BLOCK 341 LOT 474 QUALIFICATION CODE _____ ADDRESS (SITE) 34 KETTLE CREEK DR PERMIT NO. 07-3023

CONSTRUCTION PERMIT APPLICATION

C07-004125

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

I. IDENTIFICATION

1. Proposed Work Site at: 34 KETTLE CREEK DRIVE
2. Name of Owner in Fee: DONNA MAHER
   Tel [redacted] e-mail NA
   Address 34 (street) KETTLE CREEK DR. (municipality) BRICK 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: TEKART BUILDERS Tel. (732) 701-6999
   Address PO BOX 887 FT. PLAIN. e-mail HANK@TEKARTBUILDERS.com
   License No. OR, if new home, Builder Reg. No. 033075 Exp. Date 10.08
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00317700
   Federal Emp. ID No. 22-3771980 FAX: (732) 701-6992
5. Architect or Engineer ROBERT BRAUN Contact _____
   Address 1200 RIVER AVE LAKEWOOD e-mail _____
   Tel. (732) 370-8590 FAX: (732) 370-0892
6. Responsible Person in Charge once Work has Begun HANK GORDON
   Tel. (732) 701-6999 FAX: (732) 701-6992

Called 9/20/07 message left

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	500		
2. Electrical		95		
3. Plumbing		40		
4. Fire Protection		45		
5. Elevator Devices				
6. Subtotal				
7. Less 20% for State Plan Review	$	34		
8. Subtotal	$			
9. State Permit Surcharge Fee				
10. Subtotal	$	35		
11. Cert. of Occupancy		60		
12. Other ZNTCP				
13. TOTAL	$	809		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	26 ft.	
3. Area — Largest Floor	365 sq. ft.	
4. New Building Area	355 sq. ft.	
5. Volume of New Structure	5170 cu. ft.	
6. Construction Classification	5B	
7. Total Land Area Disturbed	365 sq. ft.	
8. Flood Hazard Zone	✓	
9. Base Flood Elevation	See Cert. ft.	
10. Wetlands yes		
no	✓	
11. Max. Live Load	50 PSF	
12. Max. Occupancy Load	12	

FLOOD ZONE AE-5

IIa. PROPOSED WORK

1st + 2nd Story Add.

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
✓ Building	90,000	CVP	8/17/07		9-20-07	[illegible]	6-16-08		
✓ Electrical	10,000				9-19-07	[illegible]	6-16-08		
✓ Plumbing	1500				9-11-07	[illegible]	6-11-08		
✓ Fire Protection	1500		—		9-10-07	[illegible]	6-11-08		
☐ Elevator		CW	9/5/07		9/5/07	[illegible]			
TOTAL COSTS	103,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL *(primary use)*

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

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

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

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.ix:

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

C. (✓) 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 7.26.07

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name HANK GORDON

Address _____

TEKART BUILDERS CORP.
P.O. Box 887
Point Pleasant, NJ
08742-0887

Telephone (732) 616.3300

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/17/2008
Control Number C-07-004125
Permit Number 07-3023
Permit Issue Date 09/21/2007
Certificate Number 07-3023

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 34 KETTLE CREEK DR. Brick Township, NJ Block: 341 Lot: 474 Qual:

Owner in Fee: MAHER, DONNA

Owner Address: 34 KETTLE CREEK DRIVE BRICK NJ 08723

Telephone: [redacted]

Contractor TEKART BUILDERS

Address PO BOX 887 PT PLEASANT NJ 08742

Telephone: (732) 701-6999 Fax: (732) 701-6992

License Number or Builders Registration Number: Federal Emp. Number: 22-3771980

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: RESIDENTIAL ADDITION EXPAND REAR KITCHEN (FAMILY ROOM OVER NEW CRAWL, 2 NEW BEDROOM 2ND FLOOR ADDITION)

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $35.00
Check Number: 5910
Collected By: Inspection Account

Date Printed: 09/17/2008 U.C.C. F260 (rev. 08/05)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 07-3023

Date Issued Permit # 9-21-07

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

Block 341 Lot 474 Qualification Code

Work Site Location 34 KETTLE CREEK DRIVE
BRICK 08723

Owner in Fee DONNA MAHER

Address 34 KETTLE CREEK DR.
BRICK 08723

Tel [redacted]

Contractor Dan Pearce Electrical Contracting

Address 217 Larchwood Dr.
Brick NJ 08723

Tel (732) 451-0404 FAX ( )

Contractor License No. 14846

Federal Emp. No. 26-0229909

B. ELECTRICAL CHARACTERISTICS

Use Group Present ✓ Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 10,000.-

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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
20		Lighting Fixtures	
35		Receptacles	
18		Switches	
6		Detectors	
		Light Poles	
2		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
75		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	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 9/19/07

Approved by:

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 61608

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough 2nd Floors			12 2007	TC
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO PART FINAL			6-11-08	TC
Other				
Service			6/16/08	TC
Final			6/16/08	MM
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

OVER

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

12 20 07

Rlw 1ST Floor REAR AREA Room PASSED
Rlw 2ND Floor FRONT AREA Room PASSED

6-4-07

PASSED PAN FINAL PROTECT
WIRE IN CABINET

EXTENSION ON AT SIDE PITCHES

(E) tech

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-3023

Date Issued / Permit # 9-21-07

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

Block 341 Lot 474 Qualification Code

Work Site Location 34 KETTLE CREEK DRIVE
BRICK 08723

Owner in Fee: DONNA MAHER

Tel. [redacted] mail [redacted]

Address 34 KETTLE CREEK DRIVE (street) BRICK (municipality) NJ (zip code) 08723

Contractor: TEKARD BUILDERS Tel. (732) 701-6999

Address PO BOX 887 PT. PLSNT. e-mail HANK@TEKARDBUILDERS.com

Contractor License No. or Builder Registration No. 033075 Exp. Date 10.08

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00317700

Federal Emp. ID No. 22-3771980 FAX: (732) 701-6992

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

EXPAND REAR KITCHEN/FAMILY RM. OVER NEW CRAWL, 2 NEW BEDRM 2ND FLOOR ADDITION

See Architects LETTER Attached

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9/20/07	KM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-16-08
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing OVER EX	10/03/07		10/10/07	KM
Footing Bonding				
Foundation			10/17/07	KM
Slab				
Frame			01/03/08	KM
Truss Sys./Bracing				
Barrier-Free				
Insulation			01/15/08	KM
Finishes -Base Layer				
Finishes -Final Sheathing			11/16/07	KM
Energy				
Mechanical				
TCO				
Other O-DECK			10/26/07	KM
Final			06/11/08	KM
Barrier-Free				

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	R-5	
Constr. Class	5B	
No. of Stories	2	
Height of Structure	26 Ft.	
Area — Largest Floor	365 Sq. Ft.	
New Bldg. Area/All Floors	555 Sq. Ft.	
Volume of New Structure	5170 Cu. Ft.	
Total Land Area Disturbed	365 Sq. Ft.	

Est. Cost of Bldg. Work:

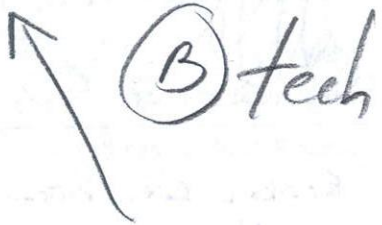
1. New Bldg. $ 75,000-
2. Rehabilitation $ 15,000-
3. Total (1+ 2) $ 90,000-

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

FEE (Office Use Only)
$

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

10/03/07. INT. PIERS NOT AS PER PLANS.



PERMIT # 07-3025 LOT: 474 BLOCK: 541

FRAMING CHECKLIST

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

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

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

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

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

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

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

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

B. FLOOR FRAMING AND FLOORING

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

1ST	2ND	3RD	FLOOR
[B✓] [I✓]	[B✓] [I✓]	[B] [I]	SIZE
[B✓] [I✓]	[B✓] [I✓]	[B] [I]	GRADE, SPECIES
[B✓] [I✓]	[B✓] [I✓]	[B] [I]	SINGLE OR DOUBLE
[B✓] [I✓]	[B✓] [I✓]	[B] [I]	PRE-ENGINEERED PER MANUFACTURER'S SPECS
[B] [I]	[B] [I]	[B] [I]	CANTILEVERS AS PER DESIGN

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

3. FLOOR JOIST:

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

4. FLOORING, SHEATHING, OR DECKING:

	1ST	2ND	3RD	FLOOR
MATERIAL	[B✓] [I✓]	[B✓] [I✓]		
			[B] [I]	PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS
- [B] [I] [B] [I] [B] [I] EDGE BLOCKING (IF REQUIRED)
- [B] [I] [B] [I] [B] [I] GAPPING
- [B] [I] [B] [I] [B] [I] LAYOUT

5. STAIR ATTACHMENT:

1ST	2ND	3RD	FLOOR
[B] [I]	[B] [I]	[B] [I]	BEARING
[B] [I]	[B] [I]	[B] [I]	NAILING

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

Responsible Person in Charge of Work: [signature] Date: 1/4/08

Building Inspector Initials: [initials] Date: 01/15/08

U.C.C. F390-1 (01/06)

PERMIT # 07 3025 LOT: 474 BLOCK: 841

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

1ST	2ND	3RD FLOOR	
☑	☑	☑	SIZE
☑	☑	☑	SPACE
☑	☑	☑	SPECIES AND GRADE
☑	☑	☑	CUTTING, NOTCHING, AND BORING
☑	☑	☐	HEADER SIZES
☑	☑	☐	JACK STUD BEARING

TOP PLATES

☑	☑	☑	NAILING
☑	☑	☑	LAPS
☑	☑	☑	RAFTER TIES
☑	☑	☑	HURRICANE STRAPS (AS REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

1ST	2ND	3RD FLOOR	
☑	☑	☑	SIZE
☑	☑	☑	SPACE
☑	☑	☑	LAYOUT - SUPPORT BELOW PER CODE
☑	☑	☑	SPECIES AND GRADE
☑	☑	☑	CUTTING, NOTCHING, AND BORING
☑	☑	☑	FIRE BLOCKING
☑	☑	☑	HEADER SIZES
☑	☑	☑	JACK STUD BEARING

TOP PLATES

☑	☑	☑	NAILING
☑	☑	☑	LAPS
☑	☑	☑	STRAPPING

3. INTERIOR NON-LOAD-BEARING WALLS:

1ST	2ND	3RD FLOOR	
☑	☑	☑	SIZE
☑	☑	☑	SPACE
☑	☑	☑	SPECIES AND GRADE
☑	☑	☑	CUTTING, NOTCHING, AND BORING
☑	☑	☑	FIRE BLOCKING
☑	☑	☑	HEADER SIZES
☑	☑	☑	TOP PLATE NAILING

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

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

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

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

3. GABLE END BRACING (AS PER DESIGN):

- ☑ LAYOUT
- ☑ SIZE
- ☑ TYPE
- ☑ NAILING
- ☑ OVERLAP
- ☑ TERMINATION

4. SOLID SAWN ROOF FRAMING:

- ☑ SIZE
- ☑ GRADES, SPECIES

LAYOUT

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

E. SHEATHING

1. SHEATHING - EXTERIOR WALLS:

MATERIAL

- ☑ PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- N/A ☑ GAPPING
- ☐ LAYOUT
- ☐ CORNER BRACING (IF REQUIRED)

2. SHEATHING - ROOF:

MATERIAL

- ☑ PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- ☐ BLOCKING, EDGE (IF REQUIRED)
- ☐ CLIPS (IF REQUIRED)
- ☐ GAPPING
- ☐ LAYOUT

SHEATHING, FRT - ROOF

- ☐ FOUR FEET FROM FIREWALL
- ☐ NONCORROSIVE FASTENERS

Initials: Resp. Person in Charge of Work _____ Building Inspector _____

U.C.C. F390-2 (01/06)

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

07-3023
9-21-07

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

Block 341 Lot 47.4
Work Site Location 34 Kittle Creek Drive Brick Township NJ 08723
Owner in Fee Maher
Address 34 Kittle Creek Drive Brick Township, NJ 08723
Tele. ( )
Contractor Power Plumbing & Heating
Address 89 Pomeroy St Newark, NJ 07105
Tele. (973) 589-6940 Fax (973) 589-4535
Lic. No. B1-10314
Federal Emp. No. 22 343 8309

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 $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9-11-07
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6-11-08
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			12-26-07	[signature]
Water				
Sewer				
Fixtures			6/11/08	[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.)

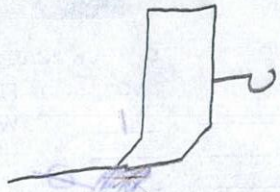
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
~~2~~	Bath Tub (direct Replacement)	
1	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	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 $ _____

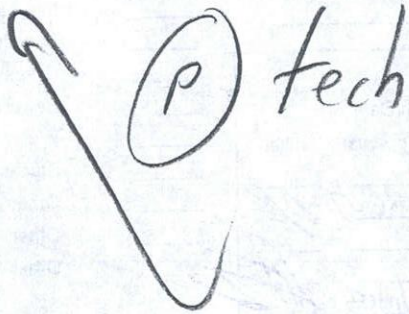
U.C.C F130
(rev 3/98)

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

12-26-07



Kit vent and
drain are not
able to get a vent out of the vent due
because the entire drainage system
is up too high in crawl. It is technically
infeasable.
old style island sink arrangement accepted



U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:

A1. Building Owner's Name DONNA MAHER

Policy Number

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
34 KETTLE CREEK DRIVE

Company NAIC Number

City Brick State NJ ZIP Code 08723

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 474 BLOCK 341

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

A5. Latitude/Longitude: Lat. 40 01' 55" N Long. 74 08' 02" W Horizontal Datum: ☐ NAD 1927 ☐ NAD 1983

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

A7. Building Diagram Number 2

A8. For a building with a crawl space or enclosure(s), provide
- a) Square footage of crawl space or enclosure(s) 1100 sq ft
- b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 6
- c) Total net area of flood openings in A8.b 768 sq in

A9. For a building with an attached garage, provide:
- a) Square footage of attached garage 400 sq ft
- b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade 0
- c) Total net area of flood openings in A9.b 0 sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
Twp of Brick 345285	Ocean	NJ

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
34029CO192	F	9/29/06	9/29/06	AE	5'

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

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

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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized _____ Vertical Datum _____

Conversion/Comments _____

			Check the measurement used.
a)	Top of bottom floor (including basement, crawl space, or enclosure floor)	2.2	☒ feet ☐ meters (Puerto Rico only)
b)	Top of the next higher floor	6.3	☒ feet ☐ meters (Puerto Rico only)
c)	Bottom of the lowest horizontal structural member (V Zones only)	N/A	☒ feet ☐ meters (Puerto Rico only)
d)	Attached garage (top of slab)	4.5	☒ feet ☐ meters (Puerto Rico only)
e)	Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	6.3	☒ feet ☐ meters (Puerto Rico only)
f)	Lowest adjacent (finished) grade (LAG)	3.7	☒ feet ☐ meters (Puerto Rico only)
g)	Highest adjacent (finished) grade (HAG)	4.5	☒ feet ☐ meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

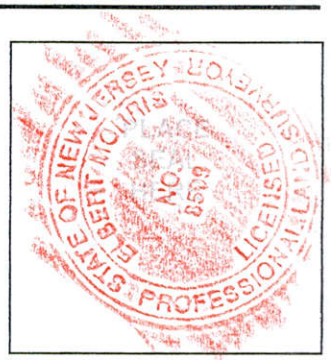
☐ Check here if comments are provided on back of form.

Certifier's Name Elbert Morris License Number 8509

Title President Company Name Morris Surveyor's, Inc.

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

Signature Elbert Morris Date 08/08/07 Telephone 732-899-0965



IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 34 KETTLE CREEK DRIVE	Policy Number
City Brick State NJ ZIP Code 08723	Company NAIC Number

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

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

Comments

Signature Date

☐ Check here if attachments

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

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

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

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

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

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

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

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

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

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

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8. and G9.

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

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

G3. ☐ The following information (Items G4.-G9.) is provided for community floodplain management purposes.

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

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

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

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

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

☐ Check here if attachments

Building Photographs

See Instructions for Item A6.

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 34 KETTLE CREEK DRIVE	Policy Number
City Brick State NJ ZIP Code 08723	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

FRONT VIEW 08/08/07

REAR VIEW 08/08/07

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

A1. Building Owner's Name DONNA MAHER

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

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 474 BLOCK 341

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

A5. Latitude/Longitude: Lat. 40 01' 55" N Long. 74 08' 02" W Horizontal Datum: ☐ NAD 1927 ☐ NAD 1983

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A7. Building Diagram Number 2

A8. For a building with a crawl space or enclosure(s), provide
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a) Square footage of attached garage 400 sq ft
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c) Total net area of flood openings in A9.b 0 sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
Twp of Brick 345285	Ocean	NJ

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
34029CO192	F	9/29/06	9/29/06	AE	5'

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

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

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

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Benchmark Utilized _____ Vertical Datum _____
Conversion/Comments _____

			Check the measurement used.
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b)	Top of the next higher floor	6.3	☒ feet ☐ meters (Puerto Rico only)
c)	Bottom of the lowest horizontal structural member (V Zones only)	N/A	☒ feet ☐ meters (Puerto Rico only)
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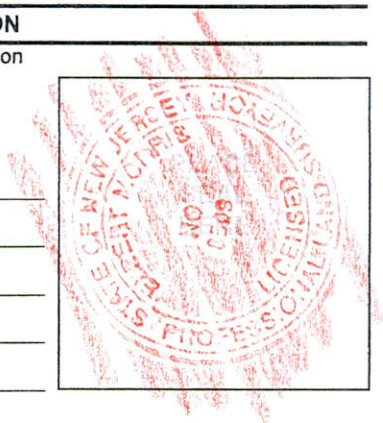
☐ Check here if comments are provided on back of form.

Certifier's Name Elbert Morris License Number 8509

Title President Company Name Morris Surveyor's, Inc.

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

Signature Elbert Morris Date 08/08/07 Telephone 732-899-0965



IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 34 KETTLE CREEK DRIVE	Policy Number
City Brick State NJ ZIP Code 08723	Company NAIC Number

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

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

Comments

Signature Date ☐ Check here if attachments

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

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

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

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

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

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

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

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

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

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8. and G9.

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

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

G3. ☐ The following information (Items G4.-G9.) is provided for community floodplain management purposes.

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

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

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Local Official's Name Title

Community Name Telephone

Signature Date

Comments

☐ Check here if attachments

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 34 KETTLE CREEK DRIVE	For Insurance Company Use: Policy Number
City Brick State NJ ZIP Code 08723	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

FRONT VIEW 08/08/07

REAR VIEW 08/08/07