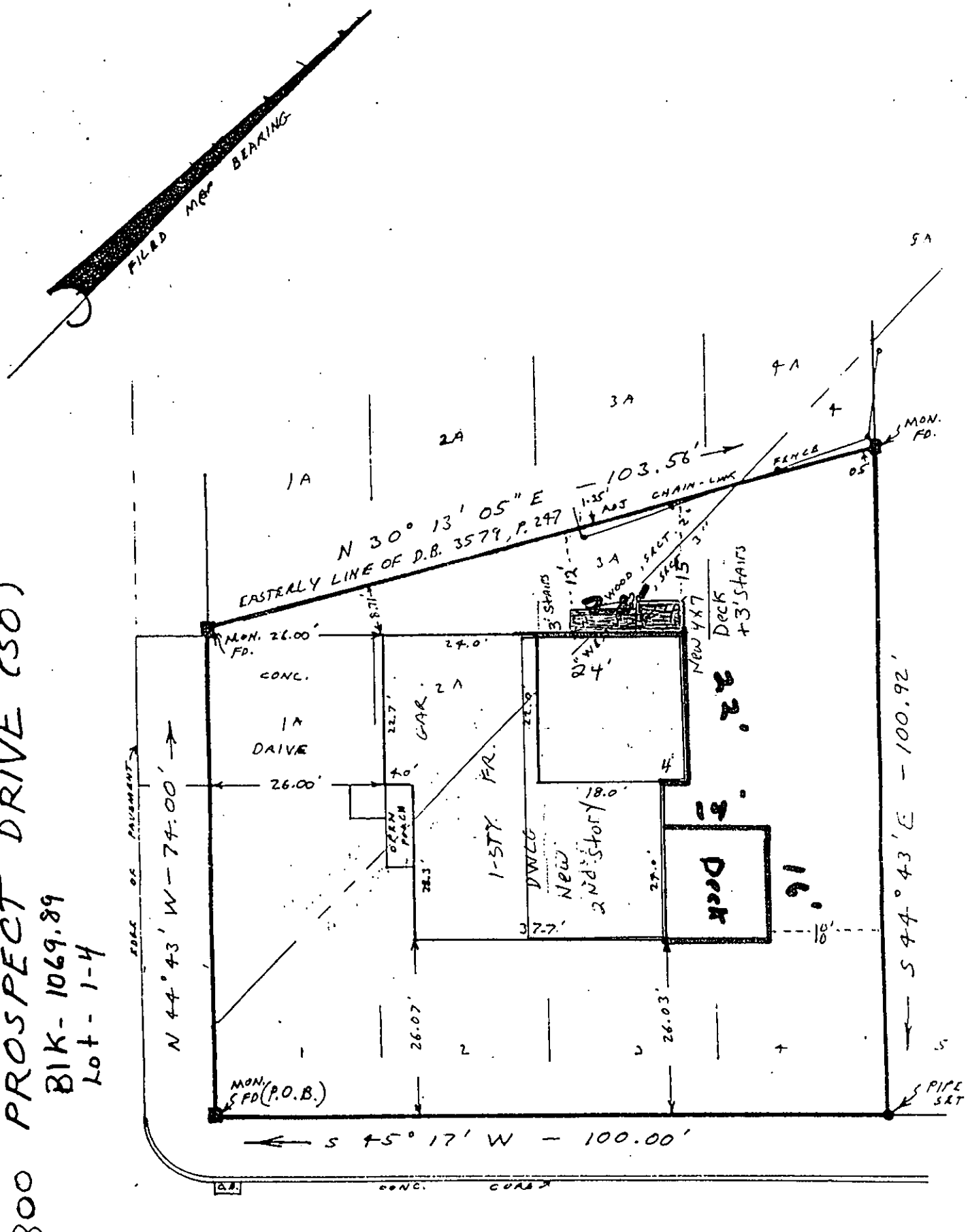
REVIEWED BY BP

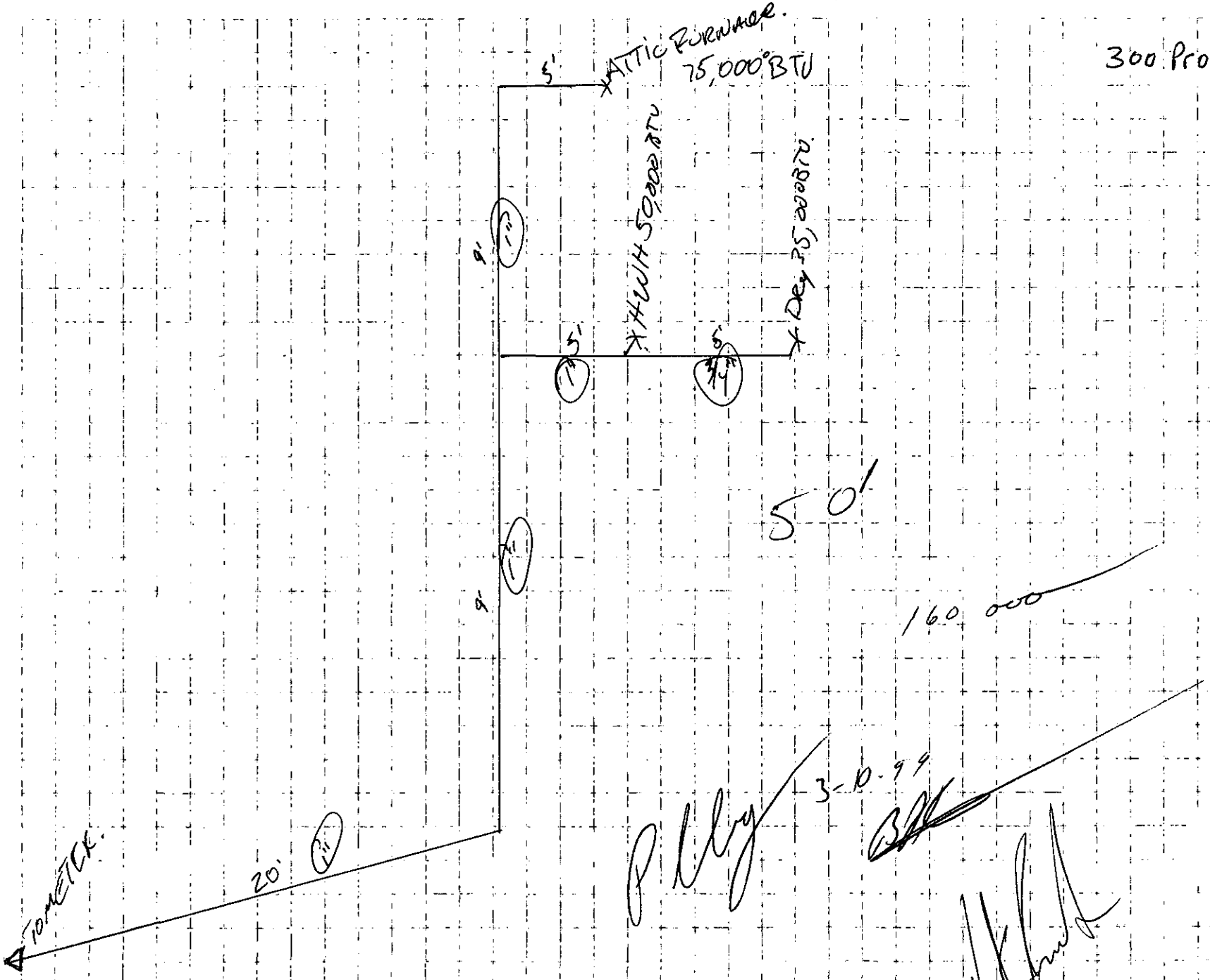
Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record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

CORRECTION LIST

No.	DESCRIPTION	Code Section
1	Need detector 1st floor hall w/in 10ft. of bedrooms & in each bedroom	
	3-5-99 855am left message on machine of Applicant Martin Robert 499-3776	
	3-5-99 905am spoke w/ Robert Martin Added smoke det. to bedrooms and hallways w/in 10' of bedrooms on plan - BP	

06/93


FILED MAP BEARING
300 PROSPECT DRIVE (50')
BLK- 1069.89
Lot- 1-4
N 30° 13' 05" E — 103.58'
EASTERLY LINE OF D.B. 3579, P. 247
MON. FD.
FENCE
CHAIN-LINK
1.35' ADJ
1A
2A
3A
4A
5A
MON. FD. 26.00'
CONC.
1A
DRIVE
26.00'
N 44° 43' W — 74.00'
EDGE OF PAVEMENT
GAR.
2A
1-STY. FR.
DWLG
New 2nd Story
OPEN PORCH
3' Stairs
New 4x7 Deck +3' Stairs
Deck
24.0'
22.7'
18.0'
27.0'
7.7'
26.07'
26.03'
MON. & FD (P.O.B.)
S 45° 17' W — 100.00'
S 44° 43' E — 100.92'
PIPE SAT
CONC. CURB
HARPER AVENUE (50')


300 Prospect Dr
5'
ATTIC FURNACE.
75,000 BTU
9'
5'
5'
5'
HW/H 50,000 BTU
DRY 25,000 BTU
5 0'
160 000
20'
TO METER.
3-10-99
300 Prospect Dr
BIK 1069.89
Lot 1-4

2 UTR
2"
1½
2"
WC
3"
1½
LAV
2"
1½
WM BOX
2"
2"
TUB
1½
1½ UTR
1½ UTR
1½"
2"
To existing Hsewer
2 Existing Sewer
300 Prospect Dr
3-10-99
300 Prospect Dr.
BIK 1069.89
Lot 1-4

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: _____

JURISDICTION: Bethlehem
(City, County, Township, etc.)

BUILDING LOCATION: 300 Prospect Pl.
(Street address)

BUILDING DESCRIPTION: Fire

REVIEWED BY: _____

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

CORRECTION LIST

No.	DESCRIPTION	Code Section
	(1) No exits on plan -	
	Called Electrician on 3.16. up to Monday	

06/93

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 3-5-99

JURISDICTION: 300 Prospect Ct. (City, County, Township, etc.)

BUILDING LOCATION: _____ (Street address)

BUILDING DESCRIPTION: _____

REVIEWED BY: _____

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

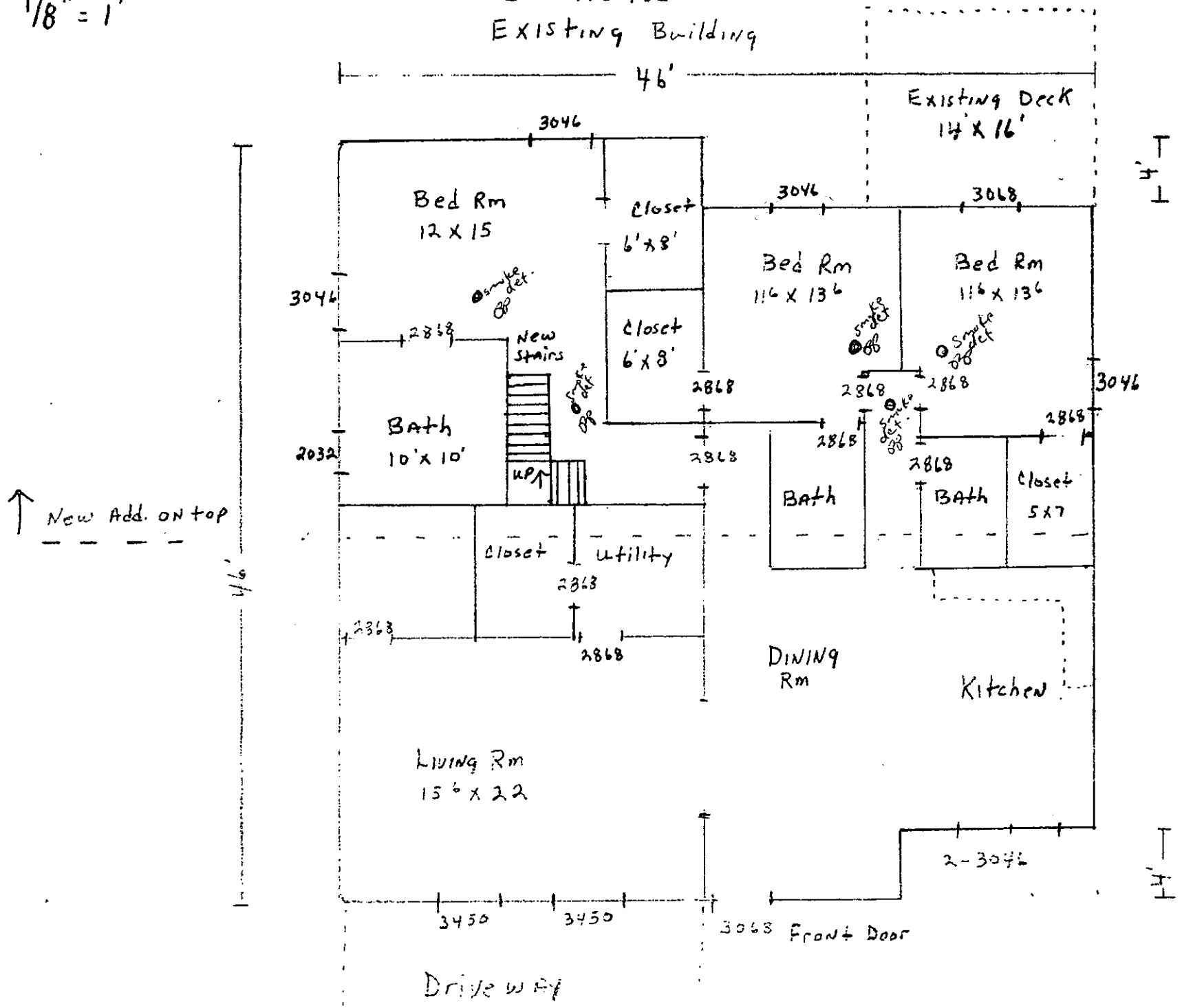
CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	Need TJI cut sheets For Application	
(2)	~~Architects Certification on existing Footing and Foundation to support~~ Obtain Add High Fee ~~and attached~~ (FM)	
(3)	Better Drawings with more Detail on Actual Framing on 2nd Floor addition As well as : STAIRS, Deck, Header Sizes Over windows & Doors	
(4)	2x8 Ceiling Joist Span 17'-9" Cant Determine Span Based on Drawings Supplied / Message Left	
	Re-Submit Reject. Builder Called (FM)	

06/93

1/8" = 1'

300 Prospect Dr.
Existing Building



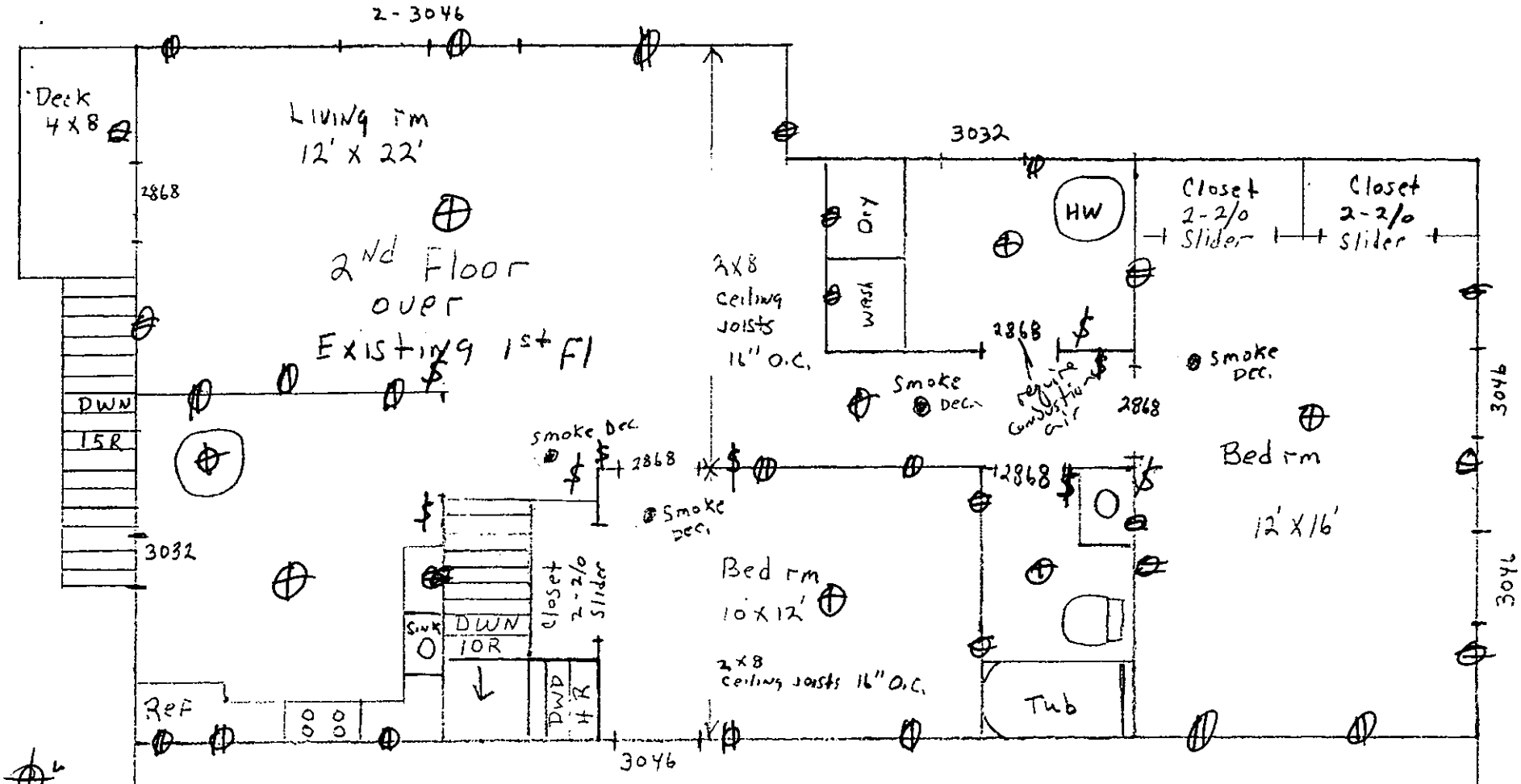
Carol Dallmann
7-20-99

3 1899 mm

3-27-99

300 Prospect Dr.

Proposed 2nd Floor

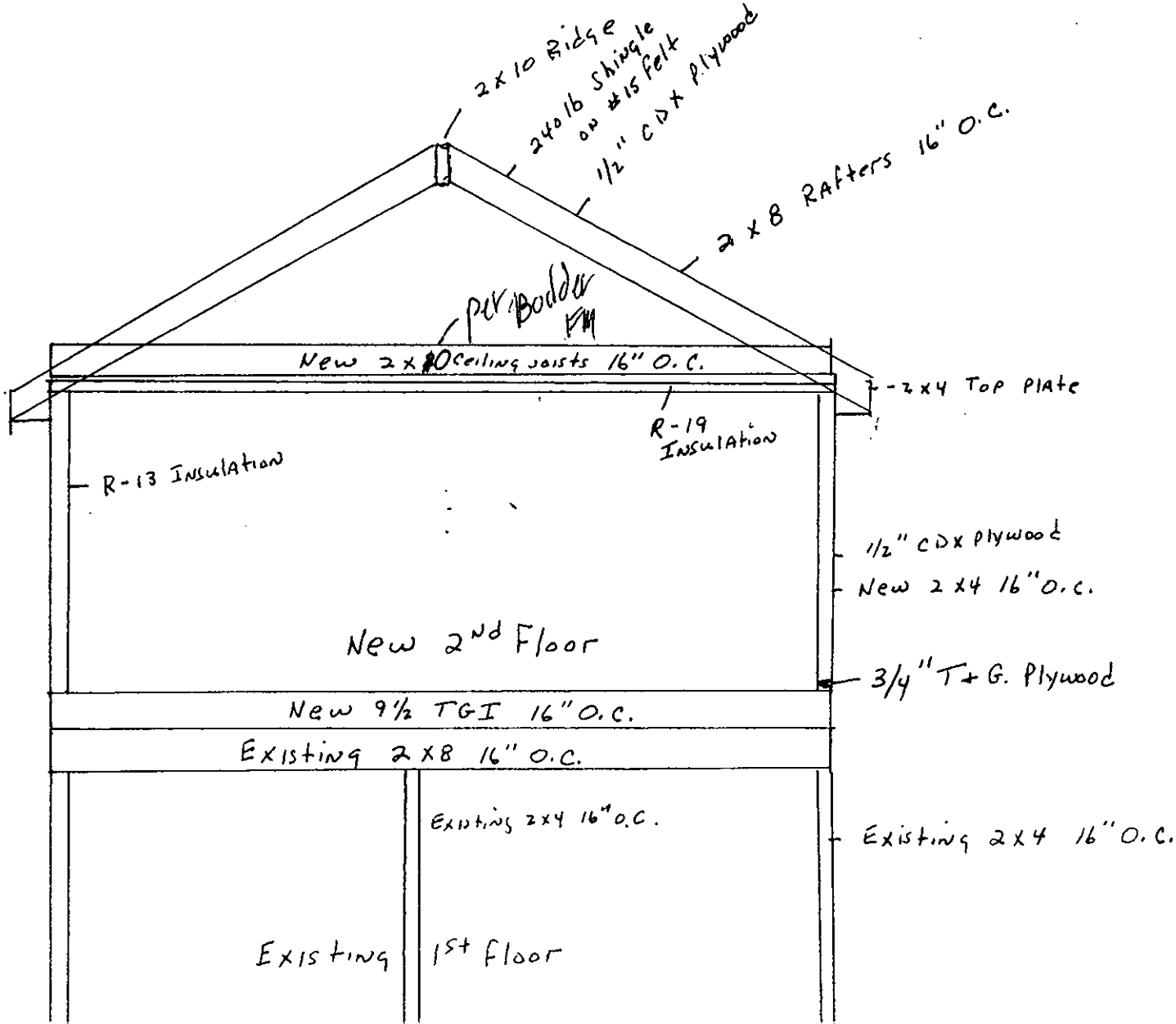


Existing 1st Floor

Carol Dallavalle
E-20-90

MAR 3 1999

3-22-99



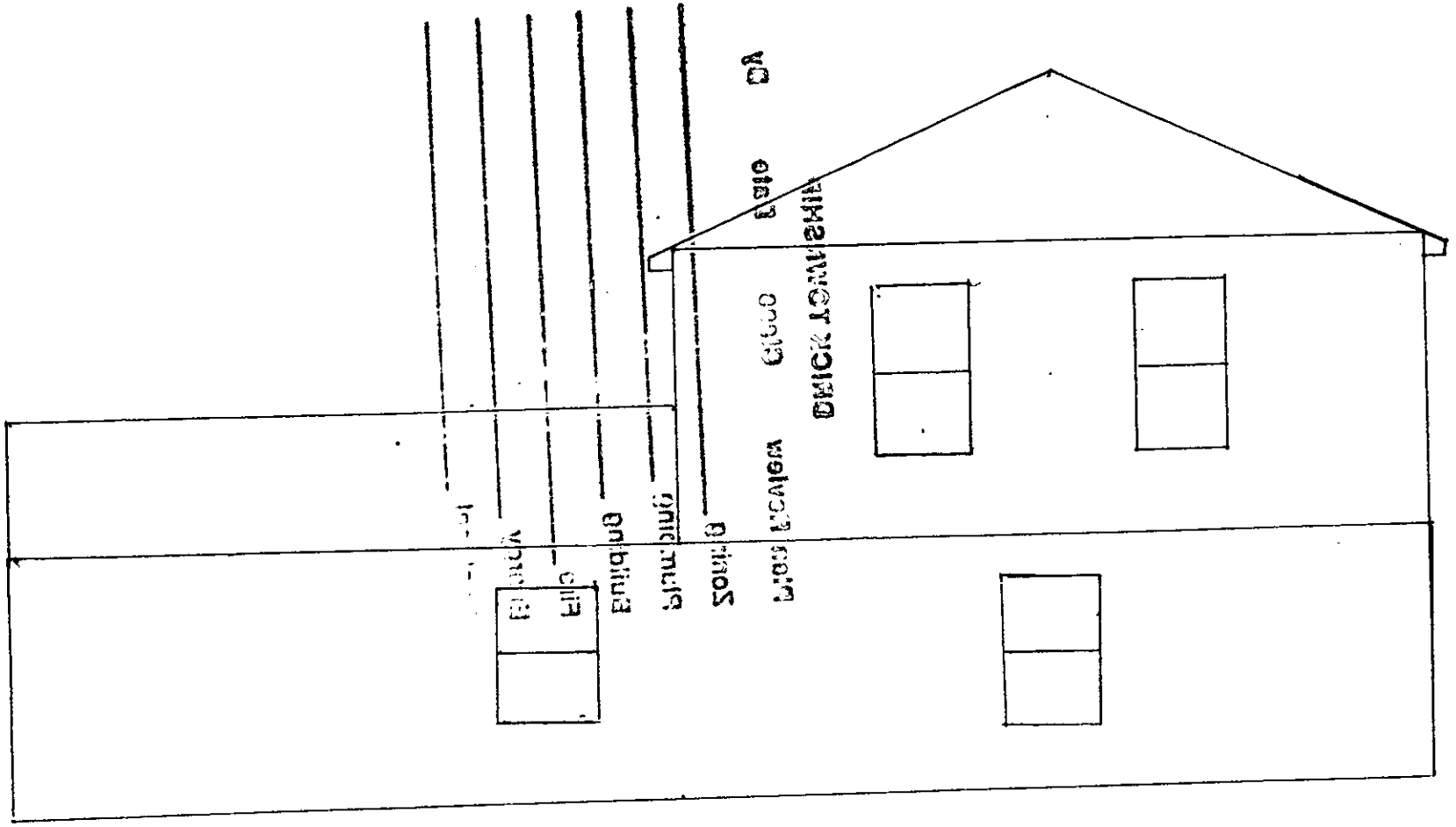
Carol Jablonski 2-20-99

1111 3/8 91

3-22-89

300 Prospect Dr.

Right Elevation



2-20-02

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning in-d "	addition	3/3/99	SK
Plumbing	3-10-99		
Building	3.22.99		
Fire			
Energy			
Electrical		3/8/99	

3/3/99

To the Zoning Office of Brick Township.

I, Carole Jablonsky, of 300 Prospect Drive, Brick, N.J. 08724 and my mother, Eleanor Jablonsky, have lived here for almost nine years. I will mostly live upstairs and my mother downstairs.

My mother has severe arthritis and can no longer do some tasks. This arrangement will let me take care of things.

Sincerely,

Carole Jablonsky

CAROLE JABLONSKY

RECEIVED

MAR 05 1999

ENGINEERING

C1-1

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Victor Cantillo – President
Martin J. Anton
Helen Fayad
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Department of Administration & Fina

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

Date: 2/20/99

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 1069.89 Lot: 1-4

I, Carol Jablonski (name) of 300 Prospect Dr. (address),

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

Carol Jablonski
applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved X Date: 3/5/99 By:

Rejected Date: By:

Remarks:

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

TOWNSHIP OF BRICK

300 Prospect Dr. 1069.89 1-4
Work Site Address Block Lot

Carol Jablonski 300 Prospect Dr. Brick N.J. 08724 [redacted]
Owner's Name, Address, Phone

Delmar Homes Inc. 1415 Forest Ave Brick N.J. (732)458-3336
Contractor's Name, Address, Phone

Construction Add 2nd Story to existing Ranch
Describe type (Single -family home, etc.)

Demolition Remove Roof + Rafters
Describe type (Structure, roof, siding, ~~etc.~~)

Describe type and estimated quantity of material Roofing + Rafter Lumber
Approx 10 cu yds.

Name, address and phone of party responsible for removal of debris:
Sea Coast Demolition (Steve Rizio) P.O. Box 762 Island Heights NJ (732)270-8613

Size of dumpster: 20 yds

Destination of discarded debris: Ocean County Landfill

Hauler's DEP Permit No.: # 18775

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

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

Robert F. Martin Robert F Martin 2/20/99
Printed/Typed Name Signature Date

****

FOR OFFICE USE ONLY

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

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

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

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

[illegible]

[illegible] (732) [illegible]-3844

[illegible] (732) [illegible]-3332

[illegible]

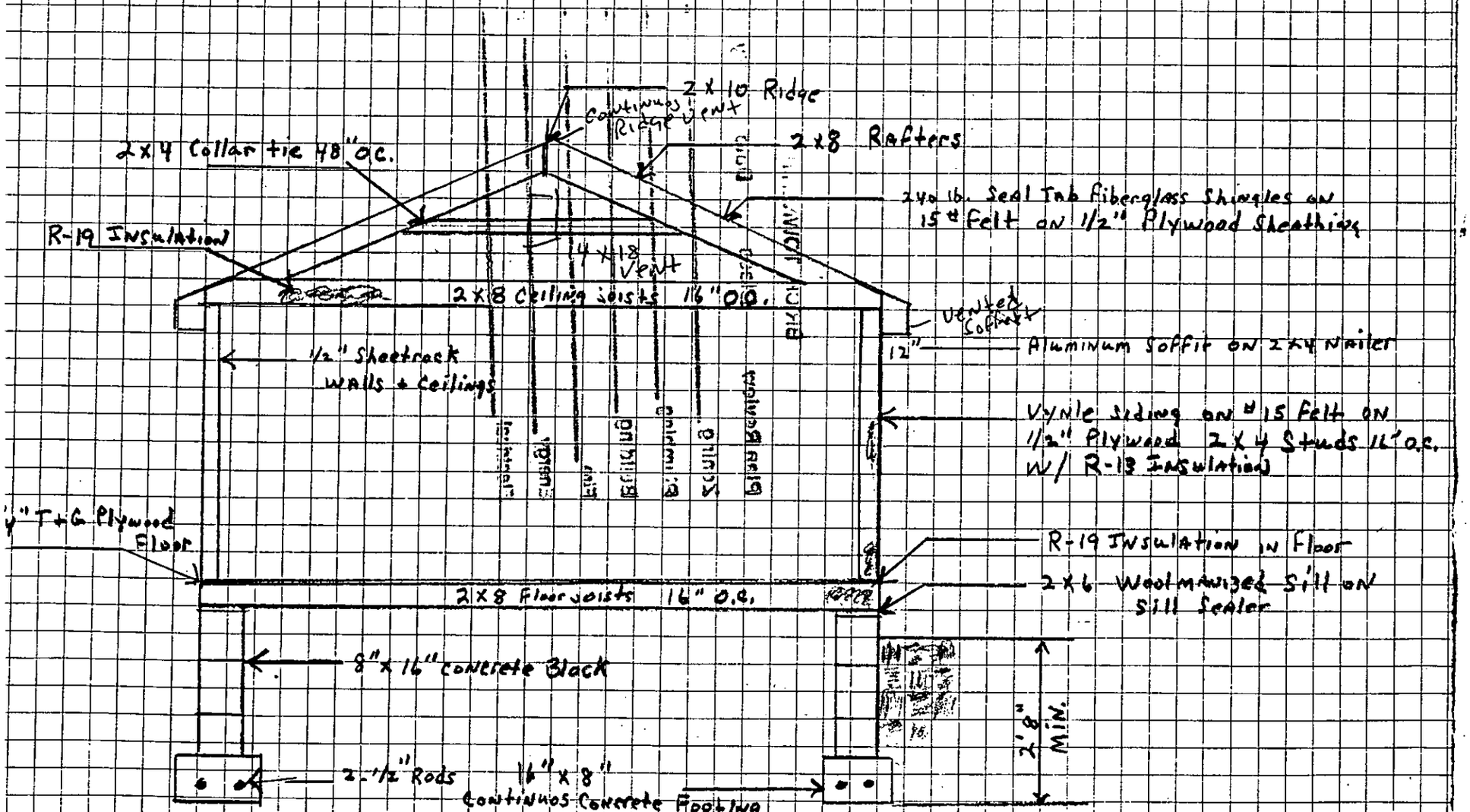
[illegible]

[illegible] (732) 270-[illegible]

[illegible]

CROSS Section

Orig Drawings

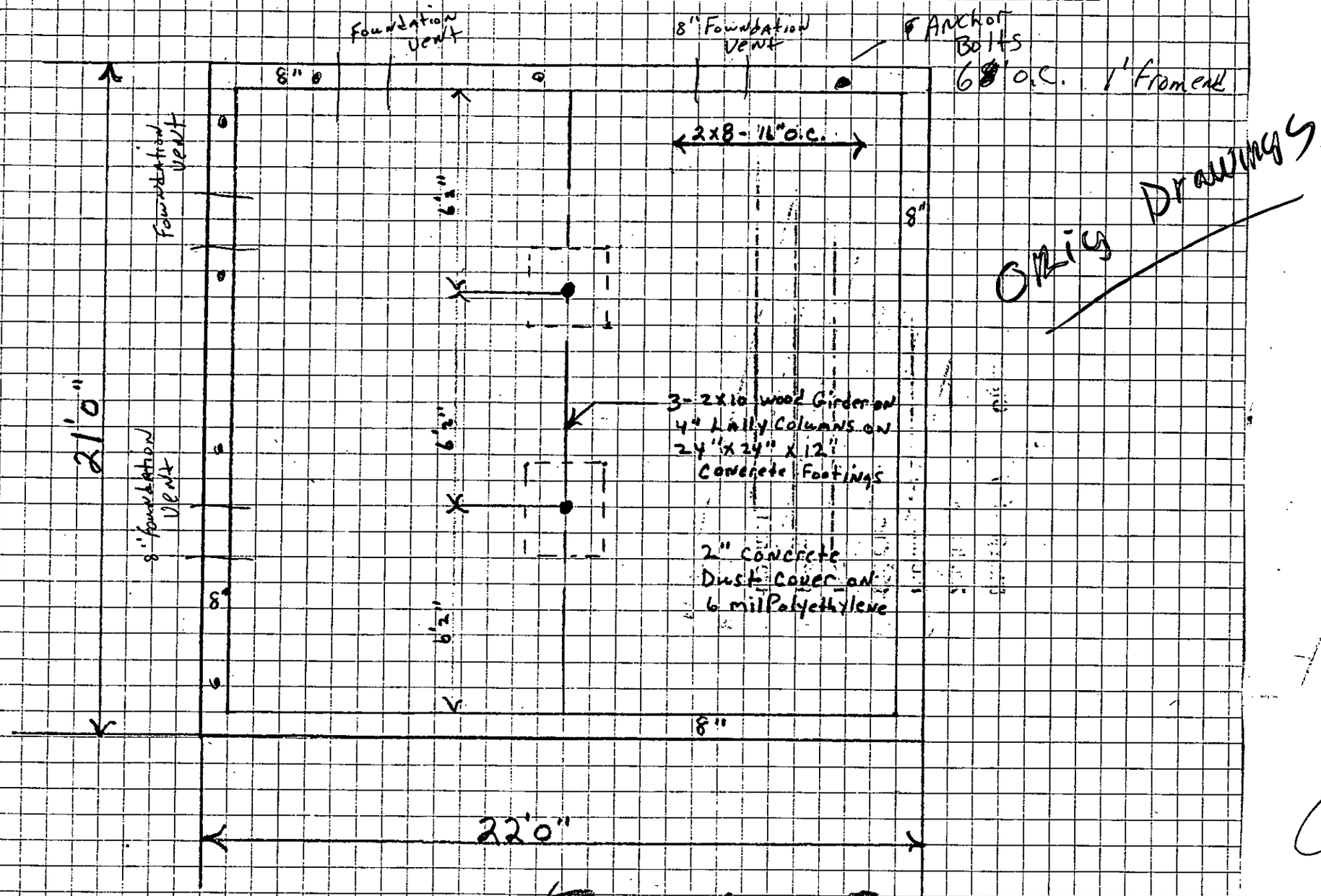


Carl Jr
10/13/91

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		3-22-99	FV
Fire			
Energy			
Electrical			

FOUNDATION PLAN - CRAWL



OMIT Drawings

3/14-94

10/13/94

BRICK TOWNCHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		3-22-99	FH
Fire			
Energy			
Electrical			

Office Copy

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: TOM. BLAKE Electrical Cont.
ADDRESS: 542 Crestview Terr.
Pt Pleasant N.J. 08742
PHONE: (732) 892-5185
LIC. #: 9300 EXP. DATE:
FEDERAL EMPL. #: (or S.S. #): 22-3159593

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION ITEMS	QTY	SIZE
Lighting Fixtures	10	
Receptacles	34	
Switches	13	
Detectors	3	
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS

Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle		KW
KW Oven / Surface Unit		KW
KW Elec. Water Heater		KW
KW Elec. Dryer / Receptacle		KW
KW Dishwasher	1 1.5	KW
HP Garbage Disposal		HP
KW Central A/C Unit	1 [illegible] 25	KW
~~HP/KW~~ Space Heater/Air Handler	1 1/2	HP/~~KW~~
KW Baseboard Heat		KW
HP Motors 1/+ HP		HP
KW Transformer/Generator		KW
AMP Service		AMP
AMP Subpanels		AMP
AMP Motor Control Center		AMP
AMP Elec. Sign/Outline Light		KW
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $ 1500.00
Signature (print name): Tom Blake
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☒
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

Tom Blake

FIRE PROTECTION SUBCODE

CONTRACTOR: Tom Blake Electrical Cont.
ADDRESS: 542 Crestview Terr.
Pt. Pleasant N.J. 08742
PHONE: (732) 892-5185
LIC. #: 9300A EXP. DATE:
FEDERAL EMPL. # (or S.S. #): 22-3159593

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☒ New ☐ Existing
Location of Furnace / ~~Heater~~ Attic

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

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	3
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas of Oil Fired Appliance	1 dryer 1 furnace
Other	
Other:	

Estimated Cost of Fire Protection Work: $
Signature: Tom Blake
Owner ☐ Contractor ☒
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location:
Block: 1069.89 Lot: 1-4
Owner in Fee: CAROL JABLONSKI
Address: 300 Prospect Dr
Brick N.J. 08724
State: N.J. Zip: 08724 Phone [redacted]
SS #: Provide only if Applicant is owner

Date Rec'd.:
Date Issued:
Control #:
Permit #:

PLUMBING SUBCODE

CONTRACTOR: Kirk Rauch P+H
ADDRESS: 8 Crowder Dr.
Toms River N.J. 08735
PHONE: (732) 864-0833
LIC #: ~~0833~~ 9079
LIC. EXPIRATION DATE: 06-99
FEDERAL EMP. # (or S.S. #) [redacted]

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
1	Water Closet
	Urinal / Bidet
1	Bath Tub
1	Lavatory
	Shower
	Floor Drain
1	Sink Kit
1	Dishwasher
	Drinking Fountain
1	Washing Machine
	Hose Bibb
1	Gas Piping
	Fuel Oil Piping
1	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
1	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
//	Active Solar System
	Vent Through Roof
	Other

New

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☒
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: Delmar Homes INC.
ADDRESS: 1415 forest Ave
Brick N.J. 08724
PHONE: (732) 458-3336
LIC #: 05300
LIC. EXPIRATION DATE: 9/99
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Add 24'x 46' 2nd floor
to existing RANCH type home

TYPE OF WORK

☐ New Building
☒ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: R-3 Proposed: R-3
CONSTR. CLASS Present: Proposed:
No. of Stories: 2
Height of Structure: 24'
Area - Largest Floor: 1004
New Building Area / All Floors: 1,004
Volume of Structure: 8,032 Total Land Disturbed: 0
Signature: Robert F. Master

Estimated Cost of Building Work: 35,000
New Building (1): $ 30,000
Alteration (2): $ 5 000
TOTAL (1+2): $ 35,000
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date: