BLOCK 19406 LOT 5 ADDRESS (SITE) 417 Mamie Dr. PERMIT NO. 677-97

RECEIVED
FEB 6 1997
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 417 Mamie Dr.
2. Name of Owner in Fee: Patricia Barthel Tel. (201) 295 0655
   Address 20 Radio Ave. (street) Secaucus (municipality) NJ. (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Infinity Bld Contr. Inc. Tel. (908) 458-5900
   Address 450 Jack Martin Blvd Brick
   License No. OR, if new home, Builder Reg. No. 024033 Exp. Date Dec
   Federal Emp. No. 22-3269549 Social Security No. _____
5. Architect or Engineer Dave Hardthone Tel. (908) 899-1609
   Address 103 Bridge Ave. Suite 5 PO Box 361 Bayhead
6. Responsible Person in Charge of Work Anthony Marousis Tel. (___) 458-5900

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	795		
2. Electrical				
3. Plumbing		225		
4. Fire Protection		175		
5. Elevator Devices				
6. Subtotal	$	1195		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		51		
10. Subtotal	$			
11. Cert. of Occupancy		120		
12. Other 289 + PP		430		
13. TOTAL	$	1396		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	25 ft.	
3. Area—Largest Floor	1322 sq. ft.	
4. New Building Area	2322 sq. ft.	
5. Volume of New Structure	31736 cu. ft.	
6. Construction Classification	5B	
7. Total Land Area Disturbed	3000 sq. ft.	
8. Flood Hazard Zone	NO	
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no	X	
11. Max. Live Load	50	
12. Max. Occupancy Load	50	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☑ Small Job ($5,000 and no prior approvals)	
3. ☑ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☑ Fire Protection	
7. ☑ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	80000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	2/12/97		3-31-97	FM	4/26/97		
			3/26/97	JC	4/2C/97		
			3-26-97		4/22/97		OK
3/31/97					4/8/97		OK
	3/26/97		3/26/97				

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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10202747

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 Infinity Bldg. Contr. Inc.

Address 450 Jack Martin Blvd. Brick NJ.

Telephone (908) 458-5800

Signature _____ Date 2/20/97

OFFICE DATE RECEIVED: _____

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

COMMENTS

Pre-existing

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☑ Certificate of Occupancy	No. 677	9-26-97	
☐ Certificate of Approval	No.		
☐ None			

CERTIFICATE

Date Issued 9-26-97
Control #
Permit # 677-97

IDENTIFICATION

Block 194.06 Lot 5
Work Site Location 417 Mamie Drive

Owner in Fee Patricia Barthel
Address 20 Radio Ave.
Secaucus, NJ
Tele. ( )
Contractor Infinity Bldg. Contr., Inc.
Address 450 Jack Martin Blvd.
Brick, NJ
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 126051
Use Group R-3 ~~1 hour~~
Maximum Live Load
Description of Work/Use:

Single family dwelling

Type of Warranty Plan: [XX] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

XXXX☑ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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 OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Joe Cervoni / Frank Mayer
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 4/1/97
Control #
Permit # 677-97

IDENTIFICATION Block 194.06 Lot 5

Work Site Location 417 Miami Av

Owner in Fee Patricia Fratello

Address 20 Radio Av

Tele. (____)

Contractor Definity Bldg

Address

Tele. (____) 677#B

Lic. No. or Bldrs. Reg. No. ____ Exp. Date LOCK 0.00

Federal Emp. No. 194.06 #

or Social Security No. LOT 0.00

is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] OTHER ____

[ ] ELECTRICAL [X] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

2322
31786

Dwelling

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 $ 80,000.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building 795	BUILDING	795.00
Electrical	PLUMBING	225.00
Plumbing 225	FIRE	175.00
Fire Protection 175	D.C.A.	5.00
Elevator Devices	C / O	12.00
Other	ZONEPLOT	15.00
DCA Training Fee 5	ENG P.R.	15.00
Cert. of Occ. 120	TOTAL	1392.00
Other 78/HP30	CHECK	1392.00
Total 1392.00	CHANGE	0.00
Check No. 1832		
Cash 04/01/97 NO. 5	0027A005	1:36
Collected By:		

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-1700

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/1/97
Date Issued
Control #
Permit # 677-97

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

Block 194.06 Lot 5
Work Site Location 417 MAMIE Dr.

Owner in Fee Patricia Barthel
Address 20 Radio Ave. Secaucus NJ.

Tele. (201) 295-0655
Contractor Infinity Bldg. Contr. Inc.
Address 450 Jack Martin Blvd. Brick NJ.

Tele. (908) 458-5900
Lic. No. or Bldrs. Reg. No. 0240233
Federal Emp. No. 22-3268549 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
1 family Mother/Daughter
2 Story Dwelling on a Crawl

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Req.	3-31-97	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 9-26-96
Approved By: FM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			4/3/97	
Foundation			4/15/97	
Slab				
Frame			7-25-97	
Insulation			7-31-97	
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final	9-12-97		9-26-96	FM

TYPE OF WORK:
[✓] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group	Present	R-3	Proposed	R-3
Constr. Class	Present	5-B	Proposed	5-B
No. of Stories		2		
Height of Structure		25		Ft.
Area—Largest Floor		1322		Sq. Ft.
New Bldg. Area/All Floors		2400		Sq. Ft.
Volume of New Structure		31786		Cu. Ft.
Total Land Area Disturbed		3000		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ 80000

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

9/22/97

(1) Front Porch Railing NO As per plan and Does NOT meet code (Triangle to Big)

(2) Stairway NOT to Minimum code width Drawing Clearly shows 3'-0" stairway width

(3) Drawing shows 2- 3046 Windows where Sliding Door Now is On 2nd Floor

(4) No Deck or Stairs Shown on Plans deck supports notched over 50% NG

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/1/97
Date Issued
Control #
Permit # 647-97

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

Block 194.06 Lot 5
Work Site Location 417 Mamie Dr.

Owner in Fee Patricia Barthel
Address 20 Radio Ave. Secaucus NJ.

Tele. (201) 295-0655
Contractor Infinity Bldg. Contr. Inc.
Address 450 Jack Martin Blvd. Brick NJ.

Tele. (908) 458-5900
Lic. No. or Bldrs. Reg. No. 024033
Federal Emp. No. 22-3263549 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1 family Mother/Daughter
2 Story Dwelling on a Crawl

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Req.	3-31-97	KM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed R-3	
Constr. Class	Present 5-B	Proposed 5-B	
No. of Stories	2		
Height of Structure	25	Ft.	
Area—Largest Floor	1322	Sq. Ft.	
New Bldg. Area/All Floors	2400	Sq. Ft.	
Volume of New Structure	31796	Cu. Ft.	
Total Land Area Disturbed	3000	Sq. Ft.	

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 80000

TYPE OF WORK:

- [✓] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [ ] Other _____
  - [ ] Other _____
- [ ] Demolition

(Office Use Only)
FEE
$

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

U.C.C. Form F-110B

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

BRICK
HULSE FARM

Rough - Ready

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 677-94

JUL 16 97 0 0 6 6 2 8

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

Block 194.06 Lot 5
Work Site Location 417 MARIE DR
Brick N.J.
Owner in Fee INFINITY BUILDERS
Address Brick
N.J.
Tele. ( ) 477-7414
Contractor EUREKA ELEC. SERVICE
Address P.O. Box 4075 OSBORNVILLE
Brick N.J.
Tele. ( ) 255-2822
Lic. No. 4872
Federal Emp. No. 221814013 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed NEW
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as DWELLING Utility Co. JCP&L # 0218445
Est. Cost of Elec. Work $ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 9/9/97
Approved By: Paul 5477

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			7/18/97	5477
Temporary			7/25/97	5477
Constr. Serv.				
TCO				
Other				
Service				
Final			9/9/97	5477

Temp. Cut-in-Card Date Issued 7/25/97 5477
Final Cut-in-Card Date Issued 9/9/97 5477

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
18		Fixtures (1)	
64		Receptacles (2)	
27		Switches (3)	
109		Total 1 + 2 + 3	55-
	Kw	Range HOODS BOXED	
	Kw	Oven(s)	
	Kw	Surface Unit	
2	hp	Dishwasher BOXED	18-
	hp	Garbage Disposal	
	Kw	Dryer	
2-3TON	Kw	A/C Unit	18-
		Burglar Alarms	
		Intercoms Panels	
8		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
2 units	Kw	Central heat: oil (gas) or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
BATH FAN	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
150	Amp	Service Entrance	40-
		Other	

Paid [ ] Check # 9699
Collected by:

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 131.-

U.C.C. Form F-120B RPF 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Brick
Hulse Farm

Rough - Rec'd

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 677WE16970066233

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

Block 194.06 Lot 5
Work Site Location 417 MAMIE DR
Brick N.J.
Owner in Fee INFINITY Builders
Address Brick
N.J.
Tele. ( ) 477-7414
Contractor EUREKA ELEC. SERVICE
Address P.O. Box 4075 OSBORNVILLE
Brick N.J.
Tele. ( ) 255-2822
Lic. No. 4872
Federal Emp. No. 221814013 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed NEW
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as DWELLING Utility Co. JCP&L WR# 0218445
Est. Cost of Elec. Work $ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
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.

Signature—Contractor-Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
18		Fixtures (1)	
44		Receptacles (2)	
27		Switches (3)	
109		Total 1 + 2 + 3	55-
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
2	___ hp	Dishwasher	18-
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
2-3 TON	___ Kw	A/C Unit	18-
		Burglar Alarms	
		Intercoms Panels	
8		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
2 units	___ Kw	Central heat:	
		oil (gas) or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
BATH FAN	hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
150	Amp	Service Entrance	40-
		Other	

Paid [ ] Check # 9699
Collected by:

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 131.-

U.C.C. Form F-120B KPF 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/1/97
Date Issued
Control #
Permit # 677-97

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

Block 194.06 Lot 5
Work Site Location 417 MAMIE Dr.

Owner in Fee Patricia Barthel
Address 20 Radio Ave Secaucus NJ.

Tele. (201) 295 0655
Contractor Infinity Bldg. Contractors Inc.
Address 450 Jack Martin Blvd. Brick NJ.

Tele: (908) 458-5800
Lic. No. 024233
Federal Emp. No. 22-3268549 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ~~R-3~~ Proposed R-3
Constr. Class. Present ~~5-B~~ Proposed 5-B
Heating Systems [ ] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Garage 1 B'tu Platform 4" Bollards
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 3/24/97
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 9-26-97
Approved by:

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test				
Fire Alarm Test			9-22	9-26
Smoke Test				
Mechanical				
TCO				
Other Bldg New R-3		9-22	9-26	9-26
Other				
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 New R-3

Water Supply Source
Method of Valve Supervision ~~SINGLE FAMILY~~ ONLY
Local Alarm Supervision
Central Supervision FOR C.O.
Proprietary Supervision NOTE HAS TWO KITCHENS

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors AC DC	6	35
Heat Detectors Battery Back up		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	4	140
OTHER		
	Administrative Surcharge	$ 175
Paid [ ] Check #	Minimum Fee	$
	DCA Training Fee	$
Collected by:	TOTAL FEE	$

U.C.C. Form F-140B
1 White = Inspector Copy
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3 Pink = Office Copy
4 Gold = Applicant Copy

9-22-97 VISUAL FINAL NEW SINGLE FAM R-3 FAIL

(1) DRYER PLATFORM 18"

(2) FLUE MUST GAMBLE NEED 6" OR "B" PIPE

(3) CATALOG ATTIC OPENING TO VENT

(4) FLUE ATTIC OFF FLR. 6" TO RAFTERS OR B PIPE

9-26-97 VISUAL FINAL NEW R-3 SINGLE FAMILY – APP

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/1/97
Date Issued
Control #
Permit # 677-97

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

Block 194.06 Lot 5
Work Site Location 417 Mamie Dr
Owner in Fee Patricia Barthel
Address 20 Radio Ave Secaucus NJ.
Tele. (201) 295 0655
Contractor Infinity Bldg. Contractors Inc.
Address 450 Jack Martin Blvd. Brick NJ.
Tele. (908) 458-5900
Lic. No. 024 233
Federal Emp. No. 22-3269549 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class. Present 5-B Proposed 5-B
Heating Systems [ ] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Garage 18" Platform 4" Ballard
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 3/26/97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			3-31-97	FM
TCO				
Other				
Other				
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 Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors AC DC	6	35-
Heat Detectors Battery Back up		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	4	140
OTHER		

Administrative Surcharge $ 175
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 4/1/97
Date Issued
Control #
Permit # 677-97

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

Block 194.06 Lot 5
Work Site Location 417 Mamie Dr.
Brick NJ
Owner in Fee Patricia Barthel
Address 20 Radio Ave Secaucus NJ.
Tele. (201) 295 0655
Contractor Pineland Plumbing & Heating Inc
Address 807 Mantoloking Rd
Brick NJ 08723
Tele. (___) 477-0854
Lic. No. 1722
Federal Emp. No. 22-1853417 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present ___ Proposed 1 Fam Res.
Building Sewer Size 3" Public Sewer ✓ Private Septic ___
Water Service Size 1" Public Water ✓ Private Well ___
Estimated Cost of Plumbing Work $ ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-26-97
Approved by: BJK

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ]
Approved By: BJK
Date: 9-22-97

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			7-22-97	AJK
Water			7-21-97	AJK
Sewer			7-21-97	AJK
Fixtures			7-18-97	AJK
Gas Equipment	9-18-97		9-22-97	AJK
Gas Piping Test			7-22-97	AJK
Solar				
TCO Yoke			9-22-97	BJK

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.

William R Dwyer #1722
Signature—Contractor Seal 2/22/97

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
	Urinal/Bidet	
2	Bath Tub	20
2	Lavatory	20
	Shower	
	Floor Drain	
2	Sink	20
2	Dishwasher	20.
	Drinking Fountain	
1	Washing Machine	10
2	Hose Bibb	20
1	Water Heater	35
	Fuel Oil Piping	
1	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	35
1	Sewer Connection	—
1	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ ___
Paid [ ] Check # ___ Minimum Fee $ 225
DCA Training Fee $ ___
Collected by: ___ TOTAL $ ___

U.C.C. Form F-130B

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 4/1/97
Date Issued
Control #
Permit # 677-97

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

Block 194.06 Lot 5
Work Site Location 417 Mamie Dr.
Baiva NJ
Owner in Fee Patricia Barthel
Address 20 Radio Ave Secaucus NJ.

Tele. (201) 2950655
Contractor Riverside Plumbing + Heating Inc
Address 807 Manitoking Rd
Baiva NJ 08223
Tele. (___) 477-0854
Lic. No. 1722
Federal Emp. No. 22-1853417 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present ___ Proposed 1 Fam Res.
Building Sewer Size 3" Public Sewer ✓ Private Septic ___
Water Service Size 1" Public Water ✓ Private Well ___
Estimated Cost of Plumbing Work $ ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-26-97
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal 2/22/97

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
	Urinal/Bidet	
2	Bath Tub	20
2	Lavatory	20
	Shower	
	Floor Drain	
2	Sink	20
2	Dishwasher	20
	Drinking Fountain	
1	Washing Machine	10
2	Hose Bibb	20
1	Water Heater	35
	Fuel Oil Piping	
1	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	35
1	Sewer Connection	—
1	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ ___
Paid [ ] Check # ___ Minimum Fee $ 225
DCA Training Fee $ ___
Collected by: ___ TOTAL $ ___

U.C.C. Form F-130B
1 White = Inspector Copy
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4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 25, 1997 1997 - 1309

Block 194.06 Lot 5 Zone R-7.5

Property Address: 417 Mamie Drive

Owner: Patricia Barthel (Phone): (908) 295-0655

Applicant: Anthony Marousis (Phone): (908) 458-5800

Mailing Address: 450 Jack Martin Boulevard, Brick, N.J. 08724

Existing Use: Vacant lot.

Proposed Use: Single-family dwelling.

Proposed Construction (if any): Two-story single-family dwelling, 25' high, "mother-daughter" design.

Patricia Barthel will live on the first floor and her daughter, Erin Crugnola, will live on the second floor with her husband and children.

Conditions: Major subdivision approved by Planning Board.
"Hulse Farm, Section Two" map filed June 5, 1987.
Map No. H-1867.

House must be setback at least 25' from the front property line, 6' from the side property line and 15' from the rear property line.

Only one water meter, electric meter and gas meter is permitted.

No doors are permitted at the bottom or the top of the stairways.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of not 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

PLOT PLAN REVIEW

CHECK LIST

TOWNSHIP OF BRICK

BLOCK: 194.06 LOT: 5 DATE RECEIVED:

ADDRESS: 20 Radio Ave. Secaucus

APPLICANT: ~~Infinity Bldg Contr. Inc~~ PHONE: 201 295 0655

CONTRACTOR: Infinity Bldg Contr. Inc PHONE: 908-458-5800

ADDRESS: 450 Jack Martin Blvd. Brick SUBDIVISION: Hulse farm

TYPE OF WORK: New Constr. ZONING APPROVAL:

REVIEW: FLOOD ZONE IDENTIFIED BY FIRM ELEV.

PANEL # MAP# DATED:

FEMA LETTER RECEIVED: YES NO

	SHOWN	ACCEPTED	DEFICIENT	N/A
1. SITE PLAN &/OR SURVEY SIGNED & SEALED		✓		
2. DRAW TO A SCALE OF NOT LESS THAN 1"=100'		✓		✓
3. EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)		✓		✓
4. SIDE PROPERTY LINES & DWELLING & PROP. CORNERS		✓		
5. STREET GUTTER, TOP CURB & CENTER LINE ELEV.		✓		
6. CONTOURS; 1' INCREMENTS/IF ELEV. FLUCTUATES 2'		✓		
7. ADJACENT DWELLING CORNERS				✓
8. PROPOSED GRADING		✓		
9. GARAGE/1ST FLOOR/CRAWLSPACE/BASEMENT ELEV.		✓		
10. LOT GRADING/FILLING & FINAL ELEVATION		✓		
11. METHOD OF DRAINING			✓	
12. FLOOD OPENINGS SIZED & PLACED			✓	
13. DRIVEWAY WIDTH/TYPE & DRAINAGE		✓		
14. DIMENSIONS/ACREAGE OF PARCEL IN QUESTION		✓		

	SHOWN	ACCEPTED	DEFICIENT	N/A
15. LOCATION OF FLOODWAY BOUNDARY/HAZARD AREA				✓
16. FRESH WATER WETLANDS		✓		
17. PARKING AREAS		✓		
18. FACILITY & CONNECTIONS: WATER/SEWER/GAS/ELEC.				✓
19. PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS		✓		
20. STREETS		✓		
21. CURBING				✓
22. DESCRIPTION OF ALTERATIONS/REL. OF WATERCOURSE				✓
23. PRIOR APPR: ARMY CORP./D.E.P./WETLANDS, ETC.				✓
24. DAM SAFETY				✓
25. SOIL CONSERVATION SERVICE		✓		
26. PLANNING BOARD		✓		

PLOT PLAN REVIEW	DATE	APPROVED	REJECTED
SIGNATURE [signature]	3/26/97	✓	
REVISED			
REVISED			
REVISED			
FIELD CHECK			
REVISED			
REVISED			
REVISED			
MUNICIPAL ENGINEER			
REVISED			
REVISED			
REVISED			

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
Zoning Officer
(908) 262-1041
Fax (908) 262-8954
http://gbshost.com/brick

March 11, 1997

OK 3/20-97 SK

Anthony Marousis
Infinity Building Contractors, Inc.
450 Jack Martin Boulevard
Brick, NJ 08724

RE: Block 194.06, Lot 5
417 Mamie Drive
Zoning Permit Application

Dear Mr. Marousis:

Your Zoning Permit Application for a Single Family dwelling on the referenced property is denied because the construction plans submitted show a Two-story dwelling.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

cc: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner

SK/bl

Township of Brick

I have recently purchased the property at 417 Maine Drive, Brick, N.J.

It is my intention to build a mother/daughter style home at the above address. My daughter, Erin Cruzada, her husband and children will reside at this address with me.

This house will never be used as a rental it is strictly for us.

Please be advised the above is a true and honest indication of my intentions.

Sincerely,

Patricia Barthel

Erin Cruzada

SIZING FOR WATER AND SEWER SERVICES

Property Owner Patricia Bartkel Date 3-26-97

Property Address 417 Mamick Pl. Block 19406 Lot 5

Zoning _____ Use Group _____

Contractor Pineland P&P License No. Registration 1722

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	2	(3) 6	( )
2. Lavatory	2	(1) 2	( )
3. Bath Tub	2	(2) 4	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	2	(2) 4	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher	2	(-)	( )
9. Washing Machine	1	(2) 2	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17.		( )	( )
18.		( )	( )

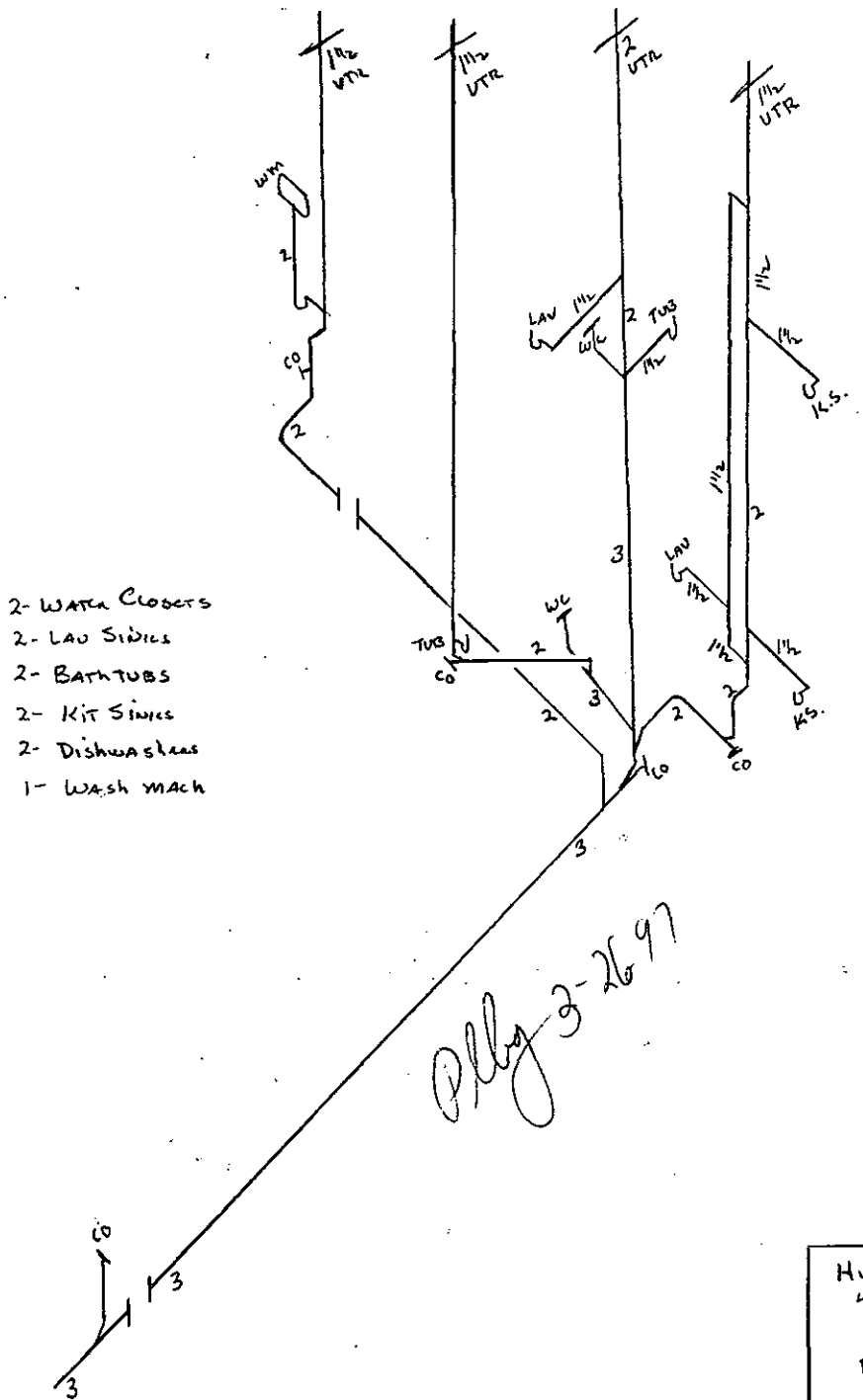
Total 18

Gallons per minute 14

Size of Service 3/4"

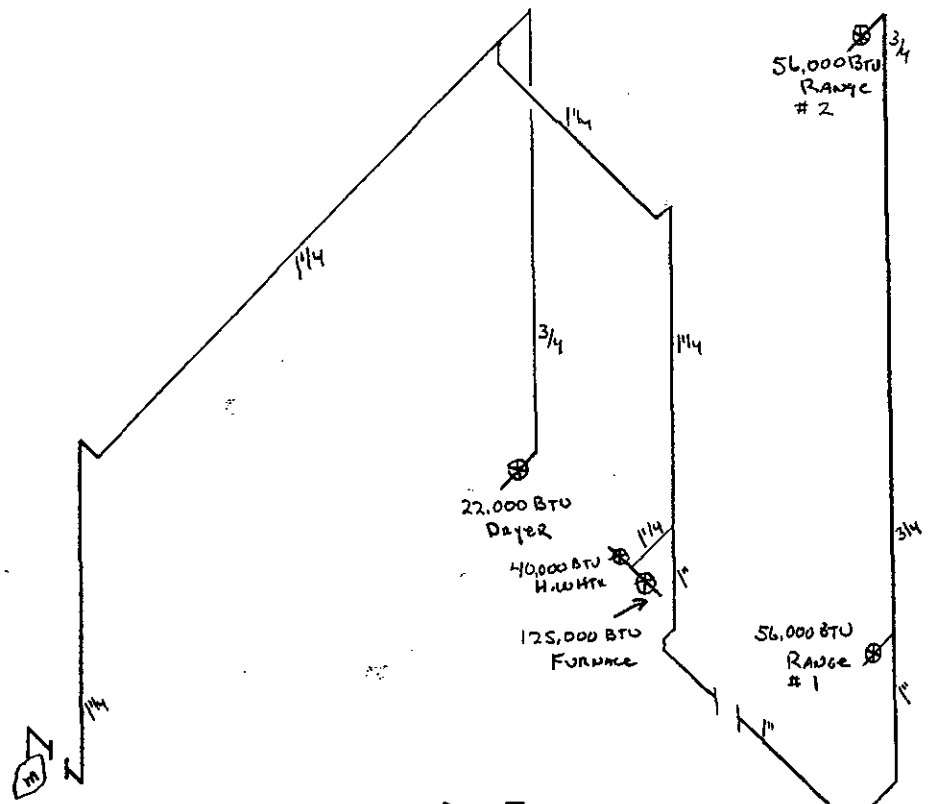
Date: 3-26-97

Approved: _____
Brick Township Plumbing Inspector



2- Watch Closets
2- Lav Sinks
2- Bathtubs
2- Kit Sinks
2- Dishwashers
1- Wash mach

Plbg 3-26-97



299,000 BTU Input
@ 83FT (meter to Range #2)

Plbg 3-26-97

Hulse Farms
417 Manie Ct
Brick, NJ
Barthel Residence
Blk 194.06
Lot 5
Feb 22, 1997

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 9-25-97

NAME HULSE FARMS

ADDRESS 414 MAMIE COURT BRICK, NJ 08723

PROPERTY LOCATION 417 MAMIE DRIVE

Account No. C712004 Block 194.06 Lot 5

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority J. Evan

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
Telephone (609) 971-7002

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK

PROJECT: HUGSE FARM SCD NO.: 1765

BLOCK NO.(s) 194.06 LOT NO.(s) 5

194.04 7

Final Compliance ☑ Conditional Compliance ☐

Block No.	Lot No.	Conditions

TOTAL FEES DUE: $ ____

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: _____

DATE: 9/12/97

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 6/96

A5671^

INSPECTOR: Nick Mangold

DATE: 9/10/97

JOB: LARRY SCARMARWITZ

SECTION:

TYPE OF WORK: Final C

WEATHER: Cloudy

LOCATION: 417 Maine

TEMPERATURE: 70°

BLOCK:

LOT:

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	X	
2. Grading		X
3. Sidewalk	X	
4. Road Pavement	X	
5. Landscaping & Sodding		X
6. Clean-up Procedures		X
7. Note on going construction in immediate area	X	
8. Safety		X

COMMENTS REFERENCING ITEM NUMBER:

NEEDS REVISED Plot Plan / showing Change in Driveway.

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION as SL. 9/26/97

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

NJ Department of Community Affairs
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program
CN 805
Trenton, NJ 08625-0805

Department Of Community Affairs

Certificate of Participation

in the New Home Warranty Security Fund

Owner ☐ **Check if for Common Elements***

1

Name of Owner who will be first resident. **When used for common elements, enter name of condominium development. See builder instruction sheet. A separate Certificate of Participation is required for each individual building in a condominium development.*

Registered Builder-Warrantor**

2

Name

Street and Number (Mailing Address)

City State Zip Code

Phone Number ( )

NJ Builder Registration Number

Print Builder Name

Registered Builder's Signature

***Where title is transferred, the seller must be the registered builder and warrantor.*

New Dwelling Location

3

Street Name and Number

Building Number Unit Number Total Number of Units in Building

City Zip Code

Block Number Lot Number

Municipality County

Commencement Date of Warranty

4

Commencement Date*** Month Day Year

****The date of closing or first occupancy, whichever occurs first. ANY CHANGE IN THE COMMENCEMENT DATE MUST BE REPORTED TO THE PROGRAM.*

Premium Payment

5

a.

Selling Price**** $

Amount of Premium $
(Rate × Selling Price)

*****Any change in the selling price and premium must be reported to the Program along with supplemental payment if applicable.*

A premium payment is not required if this certificate is for common elements in a condominium development.

b.

☐ Check if house is constructed on owner's lot. Then calculate warranty premium as follows:

For Office Use Only

Total Contract Price

Amount of Premium $
(1.25 × Total Contract Price × Rate)

FHA Mortgage

6

☐ Check if FHA Mortgage
FHA Case Number ☐☐☐–☐☐☐☐☐☐

☐ Check if VA Mortgage
VA Case Number

Exclusions

7

☐ Check if exclusion sheet is included.

Building Type (check one)

8

☐ Single family detached (101)
☐ Townhouse (102)
☐ Two Family (103)
  ☐ Side by Side
  ☐ Top/Bottom
☐ Condominium—*three or four units in each building* (104)
☐ Condominium—*five or more units in each building* (105)

Construction Type (check one)

9

☐ Premanufactured (industrial or modular) (M)
☐ Conventional Construction (C)

Stories

10

Number of stories

Owner Type (check one)

11

☐ Condominium or Cooperative (C)
☐ Homeowners' Association—fee simple (H)
☐ No Homeowners' Association—fee simple (N)

PRED

12

PRED Registration or Exemption Number (R or E)

CERTIFICATE NUMBER

Note: See reverse side for assignment of property.

Note to Owner:
Any disagreement with information in blocks 1, 3, 4, and 5 on this certificate must be reported to the New Home Warranty Program within 45 days from its receipt. Your Builder/Warrantor must give you a Homeowner's Booklet with this certificate. If you did not receive it, write to the above address.

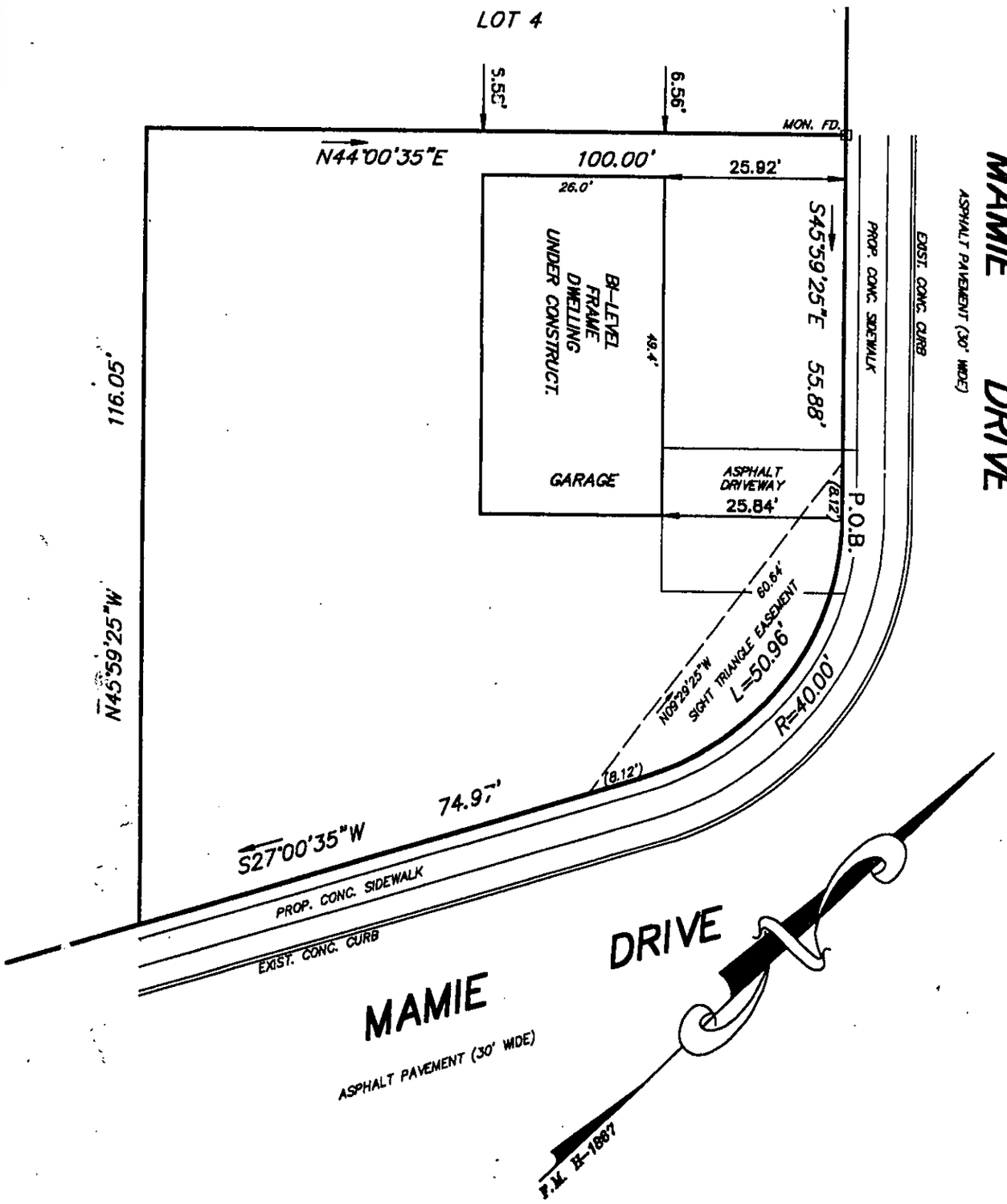
This certifies that the above described dwelling unit carries a New Home Warranty issued pursuant to the New Home Warranty and Builders' Registration Act, NJSA 46:3B-1 et seq. Said warranty is valid for varying periods of 1, 2, and 10 years.

VALIDATION STAMP
126051 AUG 21 97

WARRANTY NUMBER

7685c rev. 7/93

MUNICIPAL COPY



LOT AREA = 9,911 SQ.FT.
ALSO KNOWN AS LOT 5 BLOCK 194.06 ON THE BRICK TOWNSHIP TAX MAP.

SURVEY OF PROPERTY

LOT 5 BLOCK 194.06

FINAL MAJOR SUBDIVISION PLAN OF HULSE FARM SECTION TWO, LOT 20 BLOCK 194

BRICK TOWNSHIP
OCEAN COUNTY NEW JERSEY
Filed Map No. H-1867 DATE FILED 6/5/87

THIS SURVEY IS CERTIFIED AS HAVING BEEN PREPARED UNDER MY DIRECT SUPERVISION, TO:
PATRICIA M. BARTHEL
FIRST UNION and/or their successors and assigns

PRESTIGE TITLE AGENCY
JOHN CARUSO, JR., ESQ.

I HEREBY CERTIFY THAT THIS SURVEY WAS ACTUALLY MADE ON THE GROUND AS PER RECORD DESCRIPTION AND IS CORRECT AND THERE ARE NO ENCROACHMENTS EITHER WAY ACROSS PROPERTY LINES EXCEPT AS SHOWN

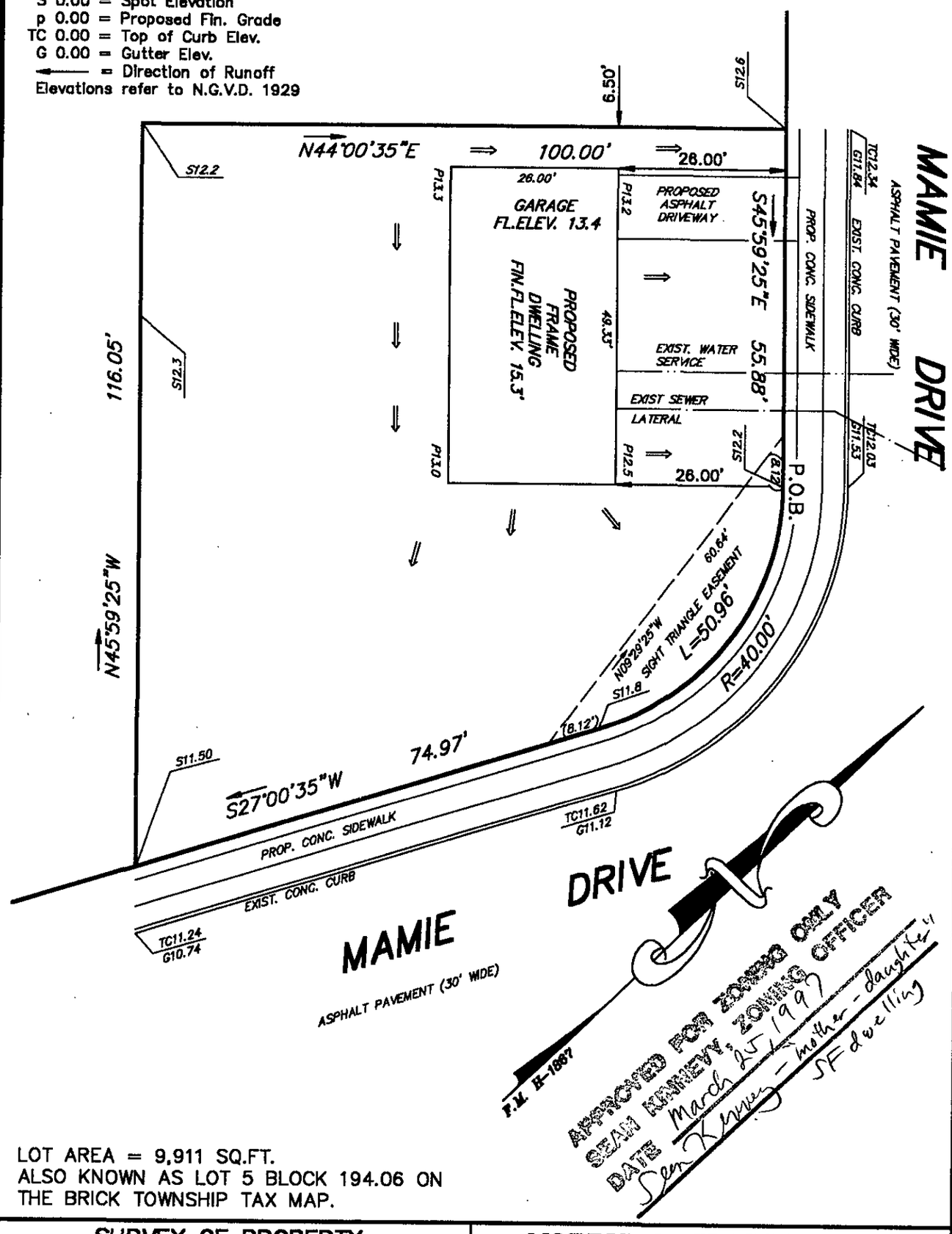
MORRIS & GLASGOW, INC.
ENGINEERING & SURVEYING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
908-899-0965

5/28/97

ROBERT H. MORRIS Date
New Jersey Lic. Professional Land Surveyor No. 30090
New Jersey Lic. Professional Planner No. 4266

Date:	Scale:	Job No.	Map No.
5/21/97	1"=20'	97-043	2-2920

LEGEND:
S 0.00 = Spot Elevation
p 0.00 = Proposed Fin. Grade
TC 0.00 = Top of Curb Elev.
G 0.00 = Gutter Elev.
⟵ = Direction of Runoff
Elevations refer to N.G.V.D. 1929



APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER
DATE March 25 1997
Sean Kinney - mother-daughter SF dwelling

LOT AREA = 9,911 SQ.FT.
ALSO KNOWN AS LOT 5 BLOCK 194.06 ON THE BRICK TOWNSHIP TAX MAP.

SURVEY OF PROPERTY

LOT 5 BLOCK 194.06

FINAL MAJOR SUBDIVISION PLAN OF HULSE FARM SECTION TWO, LOT 20 BLOCK 194

BRICK TOWNSHIP

OCEAN COUNTY NEW JERSEY

Filed Map No. H-1867 DATE FILED 6/5/87

THIS SURVEY IS CERTIFIED AS HAVING BEEN PREPARED UNDER MY DIRECT SUPERVISION TO:
INFINITY BUILDING CONTRACTORS, INC.

I HEREBY CERTIFY THAT THIS SURVEY WAS ACTUALLY MADE ON THE GROUND AS PER RECORD DESCRIPTION AND IS CORRECT AND THERE ARE NO ENCROACHMENTS EITHER WAY ACROSS PROPERTY LINES EXCEPT AS SHOWN

MORRIS & GLASGOW, INC.
ENGINEERING & SURVEYING
1119 ARNOLD AVENUE
POINT PLEASANT BOROUGH, N.J. 08742
908-899-0965

2/21/97

ROBERT H. MORRIS Date

New Jersey Lic. Professional Land Surveyor No. 30090
New Jersey Lic. Professional Planner No. 4266

Date:	Scale:	Job No.	Map No.
2/20/97	1"=20'	97-043	2-2920