BLOCK 60 LOT ~~9~~ 10 QUALIFICATION CODE _____ ADDRESS (SITE) 418-14 th ST. PERMIT NO. 9900469

c
4-20

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: 418 14th St
2. Name of Owner in Fee: Lisa Bleeman Tel. (732) 901 0655
   Address 632 Clifton Ave. Lakewood 08701
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Owner Tel. (732) 901 0655
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer Larry Schreiber Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Owner / Mr. Bleeman
   Tel. (732) 901 0655 FAX (732) 901 6322

V. FEE SUMMARY (for office use only)

RECEIVED MAR 19 99 [illegible] DEPT. LAKEWOOD, NJ

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	1328		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	Two (2)	
2. Height of Structure	36' ft.	
3. Area — Largest Floor	2634 sq. ft.	
4. New Building Area	4670 sq. ft.	
5. Volume of New Structure	72519 cu. ft.	
6. Construction Classification	5B	
7. Total Land Area Disturbed	_____ sq. ft.	
8. Flood Hazard Zone	_____	
9. Base Flood Elevation	_____ ft.	
10. Wetlands yes	_____	
no	_____	
11. Max. Live Load	_____	
12. Max. Occupancy Load	_____	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☑ New Building	$110,000.00				4/20/99	ESM			
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	$110,000.00								

III. DO YOU WANT: (optional)

1. ☑ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

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

U.C.C. F100-1 (rev. 3/96)

LDS LW 10400305

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 3/15/96

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 LAKEWOOD
212 4 TH STREET
LAKEWOOD NJ 08701
732-364-3760

CERTIFICATE

IDENTIFICATION

Date Issued: 10/18/2002
Control #: 34751
Permit # 19990469

Block: 60 Lot : 9 Qual: _____

Work Site : 418 14TH ST.

Owner in Fee: BLEEMAN, LIBA

Address: 418 14TH ST.

LAKEWOOD NJ 08701

Telephone: _____

Agent/Contractor: _____

Address: _____

Telephone: _____

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: [ ] State [ ] Private

Use Group: R-3

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: RESIDENTIAL SINGLE-FAMILY DETACHEDSAME

[X] **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.

[ ] **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 NJAC 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

David N. Simpson Construction Official

Fees $50.00

Paid [X]Check No 102

Collected by dd/

U.C.C 360 (rev. 3/96)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF LAKEWOOD
Department of Inspections
212 4th Street
LAKEWOOD, NJ 08701
(908) 364-3760

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit # 19990469
Date Issued

IDENTIFICATION

Block 60 Lot 9
Work Site Location 418 14th St
Owner in Fee Liba Bleeman
Address 418 14th St
Tele. (732) 901-0655

Contractor SELF
Address
Tele. (___)
Lic. No.
Federal Emp. No.
or Social Security No.

ACTION

☑ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 110000.00
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

RECEIVED
2 OCT 7 AM 8:45
INSPECTION DEPT.
LAKEWOOD, N.J.

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE: single family

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED _____ OWNER/AGENT
☐ Owner
☐ Agent

mail to owner

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 60 Lot 10
Work Site Location 418 14th St

Owner in Fee Liba Bleeman
Address

Tel. (732) 901-0655

Contractor OWNER
Address

Tel. ( )
License No.
Federal Employee No.

ACTION

- ☑ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☑ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 150,000.00
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGNED: _____
OWNER/AGENT

☑ OWNER
☐ AGENT

70

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

TOWNSHIP OF LAKEWOOD
Community Development
Phone: (908)364-3760

Date Issued: 04/22/99
Control #:
Permit #: 9900469-000

IDENTIFICATION: Block: 00060 Lot: 00009 Sub:

Work Site Location: 418 14TH ST.

Contractor: SAME
Address:

Tele.:
Lic. No. or Bldrs. Reg. No.:
Federal Emp. No.:
or Social Security No.:
Home Warranty No.:

Owner in Fee: BLEEMAN, LIBA
Address: 632 CLIFTON AVE
LAKEWOOD, N.J. 08701
Tele.: (7321901-0655

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: RESIDENTIAL SINGLE-FAMILY DETACHED/R-3

PAYMENTS (OFFICE USE ONLY)	
Building:	1161.00
Plumbing:	0.00
Electrical:	0.00
Fire Protection:	0.00
Elevators:	0.00
Other:	0.00
DCA Training Fee:	117.00
Cert. of Occ.:	50.00
Other:	0.00
TOTAL:	1328.00
Check No.:	102
Cash:	
Collected By:	DND

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: $ 110,000.00

David N. Simpson
CONSTRUCTION OFFICAL
David N. Simpson

U.C.C. Form F-170A

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

TOWNSHIP OF LAKEWOOD
Community Development
Phone: (908)364-3760

Date Update Issued: 06/11/99
Control #:
Permit #: 9900469-000001
Date Permit Issued: 04/22/99

IDENTIFICATION: Block: 00060 Lot: 00009 Sub:

Work Site Location: 418 14TH ST.

Contractor: DIAMOND PLUMBING INC
Address: 324 CLEARSTREAM ROAD
JACKSON NJ 08527
Tele.: (732)367-4589
Lic. No. or Bldrs. Reg. No.: 7294
Federal Emp. No.: 22-3154947
or Social Security No.:
Home Warranty No.:

Owner in Fee: BLEEMAN, LIBA
Address: 418 14TH ST.
LAKEWOOD, N.J. 08701
Tele.: (732)901-0655

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: RESIDENTIAL PLUMBING & GAS PIPING/R-3

PAYMENTS (OFFICE USE ONLY)	
Building:	0.00
Plumbing:	265.00
Electrical:	0.00
Fire Protection:	0.00
Elevators:	0.00
Other:	0.00
DCA Training Fee:	9.00
Cert. of Occ.:	0.00
Other:	0.00
TOTAL:	274.00
Check No.:	109
Cash:	
Collected By:	DMD

Estimated Cost of Work: $ 11,000.00

X David N. Simpson
CONSTRUCTION OFFICIAL
David N. Simpson

U.C.C. Form F-190A

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

TOWNSHIP OF LAKEWOOD
Community Development
Phone: (908)364-3760

Date Update Issued: 10/19/9
Control #:
Permit #: 9900469-000U04
Date Permit Issued: 04/22/9

IDENTIFICATION: Block: 00060 Lot: 00009 Sub:

Work Site Location: 418 14TH ST.

Contractor: DONALD ALEXANDER ELECT CO
Address:

Tele.: (732)341-8609
Lic. No. or Bldrs. Reg. No.:
Federal Emp. No.:
or Social Security No.:
Home Warranty No.:

Owner in Fee: BLEEMAN, LIBA
Address: 632 CLIFTON AVE
LAKEWOOD, N.J. 08701
Tele.: (732)901-0655

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: ADDING ELECTRIC/R-3

PAYMENTS (OFFICE USE ONLY)	
Building:	0.00
Plumbing:	0.00
Electrical:	344.00
Fire Protection:	0.00
Elevators:	0.00
Other:	0.00
DCA Training Fee:	7.00
Cert. of Occ.:	0.00
Other:	0.00
TOTAL:	351.00
Check No.:	131
Cash:	
Collected By:	DMD

Estimated Cost of Work: $ 8,000.00

X _____
CONSTRUCTION OFFICAL
David N. Simpson

U.C.C. Form F-190A

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

TOWNSHIP OF LAKEWOOD
Community Development
Phone: (908)364-3760

Date Update Issued: 11/18/99
Control #:
Permit #: 9900469-000U05
Date Permit Issued: 04/22/99

U.C.C. Form F-190A
IDENTIFICATION: Block: 00060 Lot: 00009 Sub:

Work Site Location: 418 14TH ST.

Owner in Fee: BLEEMAN, LIBA
Address: 2105 WEST COUNTY LINE RD
JACKSON, N.J. 08527
Tele.: (732)928-1811

Contractor: HOME SYSTEMS OF NEW JERSEY
Address: P.O. BOX 135
JACKSON NJ 08527
Tele.: (732)928-1221
Lic. No. or Bldrs. Reg. No.:
Federal Emp. No.: 22-3262978
or Social Security No.:
Home Warranty No.:

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: ADDING ALARMS/R-3

PAYMENTS (OFFICE USE ONLY)	
Building:	0.00
Plumbing:	0.00
Electrical:	35.00
Fire Protection:	0.00
Elevators:	0.00
Other:	0.00
DCA Training Fee:	0.00
Cert. of Occ.:	0.00
Other:	0.00
TOTAL:	35.00
Check No.:	2256
Cash:	
Collected By:	DMD

Estimated Cost of Work: $ 600.00

David N. Simpson
CONSTRUCTION OFFICAL
David N. Simpson

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

TOWNSHIP OF LAKEWOOD
Community Development
Phone: (908)364-3760

Date Update Issued: 11/18/99
Control #:
Permit #: 9900469-000U05
Date Permit Issued: 04/22/99

U.C.C. Form F-190A

IDENTIFICATION: Block: 00060 Lot: 00009 Sub:

Work Site Location: 418 14TH ST.

Owner in Fee: BLEEMAN, LIBA
Address: 2105 WEST COUNTY LINE RD
JACKSON, N.J. 08527
Tele.: (732)928-1811

Contractor: HOME SYSTEMS OF NEW JERSEY
Address: P.O. BOX 135
JACKSON NJ 08527
Tele.: (732)928-1221
Lic. No. or Bldrs. Reg. No.:
Federal Emp. No.: 22-3262978
or Social Security No.:
Home Warranty No.:

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: ADDING ALARMS/R-3

PAYMENTS (OFFICE USE ONLY)	
Building:	0.00
Plumbing:	0.00
Electrical:	35.00
Fire Protection:	0.00
Elevators:	0.00
Other:	0.00
DCA Training Fee:	0.00
Cert. of Occ.:	0.00
Other:	0.00
TOTAL:	35.00
Check No.:	2256
Cash:	
Collected By:	DMD

Estimated Cost of Work: $ 600.00

X CONSTRUCTION OFFICIAL

David N. Simpson

TOWNSHIP OF LAKEWOOD
CODE ENFORCEMENT BUREAU
LAKEWOOD, NJ 08701

Update Issued 05/19/2000
Control #
Permit # 9900469+F
Permit Issued 04/22/1999

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 60 Lot 9 Qual

Work Site Location 418 14TH ST. R-SF

Owner in Fee BLEEMAN, LIBA
Address 418 14TH ST.
LAKEWOOD, NJ 08701
Telephone ( ) -

Contractor DONALD ALEXANDER ELECRICAL
Address 1597 N. BAY AVE
TOMS RIVER, NJ 08753-
Telephone (732)341-8609
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
11 SMOKE DETECTORS

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	
Cash	X
Collected By	DMD

Estimated Cost of Work $ 500

Construction Official

05/19/2000
Date

David N. Simpson

U.C.C. F190 (rev. 3/96)

TOWNSHIP OF LAKEWOOD
CODE ENFORCEMENT BUREAU
LAKEWOOD, NJ 08701

Update Issued 05/25/2000
Control #
Permit # 9900469+G
Permit Issued 04/22/1999

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 60 Lot 9 Qual

Work Site Location 418 14TH ST. R-SF

Owner in Fee BLEEMAN, LIBA
Address 418 14TH ST.
LAKEWOOD, NJ 08701
Telephone ( ) -

Contractor DONALD ALEXANDER ELECRICAL
Address 1597 N. BAY AVE
TOMS RIVER, NJ 08753-
Telephone (732)341-8609
Lic. No. or Bldrs. Reg. No.
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:
RANGE RECEPTACLE

Estimated Cost of Work $ 500

PAYMENTS (Office Use Only)

Building	0
Electrical	18
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	18
Check No.	
Cash	X
Collected By	DMD

Construction Official

05/25/2000
Date

David N. Simpson

David N. Simpson

U.C.C. F190 (rev. 3/96)

TOWNSHIP OF LAKEWOOD
CODE ENFORCEMENT BUREAU
LAKEWOOD, NJ 08701

Update Issued 09/05/2000
Control #
Permit # 99-0469+H
Permit Issued 04/22/1999

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 60 Lot 9 Qual

Work Site Location 418 14TH ST. R-SF

Owner in Fee PARAMOUNT HOMES
Address 2105 WEST COUNTY LINE ROAD
JACKSON, NJ 08527-
Telephone ( ) -

Contractor LIPINSKI IRRIGATION
Address 180 ELBO LANE
MT LAUREL, NJ 08054-
Telephone (856)234-2221
Lic. No. or Bldrs. Reg. No. 15709
Federal Emp. No. 22-2703231

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
BACKFLOW PREVENTER

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	49905
Cash	
Collected By	DMD

Estimated Cost of Work $ 250

Construction Official

09/05/2000
Date

U.C.C. F190 (rev. 3/86)

David N. Simpson

David N. Simpson

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

TOWNSHIP OF LAKEWOOD
Community Development
Phone: (908)364-3760

Date Update Issued: 09/14/9
Control #:
Permit #: 9900469-000U03
Date Permit Issued: 04/22/9

IDENTIFICATION: Block: 00060 Lot: 00009 Sub:

Work Site Location: 418 14TH ST.

Contractor: DIAMOND PLUMBING INC
Address: 324 CLEARSTREAM ROAD
JACKSON NJ 08527
Tele.: (732)367-4589
Lic. No. or Bldrs. Reg. No.: 7294
Federal Emp. No.: 22-315494
or Social Security No.:
Home Warranty No.:

Owner in Fee: BLEEMAN, ELI
Address: 418 14TH ST.
LAKEWOOD, N.J. 08701
Tele.:

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: ADDING PLUMBING/R-3

PAYMENTS (OFFICE USE ONLY)	
Building:	0.00
Plumbing:	40.00
Electrical:	0.00
Fire Protection:	0.00
Elevators:	0.00
Other:	0.00
DCA Training Fee:	4.00
Cert. of Occ.:	0.00
Other:	0.00
TOTAL:	44.00
Check No.:	1673
Cash:	
Collected By:	DMD

Estimated Cost of Work: $ 4,000.00

CONSTRUCTION OFFICIAL
David N. Simpson

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4.22.99
Control #
Permit # 9900469

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

Block 60 Lot 9 & 10
Work Site Location 418 14th St. Lakewood N.J. 08701
Owner in Fee Liba Bleeman
Address 632 Clifton Ave
Tele. (732) 901 0655
Contractor Owner / Mr. Bleeman
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. 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.
Liba R Bleeman
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New Single Fam. House

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	4/20/99	ESM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 5/26/00
Approved by: M. Sauer

* Letters attached

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing			4/29/99	JM
Foundation			5/26/99	MS
Slab				
Frame			12/6/99	MS
Barrier-Free				
Insulation			12/29/99	MS
Finishes			1/6/00	MS
Energy				
Mechanical				
~~TCO~~ Roof sheath	6/28/99		6/30/99	MS
Other walls			9/15/99	MS
Final			5-25-00	R
Barrier-Free				

Dates (Month/Day)

Deck footing 3-24-00 R

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories Two (2)
Height of Structure 36 Ft.
Area — Largest Floor 2634 Sq. Ft.
New Bldg. Area/All Floors 4670 Sq. Ft.
Volume of New Structure 72514 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 110,000.00
2. Alteration $
3. Total (1+ 2) $

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

FEE (Office Use Only)
$

Administrative Surcharge $ 50
Minimum Fee $ 1161
DCA Training Fee $ 117
TOTAL FEE $ 1328

ck 102
DMD

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-22-99
Cont. #
Permit # 9900469

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

Block 60 Lot 9.10
Work Site Location 418 14th St.
Lakewood N.J. 08701
Owner in Fee Liba Bleeman
Address 632 Clifton Ave.

Tele. (732) 901 0655
Contractor Owner / Mr. Bleeman
Address

Tele. (____) ____ Fax (____) ____
Lic. No. or Bldrs. Reg. No. ____
Federal Emp. 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.

Liba R Bleeman
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Single Fam. Dwlg

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	4/29/99	ESM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 5/24/00
Approved by: M. Sauer

* Letters attached

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			4/29/99	JM
Foundation			5/26/99	MS
Slab				
Frame			12/6/99	MS
Barrier-Free				
Insulation			12/29/99	MS
Finishes			1/6/00	MS
Energy				
Mechanical				
T&G Roof sheath	6/23/99		6/30/99	MS
Other walls			9/15/99	MS
Final			5-25-00	R
Barrier-Free				

Deck footing 3-29-00 R

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
Stories	Five (5)	
Height/Structure	36 Ft.	
Largest Floor	2634 Sq. Ft.	
Bldg. Area/All Floors	4670 Sq. Ft.	
Volume	72514 Cu. Ft.	
	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 110,000.00
2. Alteration $
3. Total (1+ 2) $

TYPE OF WORK:
[✓] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other ____

[ ] Demolition

CK 102
DMD

FEE (Office Use Only)

Administrative Surcharge	$ 50
Minimum Fee	$ 1161
DCA Training Fee	$ 117
TOTAL FEE	$ 1328

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy

C
9.14

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9.14.99
Date Issued
Control #
Permit # 9900469-3

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

* Block 60 Lot (9) N/A
Work Site Location 418 - 14TH STREET
LAKEWOOD. NJ 08701
Owner in Fee ELI BLEEMAN
Address 418 14TH ST.
LAKEWOOD, N.J. 08701
Tele. ( ) 180
Contractor DIAMOND Plumbing INC
Address 324 Clearstream ROAD
Jackson. NJ 08527
Tele. (732) 367-4589 Fax (732) 367-2412
Lic. No. 7294
Federal Emp. No. 22-3154947

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed R-3
Building Sewer Size 4" Public Sewer ✓ Private Septic ____
Water Service Size 1" Public Water ✓ Private Well ____
Est. Cost of Plumbing Work $ 4000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 9-13-99
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 10-10-02
Approved by: Joseph McGuckey

INSPECTIONS Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Slab			9-9-99 DC	
Rough				
Water				
Sewer				
Fixtures			10-10-02	
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	5.00
	Urinal/Bidet	
1	Bath Tub	5.00
1	Lavatory	5.00
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	20.00
	Interceptor/Separator	
1	~~Backflow Preventer~~ backwater valve on sewer line	5.00
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

RECEIVED '99 SEP 8 AM 10 55
INSPECTION DEPT. LAKEWOOD, N.J.

Administrative Surcharge	$	
Minimum Fee	$	40.00
DCA Training Fee	$	4.00
TOTAL FEE	$	44.00

adding 1-3pc. bath in basement
w/ sewer ejector for basement baths

CH 6/3
DMD

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

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

6-8
HADDEN

TOWNSHIP OF LAKEWOOD
Department of Inspections
212 4th Street
LAKEWOOD, NJ 08701
(908) 364-3760

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 6-11-99
Date Issued
Control #
Permit # 99-0469-1

NOV 21 99
INSPECTION DEPT.
LAKEWOOD, N.J.

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

Block 60 Lot 9 & 10
Work Site Location 1119 14th St.

Owner in Fee Liba Bleeman
Address 632 Clifton Ave.
Lakewood. N.J. 08701.
Tele. (732) 901-0655
Contractor DIAMOND Plumbing INC
Address 324 CLEARSTREAM ROAD
Jackson. NJ 08527
Tele. (732) 367-4589
Lic. No. 7294
Federal Emp. No. 22-3154947 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 10,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 6-7-99
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CAC
Approved by: Joseph M. Grady. Steven Steeve
Date: 10-10-00 Steven Steeve

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			9-29-99	DC
Rough	10-22-99		10-26-99	DC
Water			9/3/99	
Sewer				
Fixtures	5-32-00 DC.		10-10-00	
Gas Equipment				
Gas Final				
Solar				
ICO			9/14/99	

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
7	Water Closet	40-
	Urinal/Bidet	
3	Bath Tub	30-
9	Lavatory	45-
1	Shower	5-
1	~~Floor Drain~~ WT	5-
4	Sink	20-
3	Dishwasher	15-
	Drinking Fountain	
1	Washing Machine	5-
2	Hose Bibb	10-
	Gas Piping	
	Fuel Oil Piping	
2	Water Heater	10-
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	20-
1	Water Service Connection	20-
	Gas Service Connection	
	Active Solar System	
1	Other Back Water Valve	5-
	Administrative Surcharge	$ 9
Paid [X] Check # 109	Minimum Fee	$ 220-
Collected by: DMD	TOTAL	$ 229

New Plbg single family Dwelling

274

UCC Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 1900169-3

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

Block 60 Lot 9 & 10
Work Site Location 418 - 14TH STREET
LAKEWOOD NJ 08701
Owner in Fee FLI Bleemann
Address
Tele. ( )
Contractor Diamond Plumbing INC
Address 324 Clearstream ROAD
Jackson NJ 08527
Tele. (732) 367-4589 Fax (732) 367-2412
Lic. No. 7294
Federal Emp. No. 22-3154947

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R3
Building Sewer Size 4" Public Sewer Y Private Septic
Water Service Size 1" Public Water Y Private Well
Est. Cost of Plumbing Work $ 4000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 9-13-99
Approved by:

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

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 or owner of record and am authorized to make this application and perform the work listed on this application.

Signature — Contractor's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 5.00
	Urinal/Bidet	
1	Bath Tub	5.00
1	Lavatory	5.00
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	20.00
	Interceptor/Separator	
1	~~Backflow Preventer~~ backwater valve on sink	5.00
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	40.00
DCA Training Fee	$	4.00
TOTAL FEE	$	44.00

adding 1-3 pc. bath in basement
" sewer ejector for basement baths

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

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

TOWNSHIP OF LAKEWOOD
Department of Inspections
212 4th Street
LAKEWOOD, NJ 08701
(732) 364-3760

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 99-00469 19004617

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

Block 60 E2 Lot 9 10 7
Work Site Location 418 14th St
Lakewood
Owner in Fee CIBA Bleeman BLEEMAN
Address 632 Cliff Dr
Lakewood NJ 08701
Tele. (732) 901-0655
Contractor Lipinsky Landscape
Address 180 Elbo Lane
Mt. Laurel NJ 08054
Tele. (856) 234-7221 Fax (609) 234-0206
Lic. No. 609-502-7790
Federal Emp. No.

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 $ 10000

JOB SUMMARY (Office Use Only)

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

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

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block 60 Lot 9 & 10
Work Site Location 418 Fourteenth Street
Lakewood, NJ 08701
Owner in Fee Paramount Homes
Address 2105 W. County Line
Jackson, NJ 08527
Tele. (908) 886-2900
Contractor Cranmer Plumbing / Lipinski Irrigation
Address P.O. Box 1278 180 Elbo Lane
Beach Haven, NJ Mt. Laurel, NJ 08054
Tele. (856) 234-2221 Fax (856) 234-0206
Lic. No. 6733 15709
Federal Emp. No. 144586190 22-2703231

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 $ 250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5/30/00
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Jeff Cranmer
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

Administrative Surcharge	$
Minimum Fee	$ 35.00
DCA Training Fee	$
TOTAL FEE	$

6-8

TOWNSHIP OF LAKEWOOD
Department of Inspections
212 4th Street
LAKEWOOD, NJ 08701
(908) 364-3760

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 6-11-99
Date Issued
Control #
Permit # 99-0469-1

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

Block _____ Lot _____
Work Site Location _____

Owner in Fee _____
Address _____

Tele. ( ) _____
Contractor Diamond Plumbing INC
Address 324 CLEARSTREAM ROAD
JACKSON, NJ 08527
Tele. (732) 367-4589
Lic. No. 7294
Federal Emp. No. 22 3134947 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-3
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 10,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[✓] Plumb. Plans Approved
Date: 6-7-99
Approved by: [signature]

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
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 Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
7	Water Closet	40-
	Urinal/Bidet	
8	Bath Tub	80-
9	Lavatory	45-
1	Shower	5-
1	Floor Drain LT	5-
4	Sink	20-
3	Dishwasher	15-
	Drinking Fountain	
1	Washing Machine	5-
2	Hose Bibb	10-
	Gas Piping	
	Fuel Oil Piping	
2	Water Heater	10-
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	20-
1	Water Service Connection	20-
	Gas Service Connection	
	Active Solar System	
1	Other Back Water Valve	5-
	Administrative Surcharge	$ 9
	Minimum Fee	$ 220-
	TOTAL	$ 229

Paid [✓] Check # 1071
Collected by: DHD

New Plbg Single Family Dwelling

274

UCC Form F-130A 1 White-Inspector Copy 2 Canary-Office Copy 3 Pink-Office Copy 4 Gold-Applicant Copy

C 6-/98

update to Permit 99-00469

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 5.25.00
Control #
Permit # 9900469+G

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

Block 60 Lot 9
Work Site Location 418-14 TMS

Owner in Fee/Occupant LBBO Bltmr
Address 632- Cliftmr
Lakewood

Tele. (732) 901-0655
Contractor Donald Alexander Electrical Con
Address 1597 N Bay Ave
Toms River N.J. 08753
Tele. (732) 341-8609 Fax ( ) 797-0654
Lic. No. 7367
Federal Emp. No. 143-64-5194

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/26/00
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5/26/00
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			4/28/00	[signature]
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/26/00	[signature]

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]
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
2	3.6	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	$	18.00
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

CASH
DMD

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

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

update to Permit 99-00469

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block 60 Lot 9
Work Site Location 418-14-5

Owner in Fee/Occupant Libra Blum
Address 632- Eighth Ave

Tele. ( ) 991-9655
Contractor Donald Alexander Electrical Con
Address 1597 N Bay Ave
Toms River N.J. 08753
Tele. (732) 341-8609 Fax ( ) 797-0654
Lic. No. 7367
Federal Emp. No. 143-64-5194

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/2/00
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] DA
Date: 5/10/00
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			10/20 see card 6/99	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/10 see card	

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
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		.....
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
2	3.6	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
		.....
		.....

FEE (Office Use Only)	
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	$ 18.00
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

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

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

Service Ready West side Rte 9

C

Rough Final will Call

10-15

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10-19-99
Date Issued
Control # 9900469 — 4
Permit # 9900469

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

Block 60 Lot 9
Work Site Location 418-14 St.

Owner in Fee/Occupant Mr. Bleeman L+BA BLEEMAN
Address 632 Clifton Pl

Tele. (732) 901-0655
Contractor Donald Alexander Electrical Contracting
Address 1597 N Bay Ave
Toms River N.J. 08753
Tele. (_____) 341-8609 Fax (_____) 797-0654
Lic. No. 7367
Federal Emp. No. 143-64-5194

B. ELECTRICAL CHARACTERISTICS WR# 330505

Use Group Present _____ Proposed DRW# 10000 3905
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 8000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10/14/99
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5/26/00
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			11/29/99	[initials]
Temp. Serv.			10/25/99	[initials]
Constr. Serv.				
~~TCO~~ Service Trench			10/25/99	[initials]
Other				
Service			5/24/00	[initials]
Final			5/26/00	[initials]

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 10/25/99 [initials]

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]
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
65		Lighting Fixtures
68		Receptacles
45		Switches
11		Detectors
		Light Poles
4		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
182		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
2	1.5	KW Dishwasher
1	1/2	HP Garbage Disposal
2	5 TON	KW Central A/C Unit
2		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
2	150	AMP Service
1	90	AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

INSPECTION DEPT. LAKEWOOD, N.J.

RECEIVED '99 OCT 14 PM 12 48

FEE (Office Use Only)

	$
Administrative Surcharge	$ 34.00
Minimum Fee	$ 7.00
DCA Training Fee	$
TOTAL FEE	$ 351.00

CK 131
DMD

ALARM UPDATE
SEQ #

~~BERKELEY TOWNSHIP~~
~~PO Box 'B'~~
~~Bayville, New Jersey 08721~~

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-18-99
Control #
Permit # 9900469-5

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

Block 60 Lot ~~9 10~~ 9
Work Site Location [redacted]
419 14Th STREET
Owner in Fee/Occupant LIBA BLEIMAN
Address 2105 W CITY LINE RD.
JACKSON NJ 08759
Tele. (732) 928-1811
Contractor HOME SYSTEMS of NEW JERSEY, INC. 182
Address PO BOX 135
JACKSON NJ 08527
Tele. (732) 928-1221 Fax (732) 928-6188
Lic. No.
Federal Emp. No. 22.3262978

B. ELECTRICAL CHARACTERISTICS

Use Group Present R3 Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as DWELLING Utility Co.
Est. Cost of Elec. Work $ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 11/18/99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6/5/00
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			12/3/99	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6/5/00	

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
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
1		Alarm Devices/F.A.C. Panel
		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

FEE (Office Use Only)

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	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 35.00

'99 NOV 18 PM 4 07
RECEIVED
INSPECTION DEPT.
LAKEWOOD, N.J.

CK 2256
DMD

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

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

ALARM UPDATE
SEE

BERKELEY TOWNSHIP
~~PO Box B~~
~~Bayville, New Jersey 08721~~

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11.18.99
Control #
Permit # 1030469-5

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

Block 60 Lot ~~9 & 10~~ 9
Work Site Location [redacted] 14th STREET
Owner in Fee/Occupant CIDA BLEIMAN
Address 2105 W CITY LINE RD.
JACKSON NJ 08759
Tele. (732) 928-1811
Contractor HOME SYSTEMS of NEW JERSEY, INC. 182
Address PO BOX 135
JACKSON NJ 08527
Tele. (732) 928-1221 Fax (732) 928-6188
Lic. No.
Federal Emp. No 223262978

B. ELECTRICAL CHARACTERISTICS

Use Group Present R3 Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as DWELLING Utility Co.
Est. Cost of Elec. Work $ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date 11/18/99
Approved by

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv				
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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		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

FEE (Office Use Only)

	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	$
	Minimum Fee	$
	DCA Training Fee	$
	TOTAL FEE	$ 35.00

U.C.C. F120
(rev. 3/98)

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

Service Ready

Rough Final will call

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10.19.99
Date Issued
Control #
Permit # 9900469

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

Block 60 Lot 9
Work Site Location 48 - 49 St.

Owner in Fee/Occupant Mr. Brennan
Address 632 Clifton Pl.

Tele. (732) 901-0655
Contractor Donald Alexander Electrical Contractor
Address 1597 N Bay Ave
Toms River N.J. 08753
Tele. ( ) 341-8609 Fax ( ) 797-0654
Lic. No. 7367
Federal Emp. No. 143-64-5194

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 8000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10/14/99
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

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

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	FEE (Office Use Only)
65		Lighting Fixtures	
68		Receptacles	
45		Switches	
11		Detectors	
		Light Poles	
4		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
182		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	
2	1.5	KW Dishwasher	
1	1/2	HP Garbage Disposal	
2	5 TON	KW Central A/C Unit	
2		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
2	150	AMP Service	
1	90	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	344.00
Minimum Fee	$	7.00
DCA Training Fee	$	
TOTAL FEE	$	351.00

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 LAKEWOOD
Department of Inspections
212 4th Street
LAKEWOOD, NJ 08701
(908) 364-3760

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

MAY 24 99

Block _____ Lot _____

Work Site Location _____

Owner in Fee _____

Address _____

Tele. ( ) _____

Contractor Diamond Plumbing Inc

Address 324 Cleakstream Road
Jackson NJ 08527

Tele. (732) 367-4589 Fax (732) 367-2412

Lic. No. 7291

Federal Emp. No. 22-3154947

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Gas pipe From Gas Meter
To 4 Connect 4 Gas appliances

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4

Heating System [ ] Conversion [ ] Replacement

Fuel: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____

Type: [ ] Hydronic [✓] Hot Air

Estimated Cost of Mechanical Work $ 4,000.00

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
2	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
4	Other Dryer's 3-5 Tons	

Administrative Surcharge $ _____
Minimum Fee $ 45.00
DCA Training Fee $ _____
TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

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

PLANS APPROVED
Date: 6-7-99
Approved by: _____

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

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other				

ADAM B. ENGEL
LICENSED MASTER PLUMBER
T&C

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

U.C.C. F145
(1/97)

TOWNSHIP OF LAKEWOOD
Department of Inspections
212 4th Street
LAKEWOOD, NJ 08701
(908) 364-3760

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Date Issued 9/13/99
Control #
Permit #

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

Block _____ Lot _____
Work Site Location 418 14th St

Owner in Fee Nina Bleeman
Address 1632 Clifton Ave

Tele. (732) 901 0455
Contractor Innovative Heating & Cooling
Address _____

Tele. (732) 905 5730 Fax (732) 905 6763
Lic. No. _____
Federal Emp. No. _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
HVAC WORK per plan. New House

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4
Heating System [ ] Conversion [ ] Replacement
Fuel: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Type: [ ] Hydronic [ ] Hot Air
Estimated Cost of Mechanical Work $ 3000.00

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
___	Water Heater	___
___	Fuel Oil Piping	___
1	Gas Piping	___
___	Steam Boiler	___
___	Hot Water Boiler	___
2	Hot Air Furnace	___
___	Oil Tank	___
___	LPG Tank	___
___	Fireplace	___
2 A.C.	Other	___

Administrative Surcharge $ ___
Minimum Fee $ 116
DCA Training Fee $ 3
TOTAL FEE $ 119

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mech.
PLANS APPROVED
Date: 8-11-99
Approved by: D.C.

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

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
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.J.R. 9/13/99

U.C.C. F145
(1/97)

TOWNSHIP OF LAKEWOOD
Department of Inspections
212 4th Street
LAKEWOOD, NJ 08701
(732) 364-3760

C 60/9B

C
5-19

FIRE SUBCODE TECHNICAL SECTION

Date Received 5.19.00
Date Issued
Control #
Permit # 9900469 + F

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

Block 60 Lot 9
Work Site Location 418- 14th St

Owner in Fee C.B.R. Bleyer
Address 632- Clifton
lakewood NJ

Tele. (732) 901-0456
Contractor Don Blackwood
Address 1577 North Bay
Toms River NJ 08753

Tele. (732) 341-8609 Fax (732) 797-0654
Lic. No. 7367
Federal Emp. No. 143-64-5194

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [✓] New [ ] Existing [✓] HVAC
Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 500

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 5/19/00
Approved by: SW

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: Oct 23 '02
Approved by: DMD

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control	5/24/00			
TCO				
Final	FINAL		5/24/00	
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/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [✓] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	11	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

CAJ4

DMD

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 35.00

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

TOWNSHIP OF LAKEWOOD
Department of Inspections
212 4th Street
LAKEWOOD, NJ 08701
(732) 364-3760

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 2294-2469

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

Block _____ Lot _____
Work Site Location 418- 14th St
Owner in Fee _____
Address 632 - Cleveland
Tele. (732) 901-0655
Contractor _____
Address 597 North Bay
Toms River NJ 08753
Tele. (732) 349-8604 Fax (732) 797-0654
Lic. No. 7367
Federal Emp. No. 143-64-5194

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [✓] New [ ] Existing [✓] HVAC
Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ -0-

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 5/19/00
Approved by: SM

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
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/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [✓] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	11	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

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

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

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER #418 14th ST
PERMIT # 99-0469 Date 6/25/99
CONTRACTOR

Roof sheathing

* nails too deep

Not apprvd

INSPECTOR MS

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER 418 14th
PERMIT # 990469 Date 6/30/99
CONTRACTOR

Roof sheathing

approved

INSPECTOR MS

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER
PERMIT # 99 469 Date 4/29/99
CONTRACTOR

FOOTING

APPROVED

REQUEST COPIES OF
ALL CONCRETE
RECEIPTS

INSPECTOR

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER 418 14th ST
PERMIT # 99-0469 Date 5/24/99
CONTRACTOR

Foundation

Approved

INSPECTOR

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER

PERMIT # 99 469 Date 4/29/99

CONTRACTOR

418 14TH ST.

FOOTING

APPROVED

REQUEST COPIES OF

ALL CONCRETE

RECEIPTS

INSPECTOR

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER Abe

PERMIT # 99-0469 Date 5-23-00

CONTRACTOR

418 14th St.

final

INSPECTOR

P7

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER Harbaugh

PERMIT # 99-0469 Date 3-24-00

CONTRACTOR

418 14th St.

Rotary deck

INSPECTOR

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER 418 14th ST

PERMIT # 99-0469 Date 4/6/00

CONTRACTOR

Electric

Check two valley in Basement

Approved

INSPECTOR MS

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER 418 14th ST

PERMIT # 99-0469 Date 12/9/99

CONTRACTOR

insulation

(1) Squash block still needed in garage closet

(2) Two nailers in Basement

(3) Stud still needed 2nd floor Right Bedroom

★ Do Not Sheetrock there area until inspection is Made

approved OK

INSPECTOR MS

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER 418 14th ST

PERMIT # 99-0469 Date 12/9/99

CONTRACTOR

~~Insulation~~ Frame

(1) Squash Block in garage closet under Top plate

★ Headers underside still awaiting architect approval

★ Stud needed 2nd floor front Bedroom

(2) nail two's in Basement

approved

INSPECTOR MS

7467

30 M.

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER B Freeman

PERMIT # 99-0469 Date 5-22-00

CONTRACTOR

4 7 14th St

Final Elec.

Final Gas

TCO Final Plbg

mostly Complete

2 Hall Bath. missing Sinks

1 Powder room missing sink

Gas Complete

HVAC Complete

~~No HVAC Permit~~ permit was issued on 9/13/99

INSPECTOR

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER

PERMIT # 99-0469 Date 10-1-02

CONTRACTOR

Abe Halberstam

This is permit for

418 - 14th St

Cell # 908-670-2240

Pager - 1888-556-0971

approved

corrected 2 & 2 5-22-00

INSPECTOR

10-22

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER Bleeman

PERMIT # 99-04469 Date 10-22-99

CONTRACTOR

418 14th St.

off Rough Plbg
Gas
Gas Marked at 30psi is 22psi. 1 1/2 Vent for P.R.
Leaks 1st Flr. tub drips in Bsmt. Water gauge marked 87 psi. reset 60psi
2nd Flr. Both Double Law. has a ty on the Flat.

INSPECTOR

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER Bleeman

PERMIT # 99-04469 Date 10-26-99

CONTRACTOR

418 14th St.

off Rough Plbg R.
not Rough Gas R.
off

Gas Marked 30psi
Gauge on 24.

INSPECTOR

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER Bleeman

PERMIT # 99-04169 Date 9-14-99

CONTRACTOR

418 14th St

Sewer Sleeve R.
water Service
Sleeve R

INSPECTOR

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

pm
Late

OWNER Bleeman

PERMIT # 99-04169 Date 9-9-99

CONTRACTOR

418 14th St.

Slab rough

Sewer thru Foundation
tar ~~[illegible]~~ outside ~~[illegible]~~
seal inside

water Service thru
Foundation
Tar artech + seal
inside + leave
~~trench~~ open 5'
From house.

INSPECTOR

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER Bleeman

PERMIT # 99-00469 Date 9-3-99

CONTRACTOR

418 14th St

Partial Water Service - 1¼ 200 PSI

Partial Sewer - 4" PVC sch. 40

water Service tied in at curb and left coiled at foundation. Sewer tied in at curb and stopped 2 Feet short of Foundation.

O.K. TO Back Fill to within 5' of house.

INSPECTOR Ron Cof

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER BLeeman

PERMIT # 99-00469 Date 12/25/99

CONTRACTOR Alexander

Will need #4 copper on #2 Alum For water Grounds

check on Rough

INSPECTOR MB Magee

TOWNSHIP OF LAKEWOOD Letter attached
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER 418 14TH ST
PERMIT # 99-0469 Date 12/6/99
CONTRACTOR

Frame /

1. Nail all Tecos ✓
2. Fireblock sewing table soffit ✓
3. Fireblock stairs 1st Fl. ✓
4. 2 - Double + 1 single Teco 1st Fl. ✓
5. Header on 2x10 - 2x12 needed ✓
6. STUD in garage ✓
7. Nail plate 1st Fl at gas line ✓
8. Squash Block garage ✓
9. Fire Block Both sides at Front Door ✓
10. Stud Front Foyer ✓
11. Stud 2nd Fl Bedroom ✓
12. 2 studs M. Bedroom ✓
13. Fireblock Rear Bedroom ✓
14. Collar ties on attic ✓
15. Double Teco at stair skylight + stud ✓
16. more Collar Ties at A.C. unit ✓
17. Fire Block 1st Fl above Returns ✓

Approved

INSPECTOR MS

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER Bleeman
PERMIT # 99-00469 Date 5/24/00
CONTRACTOR Alexander

1. Need Permit for two wall ovens Electric
2. Two wall ovens oven fused (6.3 KW) Max 30 Amp
3. Need proper clearance for two closet lights 2nd Floor BED closets
4. Need green Bonding Screw in Junction in Basement ceiling for Heater (not sheetrock screw)
5. no power to attic Lights
6. Receptacle in attic cannot be on same circuit as Heater

INSPECTOR MSP 6896

TOWNSHIP OF LAKEWOOD
INSPECTION DEPARTMENT
212 Fourth Street
364-3760

OWNER 418 14TH

PERMIT # 99-0469 Date 9/15/99

CONTRACTOR

wall Sheathing

approved

Letter from architect 5/26/05

steel

Inspection Report

Lolly column

Cert letter on desk

LICENSED IRR. CONTRACTOR
N.J. NO. 0015709

Scott Stetser
Irrigation Manager

LIPINSKI
LANDSCAPE • IRRIGATION
CONTRACTORS
A Name You Know And Trust Since 1976!

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180 Elbo Lane • P.O. Box 605
Mt. Laurel, NJ 08054 3920
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Central Jersey
251 Princeton Rd.
East Windsor, NJ 08520
(609) 443-1552 • Fax # (609) 443-8345

www.lipinskiland.com

TOWNSHIP OF LAKEWOOD
CODE ENFORCEMENT BUREAU
LAKEWOOD, NJ 08701

Date Issued 08/22/2000
Control #
Permit # 99-0469

UCC NEW JERSEY

NOTICE AND ORDER OF PENALTY

IDENTIFICATION

Work Site Location 418 14TH ST. R-SF Block 60 Lot 9
LAKEWOOD, NJ 08701

Owner in Fee BLEEMAN, LIBA
Address 418 14TH STREET
LAKEWOOD, NJ 08701

Agent/Contractor
Address

ACTION

Date of Notice 08/22/2000 Compliance Due Date 08/30/2000 Date of Inspection 08/17/2000

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
YOU ARE OCCUPYING THE HOUSE WITHOUT A CERTIFICATE OF OCCUPANCY. IN VIOLATION OF N.J.A.C.5:23-2.23(B). YOU MUST APPLY FOR A CERTIFICATE OF OCCUPANCY, AND COMPLETE ALL OUTSTANDING PERMITS IMMEDIATELY, OR THE PREMISES MUST BE VACATED.

You are hereby ordered to terminate the said violations on or before 08/30/2000. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[ ] Failure to comply with this Order will subject you to a penalty of $ 0 per week.

[X] You are hereby ordered to pay a penalty in the amount of $ 100 for each violation for a total penalty of $ 100. Each week that any of the said violations remain outstanding after 08/30/2000 shall result in an additional penalty of $100 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the OCEAN COUNTY BOARD OF APPEALS within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTT PLACE, TOMS RIVER, NJ 08753.

If you have any questions concerning this matter, please call: MICHAEL SACCOMANNO, BUILDING SUBCODE OFFICIAL/364-3760 EXT. 5615.

NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ sco DATE: _____

NOTICE AND ORDER OF PENALTY: _____ co DATE: 8/22/00

U.C.C. F210 (rev. 3/96)

7099 3400 0020 7605 3256

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 2.98

Postmark Here
8/22/00

Name (Please Print Clearly) (to be completed by mailer)
Bleeman, Liba

Street, Apt. No.; or PO Box No.
418 14th Street

City, State, ZIP+4
Lakewood, NJ 08701

PS Form 3800, July 1999 — See Reverse for Instructions

TOWNSHIP OF LAKEWOOD
CODE ENFORCEMENT BUREAU
LAKEWOOD, NJ 08701

Date Issued 08/22/2000
Control #
Permit # 99-0469

UCC NEW JERSEY

NOTICE AND ORDER OF PENALTY

IDENTIFICATION

Work Site Location 418 14TH ST. R-SF
LAKEWOOD, NJ 08701
Block 60 Lot 9

Owner in Fee BLEEMAN, LIBA
Address 418 14TH STREET
LAKEWOOD, NJ 08701

Agent/Contractor CRANMER PLUMBING
Address P.O. BOX 1272
BEACH HAVEN, NJ 08008

ACTION

Date of Notice 08/22/2000
Compliance Due Date 08/3[illegible]
Date of Inspection 08/17/2000

TAKE NOTICE that you have been found to be in violation of the State Uniform Constr[illegible]
FAILURE TO OBTAIN REQUIRED PERMITS FOR YOU LAWN IRRIGATION INSTALLAT[illegible]
OBTAIN REQUIRED INSPECTIONS.N.J.A.C.5:23-2.18(C). EQUIPMENT PUT INTO [illegible]der in that:

You are hereby ordered to terminate the said violations on or before 08/30/2000. [illegible]
corrected. [illegible]less the said violations are

[ ] Failure to comply with this Order will subject you to a penalty of $ 0 per week.

[X] You are hereby ordered to pay a penalty in the amount of $ 200 for each violation for [illegible]id violations
remain outstanding after 08/30/2000 shall result in an additional penalty of $200 per [illegible]

If you wish to contest the validity of the above action, you may request a hearing before the [illegible]EAN COUNTY BOARD OF APPEALS
within 15 days of receipt of these Orders. The Application to the Construction Board of Appea[illegible]

Your application for appeal must be in writing, setting forth your address and name, the address [illegible] site in question, the permit number, the specific sections
of the Regulations in question, and the extent and nature of your reliance on the Regulations and, [illegible]ery, a brief statement setting forth your position and the nature
of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTT PLACE, TOMS RIVER, NJ 08753.

NOP Penalty - Occupancy Body with No C.O. must apply for C.O. or evacuate Body.

If you have any questions concerning this matter, please call: VITO CROSSANO, PLUMBING/MECHANICAL INSPECTOR 364-3760 EXT. 5615.
NOTICE OF VIOLATION AND ORDER TO TERMINATE: NCO DATE:
NOTICE AND ORDER OF PENALTY: CO DATE: 8/22/00

U.C.C. P210 (rev. 3/96)

TOWNSHIP OF LAKEWOOD
CODE ENFORCEMENT BUREAU
LAKEWOOD, NJ 08701

Date Issued 08/22/2000
Control #
Permit # 99-0469

UCC NEW JERSEY

NOTICE AND ORDER OF PENALTY

IDENTIFICATION

Work Site Location 418 14TH ST. R-SF Block 60 Lot 9
LAKEWOOD, NJ 08701

Owner in Fee BLEEMAN, LIBA
Address 418 14TH STREET
LAKEWOOD, NJ 08701

Agent/Contractor CRANMER PLUMBING
Address P.O. BOX 1272
BEACH HAVEN, NJ 08008

ACTION

Date of Notice 08/22/2000 Compliance Due Date 08/30/2000 Date of Inspection 08/17/2000

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
FAILURE TO OBTAIN REQUIRED PERMITS FOR YOU LAWN IRRIGATION INSTALLATION. IN VIOLATION OF N.J.A.C.5:23-2.14(A). FAILURE TO OBTAIN REQUIRED INSPECTIONS.N.J.A.C.5:23-2.16(C). EQUIPMENT PUT INTO SERVICE WITHOUT C OF A. N.J.A.C.5:23-2.23(B).

You are hereby ordered to terminate the said violations on or before 08/30/2000. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[ ] Failure to comply with this Order will subject you to a penalty of $ 0 per week.

[X] You are hereby ordered to pay a penalty in the amount of $ 200 for each violation for a total penalty of $ 600. Each week that any of the said violations remain outstanding after 08/30/2000 shall result in an additional penalty of $200 per week.

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The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTT PLACE, TOMS RIVER, NJ 08753.

If you have any questions concerning this matter, please call: VITO GROSSANO, PLUMBING/MECHANICAL INSPECTOR 364-3760 EXT. 5615.

NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ sco DATE: _____

NOTICE AND ORDER OF PENALTY: _____ co DATE: 8/22/00

TOWNSHIP OF LAKEWOOD
CODE ENFORCEMENT BUREAU
LAKEWOOD, NJ 08701

Date Issued 08/22/2000
Control #
Permit # 99-0469

UCC NEW JERSEY

NOTICE AND ORDER OF PENALTY

IDENTIFICATION

Work Site Location 418 14TH ST. R-SF Block 60 Lot 9
LAKEWOOD, NJ 08701

Owner in Fee BLEEMAN, LIBA
Address 418 14TH STREET
LAKEWOOD, NJ 08701

Agent/Contractor CRANMER PLUMBING
Address P.O. BOX 1272
BEACH HAVEN, NJ 08008

ACTION

Date of Notice 08/22/2000 Compliance Due Date 08/30/2000 Date of Inspection 08/17/2000

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
FAILURE TO OBTAIN REQUIRED PERMITS FOR YOU LAWN IRRIGATION INSTALLATION. IN VIOLATION OF N.J.A.C.5:23-2.14(A). FAILURE TO OBTAIN REQUIRED INSPECTIONS.N.J.A.C.5:23-2.18(C). EQUIPMENT PUT INTO SERVICE WITHOUT C OF A. N.J.A.C.5:23-2.23(B).

You are hereby ordered to terminate the said violations on or before 08/30/2000. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[ ] Failure to comply with this Order will subject you to a penalty of $ 0 per week.

[X] You are hereby ordered to pay a penalty in the amount of $ 200 for each violation for a total penalty of $ 600. Each week that any of the said violations remain outstanding after 08/30/2000 shall result in an additional penalty of $200 per week.

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The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTT PLACE, TOMS RIVER, NJ 08753.

If you have any questions concerning this matter, please call: VITO GROSSANO, PLUMBING/MECHANICAL INSPECTOR 364-3760 EXT. 5615.

NOTICE OF VIOLATION AND ORDER TO TERMINATE: ____ CO DATE: ____

NOTICE AND ORDER OF PENALTY: [signature] CO DATE: 8/22/00

U.C.C. P210 (rev. 3/96)

TRANSMISSIONS ACTIVITY REPORT

AUG-29-00 09:00 AM

FOR: LKWD.INSP.DEPT. 7329058112

NO.	DATE	START	RECEIVER	TX TIME	PAGES	TYPE	NOTE
1	AUG-28	10:54 AM	8860806	26"	1	SEND	OK
2	AUG-28	10:57 AM	9055997	27"	1	SEND	OK
3	AUG-28	10:58 AM	9055997	1'24"	5	SEND	OK
4	AUG-28	11:01 AM	9055997	2'52"	11	SEND	OK
5	AUG-28	11:05 AM	9055997	1'11"	4	SEND	OK
6	AUG-28	11:58 AM	6815477	2'44"	6	SEND	OK
7	AUG-28	12:09 PM	19088220460	41"	1	SEND	OK
8	AUG-28	12:14 PM	7971637	1'39"	2	SEND	OK
9	AUG-28	12:16 PM	17188518879	42"	1	SEND	OK
10	AUG-28	12:46 PM	5306745	38"	1	SEND	OK
11	AUG-28	01:38 PM	3675401	47"	1	SEND	OK
12	AUG-28	03:24 PM	9055997	27"	1	SEND	OK
13	AUG-28	03:25 PM	9055991	28"	1	SEND	OK
14	AUG-28	04:20 PM	6815477	3'21"	7	SEND	OK
15	AUG-28	05:38 PM	3491788	**'**"	0	SEND	CANCEL
16	AUG-28	05:39 PM	3491788	40"	1	SEND	OK
17	AUG-29	07:50 AM	7973223	1'38"	3	SEND	OK
18	AUG-29	08:59 AM	8562343920	50"	1	SEND	OK
			TOTAL	20'55"	48		

GRAND TOTAL TIME: 81H 32M 43S

PAGES: 8653

LAWRENCE S. SCHREIBER, AIA - ARCHITECT

FAX TRANSMITTAL

Date: 6/9/99

To: BUILDING INSPECTOR, LAKEWOOD TWP.

Fax number:

RE: NEW 2-STY. RESIDENCE FOR MR & MRS. E. BLEEMAN
14th ST.; Lot #93 & BLK #60

From: LARRY SCHREIBER, AIA.

Number of pages (including cover sheet): (1)

Subject: FIELD INSPECTION COMMENTS BY TWP. DUE TO 'FIELD CONST.' CHANGES.

Comments:

THIS LETTER IS TO ADDRESS the following two 'FIELD CHANGES AT THE ABOVE NOTED PROJECT, AS PER YOUR REQUEST, AS FOLLOWS:

1) THE FOUNDATION AREA BEHIND THE GARAGE WAS TO BE CRAWL SPACE, WAS CHANGED TO FULL BASEMENT. THE BEARING CMU WALL THAT WAS DELETED & the SUBSTITUTE OF A 5 1/4 x 9 1/2 PARALLAM PSL WOOD GIRDER ON 4" STL. COL'S AT 5'-6" (±) ON 24" WIDE x 12" DEEP CONC. FOOTINGS IS SUFFICIENT FOR THE LOADS.

2) WHERE HEADER/LINTELS WERE NOT INSTALLED W/REINF. CONC. INTO FOUNDATION FOR BASEMENT WINDOWS, DOUBLED 1 1/4" RIM BOARD x 9 1/2" D. BY TIMBERSTRAND LSL OR EQUAL; THIS CONDITION WITH MIN. 4" BEARING EACH SIDE OF MAX. 3'-4" M.O. WIDTH WINDOW OR DOOR. TIMBERSTAND LSL VERT. LOAD capacity 4250 PLF EA. BOARD, THIS DETAIL IS SUFFICIENT.

RESPECTFULLY SUBMITTED,

Lawrence S. Schreiber, AIA
N.J.C. #10054

9 Cabinfield Circle, Lakewood, New Jersey 08701 609-482-1788 732-886-5290

TOWNSHIP OF LAKEWOOD
DEPARTMENT OF INSPECTIONS

212 Fourth Street
Lakewood, NJ 08701
Telephone: 732-364-3760
FAX: 732-905-8112

Office Hours:
8:00–4:30
Mon.–Fri.

August 8, 2000

Lipinsky Landscape
180 Elbo Lane
Mt. Laurel, NJ 08054

2nd Notice

Re: 418 14th Street
Control #C60/9

Contact: Vito Grossano/ext. 5984 or 5619

Dear Sir or Madam:

This is to inform you that your application for your irrigation installation submitted on April 6, 2000 has been rejected on April 7, 2000.

Uniform Construction regulations state in part Section 5:23-2.15(e)3(2)IV. "Time limitation of application". An application for a permit for any proposed work shall be deemed to have been abandoned six months after date of filing, unless such application has been diligently prosecuted or a permit shall have been issued; except that for reasonable cause, the Construction Official may grant one or more extensions of time for additional periods not exceeding 90 days each."

If your permit has not been issued within the six month period prescribed by the Regulations, the application will be discarded. **Further, if it is subsequently discovered the work was performed without the permit having been issued, penalties will be imposed as mandated by the regulations in UCC section 5:23-2.31. Please inform this office of your intentions with regards to the above mentioned project.**

Thank you for your prompt attention.

Sincerely,

LAKEWOOD TOWNSHIP INSPECTION DEPARTMENT

David N. Simpson

Construction Official
David N. Simpson

Cc: Liba Bleeman
632 Clifton Avenue
Lakewood, NJ 08701

RECEIVED
'00 AUG 23 AM 8 39
INSPECTION DEPT.
LAKEWOOD, N.J.

PLAN REVIEW RECORD
1993 NATIONAL STANDARD PLUMBING CODE
1993 BOCA BASIC MECHANICAL CODE

( ) Rejected Date ______________ [ ]
( ) Approval Date ______________ [ ]

(✓) PLUMBING ( ) GAS ( ) MECHANICAL

PERMIT #: C60/9 PLAN REVIEW # 1 DATE: 4-7-00 REVIEWED BY: Samuel Krause

TOWNSHIP OF LAKEWOOD, 212 FOURTH STREET, LAKEWOOD, NJ 08701 (732) 364-3760

BUILDING NAME Bleeman PHONE #: 901-0655

BUILDING LOCATION 4X 15th St.

BUILDING DESCRIPTION 1fam lawn irrig sys CONTRACTOR: [illegible] cell# 609-502-9790 O# 856-234-2221

CORRECTION LIST

NO.	DESCRIPTION	Code Sect.	Draw #
(✓) 1.	Provide photocopy of licensed plumbers wallet card w/application.		
(✓) 2.	Provide brief description of work in lower right-hand corner of plumbing appl.		
(✓) 3.	Complete Section "A" of plumbing application.		
(✓) 4.	Complete Section "B" of plumbing application.		
(✓) 5.	Complete Section "C" of plumbing application.		
(✓) 6.	Complete Section "D" of plumbing application.		
(✓) 7.	Provide owner's name, address & telephone # on sketch of plumbing work.		
( ) 8.	Show # of vents on plumbing application, Section "D" "other" line, and fill in word "vents" after "other".		
( ) 9.	Provide a Lakewood Township merchantile license # on all forms requiring a license number.		
( ) 10.	As this is not a 1 or 2 family dwelling, a licensed architect or mechanical engineer's title block signature and seal are required on the plumbing plan.		

Bleeman

No Permit 7-11-00

RECEIVED
'00 AUG 23 AM 8 39
INSPECTION DEPT.
LAKEWOOD, N.J.

PLAN REVIEW RECORD
1993 NATIONAL STANDARD PLUMBING CODE
1993 BOCA BASIC MECHANICAL CODE

( ) Rejected Date________________ [ ]
( ) Approval Date________________ [ ]

(✓) PLUMBING ( ) GAS ( ) MECHANICAL

PERMIT #: G 6019 PLAN REVIEW # 1 DATE: 4-7-00 REVIEWED BY: Samuel Krause

TOWNSHIP OF LAKEWOOD, 212 FOURTH STREET, LAKEWOOD, NJ 08701 (732) 364-3760

BUILDING NAME Bleeman PHONE #: 901-0655

BUILDING LOCATION 418 14th St.

BUILDING DESCRIPTION 1 fam lawn irrig. sys, CONTRACTOR: [illegible]
cell# 609-502-9790
O# 856-234-2221

CORRECTION LIST

NO.	DESCRIPTION	Code Sect.	Draw #
(✓) 1.	Provide photocopy of licensed plumbers wallet card w/application.		
(✓) 2.	Provide brief description of work in lower right-hand corner of plumbing appl.		
(✓) 3.	Complete Section "A" of plumbing application.		
(✓) 4.	Complete Section "B" of plumbing application.		
(✓) 5.	Complete Section "C" of plumbing application.		
(✓) 6.	Complete Section "D" of plumbing application.		
(✓) 7.	Provide owner's name, address & telephone # on sketch of plumbing work.		
( ) 8.	Show # of vents on plumbing application, Section "D" "other" line, and fill in word "vents" after "other".		
( ) 9.	Provide a Lakewood Township merchantile license # on all forms requiring a license number.		
( ) 10.	As this is not a 1 or 2 family dwelling, a licensed architect or mechanical engineer's title block signature and seal are required on the plumbing plan.		

Bleeman

No Permit 7-11-00 [illegible]

SITE PLAN OR SURVEY MUST BE ATTACHED TO THIS APPLICATION

DATE RECEIVED: 3/16/99 BLOCK: 60

RECEIVED BY: [signature] LOT: 9 ~~10~~ 9

ZONE: R 10

APPLICANT NAME: Lisa Bleeman

ADDRESS: 632 Clifton Ave.

TELEPHONE: 732 901 0655 Abe 905-1555 keeper 888-550-0971

WORK SITE LOCATION: 418 14th St

✓ OWN _____ RENT SEPTIC _____ WELL 1-

CITY SEWER ✓ WATER ✓

PERMIT REQUESTED FOR: DESCRIPTION

✓ NEW CONSTRUCTION [signature]

_____ DECK

_____ ADDITION

_____ POOL

_____ FENCE HEIGHT

_____ SHED DIMENSIONS

_____ AWNING

HS 3-18

SIGNS:

___ WALL - FACADE HEIGHT _____ WIDTH _____ TOTAL AREA _____
SIZE OF WALL SIGN _____

___ FREE STANDING - DIMENSIONS _____
SETBACK _____

OTHER: _____

DO NOT WRITE BELOW THIS LINE

APPROVED: DATE: March 18, 1999 [signature]

DENIED: DATE: _____

REFERRED TO:

_____ ZONING BOARD OF ADJUSTMENTS

_____ PLANNING BOARD APPROVAL

_____ WETLANDS

_____ BOARD OF HEALTH

_____ OTHER

TOWNSHIP OF LAKEWOOD
Department of Inspections
212 4th Street
LAKEWOOD, NJ 08701
(201) 364-3760

UNIFORM CONSTRUCTION CODE

[X] NOTICE OF VIOLATION AND ORDER TO TERMINATE
[X] NOTICE AND ORDER TO PAY PENALTY

PERMIT NO. 99-0469 +
DATE ISSUED NA
Block 60 Lot 9
Subdivision
Notice No.

IDENTIFICATION

OWNER:
Name LIBA BLEEMAN
Address 418 - 14TH ST
Town/State/Zip LAKEWOOD, NJ, 08701
Work Site Address S.A.A.

AGENT:
Name CRANMER PLBG
Address P.O. BOX 1278
Town/State/Zip BEACH HAVEN, NJ

ACTION

DATE OF NOTICE: _____ COMPLIANCE DUE DATE: _____ DATE OF INSPECTION: _____

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder (N.J.A.C. 5:23-2.30 and 2.31) in that:

(1) FAILURE TO OBTAIN PERMIT FOR JOB
(2) FAILURE TO REQUIRE INSPECTIONS
(3) SYSTEM PUT INTO USE WITHOUT PROPER C. OF A.

You are hereby ordered to terminate the said violations on or before _____.
The owner and agent/contractor bear joint responsibility for bringing about compliance. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[X] Failure to comply with this Order will subject you to a penalty of $ 100.00 per each violation

[X] You are hereby ordered to pay a penalty in the amount of $ 200.00 for each violation for a total penalty of $ 600.00. Each week that any of the said violations remain outstanding after _____ shall result in an additional penalty of $ 200.00 per week.

If you wish to contest the validity of the above action, in accord with N.J.A.C. 5:23-2.35 et. seq., you may request a hearing before the Construction Board of Appeals of the COUNTY of OCEAN, within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if neccessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ 100.00 to be forwarded with your application to the Board of Appeals office at _____.

If you have questions concerning this matter, please call: _____

NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ DATE: _____
SCO

NOTICE AND ORDER OF PENALTY: _____ DATE: _____
CO

U.C.C. Form F-210 (8/83)

TOWNSHIP OF LAKEWOOD
DEPARTMENT OF INSPECTIONS

212 Fourth Street
Lakewood, NJ 08701
Telephone: 732-364-3760
FAX: 732-905-8112

Office Hours:
8:00–4:30
Mon.–Fri.

August 8, 2000

Lipinsky Landscape
180 Elbo Lane
Mt. Laurel, NJ 08054

2nd Notice

Re: 418 14th Street
Control #C60/9

Contact: Vito Grossano/ext. 5984 or 5619

Dear Sir or Madam:

This is to inform you that your application for your irrigation installation submitted on April 6, 2000 has been rejected on April 7, 2000.

Uniform Construction regulations state in part Section 5:23-2.15(e)3(2)IV. "Time limitation of application". An application for a permit for any proposed work shall be deemed to have been abandoned six months after date of filing, unless such application has been diligently prosecuted or a permit shall have been issued; except that for reasonable cause, the Construction Official may grant one or more extensions of time for additional periods not exceeding 90 days each."

If your permit has not been issued within the six month period prescribed by the Regulations, the application will be discarded. **Further, if it is subsequently discovered the work was performed without the permit having been issued, penalties will be imposed as mandated by the regulations in UCC section 5:23-2.31. Please inform this office of your intentions with regards to the above mentioned project.**

Thank you for your prompt attention.

Sincerely,

LAKEWOOD TOWNSHIP INSPECTION DEPARTMENT

David N. Simpson

Construction Official
David N. Simpson

Cc: Liba Bleeman
632 Clifton Avenue
Lakewood, NJ 08701

Maria From
FAX 856-234-3920

LIPINSKI
LANDSCAPE • IRRIGATION
CONTRACTORS, INC.

August 17, 2000

RECEIVED
'00 AUG 23 AM 8 39
INSPECTION DEPT.
LAKEWOOD, N.J.

Mr. David N. Simpson
Construction Office
TOWNSHIP OF LAKEWOOD
212 Fourth Street
Lakewood, NJ 08701

RE: Bleeman Residence
418 14th Street
Control #C60/9

Dear Mr. Simpson:

In response to your letter of August 8, 2000, attached are the following items:

1) Plumbing Permit (Addendum)
2) Copy of licensed plumber wallet card & certification
3) Sketch of plumbing work listing owner's name, address, and telephone number

If you have any questions, please contact me at (856) 234-2221 extension 132.

Sincerely,

Scott Stetser
Irrigation Manager

SS/mer

cc: File

BLSJ
Builders League of South Jersey
In League With The Best

180 Elbo Lane • P.O. Box 605 • Mt. Laurel, NJ 08054
(856) 234-2221 • Fax # (856) 234-0206
www.lipinskiland.com

NEW JERSEY NURSERY AND LANDSCAPE ASSOCIATION, INC. MEMBER

TOWNSHIP OF LAKEWOOD
OFFICE OF CONSTRUCTION OFFICIAL

212 Fourth Street
Lakewood, NJ 08701
Telephone: 908-364-3760
FAX: 908-905-8112

David N. Simpson
Construction Official
Arno Hardtke
Building Subcode Official
Fire Subcode Official
Sam Krause
Plumbing Subcode Official

9-10-99

LEBA BLEEMAN
632 CLIFTON AVE.
LAKEWOOD N.J. 08701

119.00
9900469-2

417
14th ST.

Dear Applicant:

Re:

It has been brought to my attention that you applied for a HVAC permit. To date, the permit has not been paid for.

This notice is to inform you that your fee must be remitted before construction can commence, or a monetary penalty will be imposed.

Sincerely,

David N. Simpson
Construction Official

DNS/dh

prmt.ltr

AJBE- 1888-556-0971
Bleeman 88C-2900

TOWNSHIP OF LAKEWOOD
CODE ENFORCEMENT BUREAU
LAKEWOOD, NJ 08701

Date Issued 08/22/2000
Control #
Permit # 99-0469

OCC NEW JERSEY

NOTICE AND ORDER OF PENALTY

IDENTIFICATION

Work Site Location 418 14TH ST. R-SF
LAKEWOOD, NJ 08701
Block 60 Lot 9

Owner in Fee BLEEMAN, LIBA
Address 418 14TH STREET
LAKEWOOD, NJ 08701

Agent/Contractor CRANMER PLUMBING
Address P.O. BOX 1272
BEACH HAVEN, NJ 08008

ACTION

Date of Notice 08/22/2000
Compliance Due Date 08/30/2000
Date of Inspection 08/17/2000

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
FAILURE TO OBTAIN REQUIRED PERMITS FOR YOU LAWN IRRIGATION INSTALLATION. IN VIOLATION OF N.J.A.C.5:23-2.14(A). FAILURE TO OBTAIN REQUIRED INSPECTIONS.N.J.A.C.5:23-2.18(C). EQUIPMENT PUT INTO SERVICE WITHOUT C OF A. N.J.A.C.5:23-2.2(B).

You are hereby ordered to terminate the said violations on or before 08/30/2000. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[ ] Failure to comply with this Order will subject you to a penalty of $ 0 per week.

[X] You are hereby ordered to pay a penalty in the amount of $ 200 for each violation for a total penalty of $ 600. Each week that any of the said violations remain outstanding after 08/30/2000 shall result in an additional penalty of $200 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the OCEAN COUNTY BOARD OF APPEALS within 15 days of receipt of these orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 HOY PLACE, TOMS RIVER, NJ 08753.

If you have any questions concerning this matter, please call: VITO GROSSANO, PLUMBING/MECHANICAL INSPECTOR 364-3760 Ext. 5615.

NOTICE OF VIOLATION AND ORDER TO TERMINATE: sco DATE:
NOTICE AND ORDER OF PENALTY: co DATE: 7/22/00

U.C.C. P210 (rev. 3/96)

CLAYTON
CONCRETE • BLOCK • SAND

Ralph Clayton & Sons
Clayton Block Co., Inc.
Clayton Sand Co.

515 Route 528
Post Office Box 3015
Lakewood, NJ 08701

Lakewood 732-363-1995
FAX 732-367-9479

Jan Masonry
1901 Silverton Road
Toms River, NJ 08753

May 7, 1999

Re: Footing - Bleekman Property Blk. 60 Lot 9 to 10 14th Street Lakewood.

To whom it may concern;

Due to some concern for the strength of the concrete poured on April 29th, 1999 at the above noted project, an in-place strength test was requested.

This test was performed on May 5, 1999. The test performed was a Windsor Probe Test, "Penetration Resistance of Hardened Concrete" ASTM C-803. The test results are as follows:

Probe	Power Level	Moh's	Exposed Probe (in)	Compressive Strength (PSI)
1	Low	#5	1.725	1975
2	Low	#5	1.550	1325
3	Low	#5	1.825	2350
			Average PSI	1883

The following should be noted to assess the overall strength of this concrete.

1. This test is the average of three areas as per test method ASTM C-803.
2. The concrete was tested at 5.5 days of age.
3. Concrete reaches " Full Strength" (F'c) in 28 days.
4. This concrete is about 62 % of its' 28 day strength which is an appropriate gain for this age for in-place strength.

If we could be of further assistance please contact my office at 732-905-3125.

Sincerely,
Matthew Savona
Director of Technical Service
Ralph Clayton & Sons

MS/rps

PDS
PROPERTY DEVELOPMENT SERVICES, INC.
324 COMMONS WAY • BUILDING C • TOMS RIVER, NEW JERSEY 08755 • (732)244-6500 • FAX(732)797-1654

RICHARD P. RAMIREZ, ESQ., P.E., P.P.
PRESIDENT

WILLIAM A. STEVENS, P.E., P.P.
ASSOCIATE

IAN M. BORDEN, PRINCIPAL
ENVIRONMENTAL SCIENTIST

May 13, 1999

Lakewood Township Building Department
212 Fourth Street
Lakewood, NJ 08701

Re: Bleeman Property
Block 60, Lots 9-14 (14th Street)
Lakewood Township, Ocean County

Gentlemen,

As a result of a review of the attached Clayton Windsor Probe Test Results for the concrete footings at the referenced site, we have calculated that the average PSI of the concrete at 28 days would meet or exceed the specified 3,000 PSI design compressive strength for the concrete footings installed.

Our calculation was based on a formula proposed by W.A. Slater to determine the 28 day compressive strength of concrete from the 7 day strength contained in the "Standard Handbook for Civil Engineer."

Should you have any questions or concerns relating to the above, please advise.

Very truly yours,

Richard P. Ramirez, P.E., President
Property Development Services, Inc.

RALPH CLAYTON & SONS

READY-MIX CONCRETE
TOLL FREE 1-800-662-3044
732-363-1995

CAUTION!

FRESHLY MIXED CONCRETE MAY CAUSE A SEVERE SKIN IRRITATION AND BURNS ON INDIVIDUALS WITH SENSITIVE SKIN. AVOID DIRECT CONTACT WITH SKIN IF POSSIBLE AND WASH EXPOSED SKIN AREAS PROMPTLY WITH WATER.

NOTICE: THE STRENGTH OF CONCRETE DESCRIBED IS BASED UPON A SLUMP OF 3 TO 4 INCHES WHEN TESTED IN ACCORDANCE WITH ASTM C 94-58. THE CUSTOMER IS RESPONSIBLE FOR REQUIREMENTS OF ACI 305 AND 306.

THIS LOAD CONTAINS 237 GALS. OF WATER

THE UNDERSIGNED AUTHORIZES ADDITION OF 125 GALS. OF WATER & HEREBY ASSUMES RESPONSIBILITY FOR THE STRENGTH & DURABILITY OF THE CONCRETE.

SIGNED Drechenko

DATE	CUSTOMER NO	ORDER	TICKET NO.
16:51 29-Apr-99	04620100	38	

SOLD TO: JAN MASONRY & CONSTRUCTION, INC tkt #11051478

DELIVER TO: 14TH STREET BETWEEN ROUTE 9 AND FOREST AVE LAKEWOOD FOOTING

SOURCE	TRUCK	DRIVER	METHOD OF PAYMENT	CUSTOMER ORDER NO.
11	166	388		

QUANTITY	DESCRIPTION	U/M	PRICE	AMOUNT
10.00	3000 PSI CONCRET	CY		
10.00	FREIGHT CHARGE	CY		
	EXCESS TIME (SALES TAX INCLUDED)			

SIX MINUTES PER YARD UNLOADING TIME ALLOWED EXCESS TIME

15 MINUTES	30 MINUTES	45 MINUTES	60 MINUTES	TAX	
$15.90	$31.80	$47.70	$63.60		
ARRIVE JOB	LEFT JOB	TIME	TOTAL YDS. TODAY	TOTAL ➤	
5	10		30.00		

COMPANY NOT RESPONSIBLE FOR DAMAGE DONE WHEN OFF PUBLIC ROADS

155313

AUTHORIZED & REC'D BY X Drechenko

OFFICE COPY

RALPH CLAYTON & SONS

READY-MIX CONCRETE
TOLL FREE 1-800-662-3044
732-363-1995

CAUTION!

FRESHLY MIXED CONCRETE MAY CAUSE A SEVERE SKIN IRRITATION AND BURNS ON INDIVIDUALS WITH SENSITIVE SKIN. AVOID DIRECT CONTACT WITH SKIN IF POSSIBLE AND WASH EXPOSED SKIN AREAS PROMPTLY WITH WATER.

NOTICE: THE STRENGTH OF CONCRETE DESCRIBED IS BASED UPON A SLUMP OF 3 TO 4 INCHES WHEN TESTED IN ACCORDANCE WITH ASTM C 94-58. THE CUSTOMER IS RESPONSIBLE FOR REQUIREMENTS OF ACI 305 AND 306.

THIS LOAD CONTAINS 0 GALS. OF WATER

THE UNDERSIGNED AUTHORIZES ADDITION OF 0 GALS. OF WATER & HEREBY ASSUMES RESPONSIBILITY FOR THE STRENGTH & DURABILITY OF THE CONCRETE.

SIGNED Kaye

DATE	CUSTOMER NO	TICKET NO.
15:28 Sy Apr 99	04678100	ORDER 38

SOLD TO: JAN MASONRY & CONSTRUCTION, INC tkt #11061474

DELIVER TO: 14TH STREET BETWEEN ROUTE 9 AND FOREST AVE LAKEWOOD FOOTING

SOURCE	TRUCK	DRIVER	METHOD OF PAYMENT	CUSTOMER ORDER NO.
11	350	215 379		

QUANTITY	DESCRIPTION	U/M	PRICE	AMOUNT
10.00	3000 PSI CONCRET	CY		
10.00	FREIGHT CHARGE	CY		
	EXCESS TIME (SALES TAX INCLUDED)			
	SIX MINUTES PER YARD UNLOADING TIME ALLOWED EXCESS TIME		TAX	

15 MINUTES	30 MINUTES	45 MINUTES	60 MINUTES	
$15.90	$31.80	$47.70	$63.60	TOTAL
ARRIVE JOB 5:17	LEFT JOB 5:40	TIME	TOTAL YDS. TODAY 20.00	

COMPANY NOT RESPONSIBLE FOR DAMAGE DONE WHEN OFF PUBLIC ROADS

155309

AUTHORIZED & REC'D BY X Kaye

OFFICE COPY

PROPERTY DEVELOPMENT SERVICES, INC.
324 COMMONS WAY
TOMS RIVER, NEW JERSEY 08755

Lakewood Township Building Department
212 Fourth Street
Lakewood, NJ 08701

98-2214-DEMO

99-469

1/4 - 1/8

TOWNSHIP OF LAKEWOOD
DEPARTMENT OF INSPECTIONS
212 Fourth Street
Lakewood, NJ 08701

RETURNED TO SENDER
MOVED LEFT NO ADDRESS
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
ATTEMPTED - NOT KNOWN
UNCLAIMED ☐ REFUSED
NO SUCH STREET - NUMBER
INSUFFICIENT ADDRESS
NO MAIL RECEPTACLE ☐ DECEASED
FROM JACKSON NJ 0852

MONMOUTH P&DC ISS#3 21:04 11/19/99

Owner in Fee: BLEEMAN, LIBA
Address: 2105 WEST COUNTY LINE RD
JACKSON, N.J. 08527
Tele.: (732)928-1811

HOME SYSTEMS
of NEW JERSEY Inc.
state-of-the-art electronic systems
Post Office Box 135 • Jackson, New Jersey 08527 • Phone/Fax: 732.928.1221

ATTENTION: Lakewood BUILDING DEPARTMENT

Enclosed you will find a completed Electrical Subcode application for Security System(s).

☒ We have enclosed the required fee of $ 35.00 for the permit(s).

OR

☒ Please call with the total amount required for the permit(s).

Please call us at 800-928-3566 with any additional questions.

Thank you.
HOME SYSTEMS OF NEW JERSEY INC.

BLK	LOT	SEQ	ADDRESS
60	~~9 FD~~ 9		14th Street

HOME SYSTEMS OF NEW JERSEY INC.

LAKEWOOD TOWNSHIP 11/15/99 002256

Licenses and Permits 35.00

Summit Bank	ALARM PERMIT 14TH STREET. B-	L-		35.00

99-0469
418 14TH ST

HERITAGE ENGINEERS, INC.
313 S. Black Horse Pike
BLACKWOOD, NJ 08012
(609) 374-7081

JOB BLEEMAN RESIDENCE

SHEET NO. ONE OF (A)

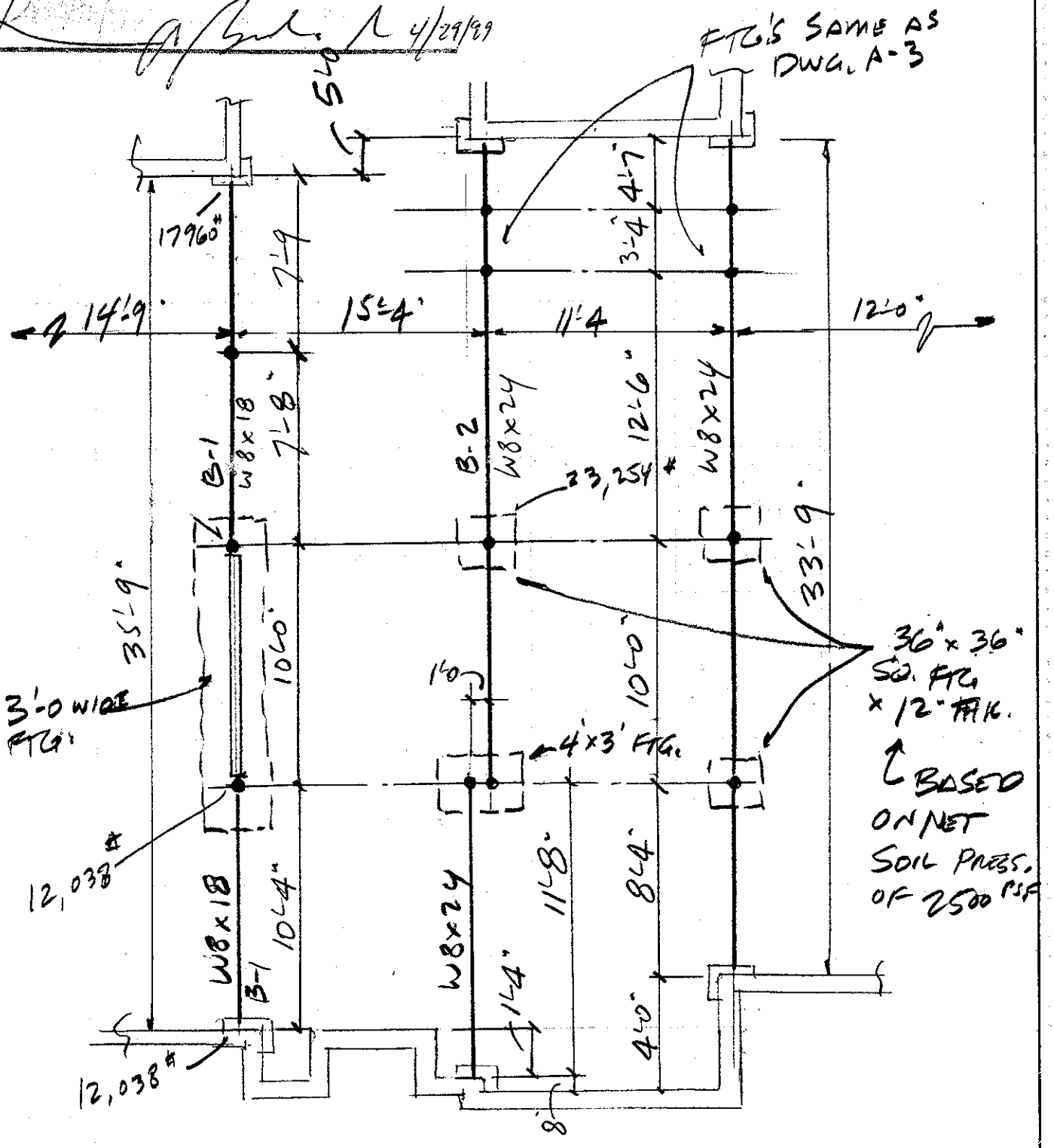
CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____

LAWRENCE A. BROOKS SR., P.E.
N.J. License #31461

4/29/99



HERITAGE ENGINEERS, INC.
313 S. Black Horse Pike
BLACKWOOD, NJ 08012
(609) 374-7081

JOB _____ (A)
SHEET NO. 2 OF _____
CALCULATED BY _____ DATE _____
CHECKED BY _____ DATE _____
SCALE _____

BEAM B-1: $\ell_{MAX} = 10'-4"$

$$W = \frac{(14.75 + 15.5')}{2}\left[(\overbrace{40+10}^{1ST} + \overbrace{30+10}^{2ND} + \overbrace{10+15}^{ATTIC} + \overbrace{20+10}^{ROOF})\right]$$

$= 2,181\ ^{\#}/_{L}$

$W_L = 1580\ ^{\#}/_{L}$

$$R_L = R_R - W\ell/2 = 2181(10.\bar{3})/2 = 11,269^{\#}$$

$$M = \frac{W\ell^2}{8}(12) = \frac{2181(10.\bar{3})^2}{8}(12) = 349,323$$

$$S_{x\,REQ'D} = \frac{M}{F_b} = \frac{349,323}{24,000} = 14.6^{IN^3}$$

$$\Delta_{allow} = \ell/360 = 124/360 = 0.3\bar{4}"$$

$$I_{x\,REQ'D} = \frac{5W_{LL}\ell^4}{384E\Delta} = \frac{5(1580/12)(124)^4}{384(29\times10^6)(0.3\bar{4})} = 40.6^{IN^4}$$

TRY W8 × 18

$S_x = 15.2^{IN^3} > 14.6^{IN^3}$

$I_x = 61.9^{IN^4} > 40.6^{IN^4}$

$\therefore$ OK

USE W8 × 18

HERITAGE ENGINEERS, INC.
313 S. Black Horse Pike
BLACKWOOD, NJ 08012
(609) 374-7081

JOB

SHEET NO. 3 OF

CALCULATED BY DATE (A)

CHECKED BY DATE

SCALE

Beam B-2 ; $\ell = 12.5'$

$W = \left(\frac{15.3 + 11.3}{2}\right)(145)^{PSF} = 1933\ \#/'$ $\quad W_{LL} = 1400\ \#/'$

$R_L = R_R = \frac{12.5}{2}(1933) = 12{,}081\ \#$

$M = \frac{w\ell^2}{8}(12) = \frac{1933(12.5)^2}{8}(12) = 453{,}047\ '' \#$

$S_{req'd} = \frac{M}{F_b} = \frac{453{,}047}{24{,}000} = 18.9\ in^3$

$\Delta_{allow} = \ell/360 = 150/360 = 0.42''$

$I_x = \frac{5 w_{LL} \ell^4}{384 E \Delta} = \frac{5(1400/12)(150)^4}{384(29\times10^6)(0.42)} = 63.1\ in^4$

Try W8x24 ; $S_x = 20.9\ in^3 > 18.9\ in^3$

$I_x = 82.8\ in^4 > 63.1\ in^4$

$\therefore$ OK

USE W8x24

HERITAGE ENGINEERS, INC.
313 S. Black Horse Pike
BLACKWOOD, NJ 08012
(609) 374-7081

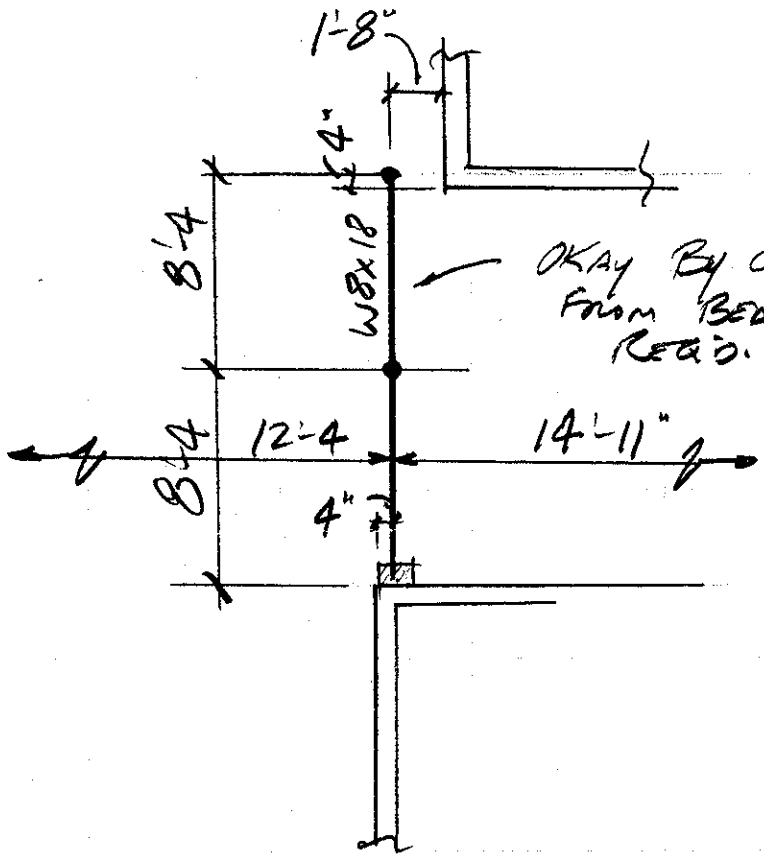
JOB BLEEMAN RESIDENCE

SHEET NO. 4 OF

CALCULATED BY DATE

CHECKED BY DATE

SCALE



OKAY BY COMPARISON TO RESULTS FROM BEAM B-1 NO FURTHER CALC. REQ'D.

PLAN - STEEL @ EXPANDED BASEMENT AREA IN LIEU OF CRAWL SPACE

THE FACE OF THIS DOCUMENT HAS A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES

State Of New Jersey
Department Of Law and Public Safety
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
BOARD OF MASTER PLUMBERS

HAS LICENSED

JEFFREY CRANMER
100 W 14TH ST PO BX 1278
BEACH HAVEN NJ 08008-0038

FOR PRACTICE IN NEW JERSEY AS A(N): MASTER PLUMBER

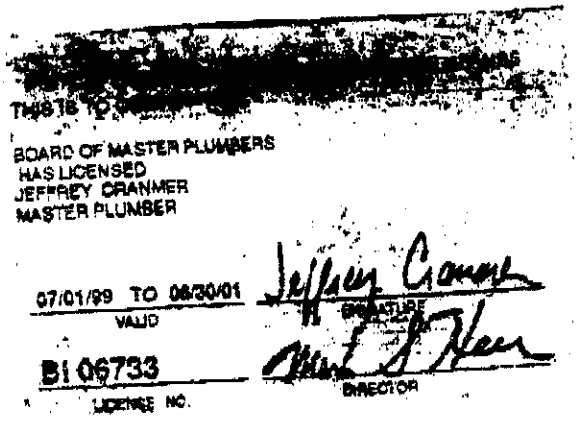
07/01/99 TO 06/30/01
VALID

BI 06733
LICENSE/REGISTRATION/CERTIFICATION #

SIGNATURE OF REGISTRANT

DIRECTOR

RECEIVED
'00 AUG 23 AM 8 40
INSPECTION DEPT.
LAKEWOOD, N.J.



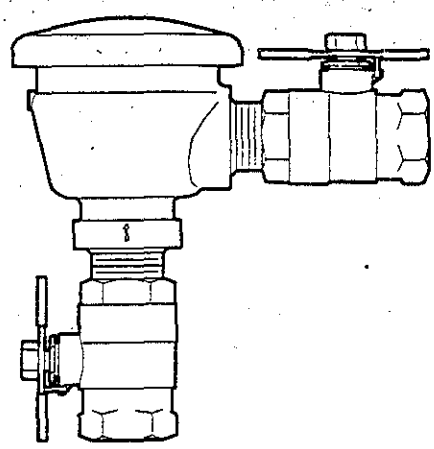
RECEIVED
'00 AUG 23 AM 8 40
INSPECTION DEPT.
LAKEWOOD, N.J.

Model 720A

Pressure Vacuum Breaker

Sizes: 1/2", 3/4", 1", 1¼", 1½" & 2"

ZURN / WILKINS



FEATURES

- Bronze body construction - ASTM B584
- All internal parts made from corrosion resistant materials
- Low head loss
- Patented silicone rubber upper disc (built-in loading requires no secondary spring)
- Serviceable in-line
- Threaded inlet and outlet ANSI B1.20.1
- Centered main spring insures positive seating of check valve

STANDARDS/LISTINGS

Tested and listed under the following standards for Reduced Pressure Principle Assemblies: ASSE Standard 1020 and CSA. Approved by the Foundation for Cross-Connection Control and Hydraulic Research at the University of Southern California. IAPMO® Listed. Consult your local WILKINS Representative for other state, county or city acceptances.

APPLICATION

The WILKINS Model 720A Pressure Vacuum Breaker has been designed to isolate non-potable or irrigation lines from the potable water systems. It has the ability to withstand supply pressure for long periods and to prevent backflow of hazardous and non-hazardous water into the potable water system in back-siphonage conditions only.

NOTICE

Proper performance is dependent upon the user adhering to recommended installation procedures and by having licensed, qualified personnel perform regular, periodic maintenance. For proper installation, consult WILKINS' Installation, Testing and Maintenance Manual and prevailing governmental and local codes.

Two shut-off valves and two test cocks are provided for testing and maintenance. All Model 720A Pressure Vacuum Breakers can be disassembled and repaired without removing the device from the line.

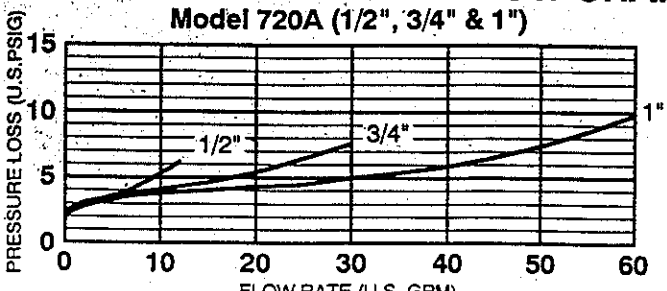
CAUTION

Damage to the device could result wherever water hammer and/or thermal expansion could cause excessive line pressure. Where this could occur, a spring check, shock arrestor, pressure relief valve and/or expansion tank should be installed downstream of the device.

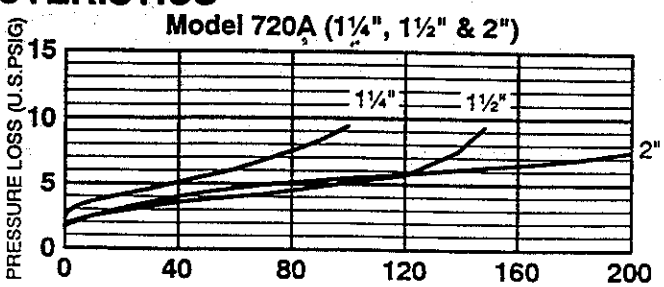
WARRANTY

WILKINS' Backflow Preventers are warranted against defects in material and workmanship for a period of one year from date of shipment strictly in accordance with WILKINS' Certificate of Limited Warranty

FLOW CHARACTERISTICS



(Flow curves generated by the Foundation for Cross-Connection Control and Hydraulic Research at the University of Southern California)



(Flow curves generated by the Foundation for Cross-Connection Control and Hydraulic Research at the University of Southern California)

PERFORMANCE

The WILKINS Model 720A Pressure Vacuum Breaker is designed to prevent back-siphonage into a potable water supply. The Model 720A contains a spring loaded check valve to prevent a backflow of non-potable water and float valve which opens to admit air when a back-siphonage condition exists.

TEMPERATURE/PRESSURE

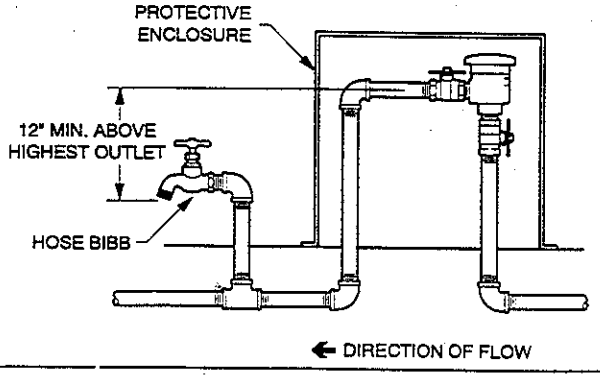
Suitable for supply pressures up to 150 PSI and water temperatures from 33°F to 110°F.

MATERIALS

- Cast bronze maincase
- Silicone check valve discs
- All corrosion resistant
- Stainless steel fasteners
- Stainless steel spring

TYPICAL INSTALLATION

Install at least 12" above the highest piping or outlet downstream of the device. Install with adequate clearance for testing and maintenance. Protect from freezing. Do not install in a pit or vault. Must not be installed where back-pressure could occur. Do not install where spillage of water could cause damage.



OPTIONS

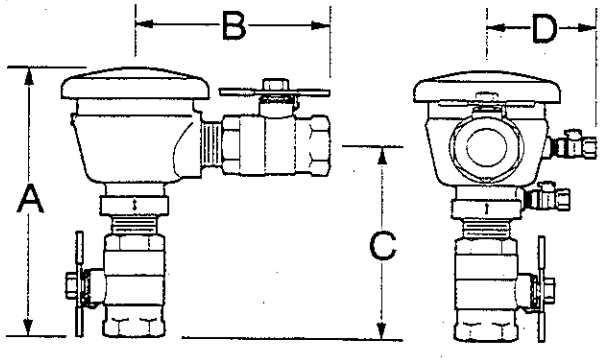
Suffix (options can be combined)

L - Less shut-off valves*

* not USC-FCCCHR approved

DIMENSIONS & WEIGHTS

MODEL SIZE	DIMENSIONS (INCHES)				WEIGHTS (LBS)	
	A	B	C	D	WITH BV	LESS BV
1/2"	6.90	3.80	4.00	3.50	5.00	4.00
3/4"	7.00	4.10	4.10	3.50	5.00	4.00
1"	7.60	4.50	4.60	3.50	6.00	4.00
1¼"	10.80	7.20	7.20	4.50	18.00	14.00
1½"	10.40	6.90	6.90	4.50	20.00	14.00
2"	11.00	7.50	7.60	4.50	23.00	14.00



ZURN a step ahead of tomorrow

- PRESSURE REDUCING VALVES • BACKFLOW PREVENTERS
- TEMPERATURE AND/OR PRESSURE RELIEF VALVES
- BALL VALVES • IRRIGATION VALVES • DIELECTRIC UNIONS
- "Y" STRAINERS

PERFORMANCE UNDER PRESSURE

WILKINS DIVISION
1747 Commerce Way, Paso Robles, CA 93446-3696
PHONE: 805/238-7100 FAX: 805/238-5766

IRRIGATION KEY

SYMBOL	DESCRIPTION	ADDITIONAL INFO.
W	WATER METER	
C	CONTROLLER	RAINBIRD
⊕	PVB (ANTI-SIPHON VALVE)	
⊗	ELECTRIC CONTROL VALVE	
G D ⊐	TORO SUPER 600 (PART CIRCLE)	ROTARY SPRINKLER (2.5 GPM)
○	TORO SUPER 600 (FULL CIRCLE)	ROTARY SPRINKLER (5.0 GPM)
△	TORO 570-4P	FIXED SPRAY

NOTES: The alignment of the water lines, location of valves and controller as shown on plans is only diagrammatical and may change at time of construction.

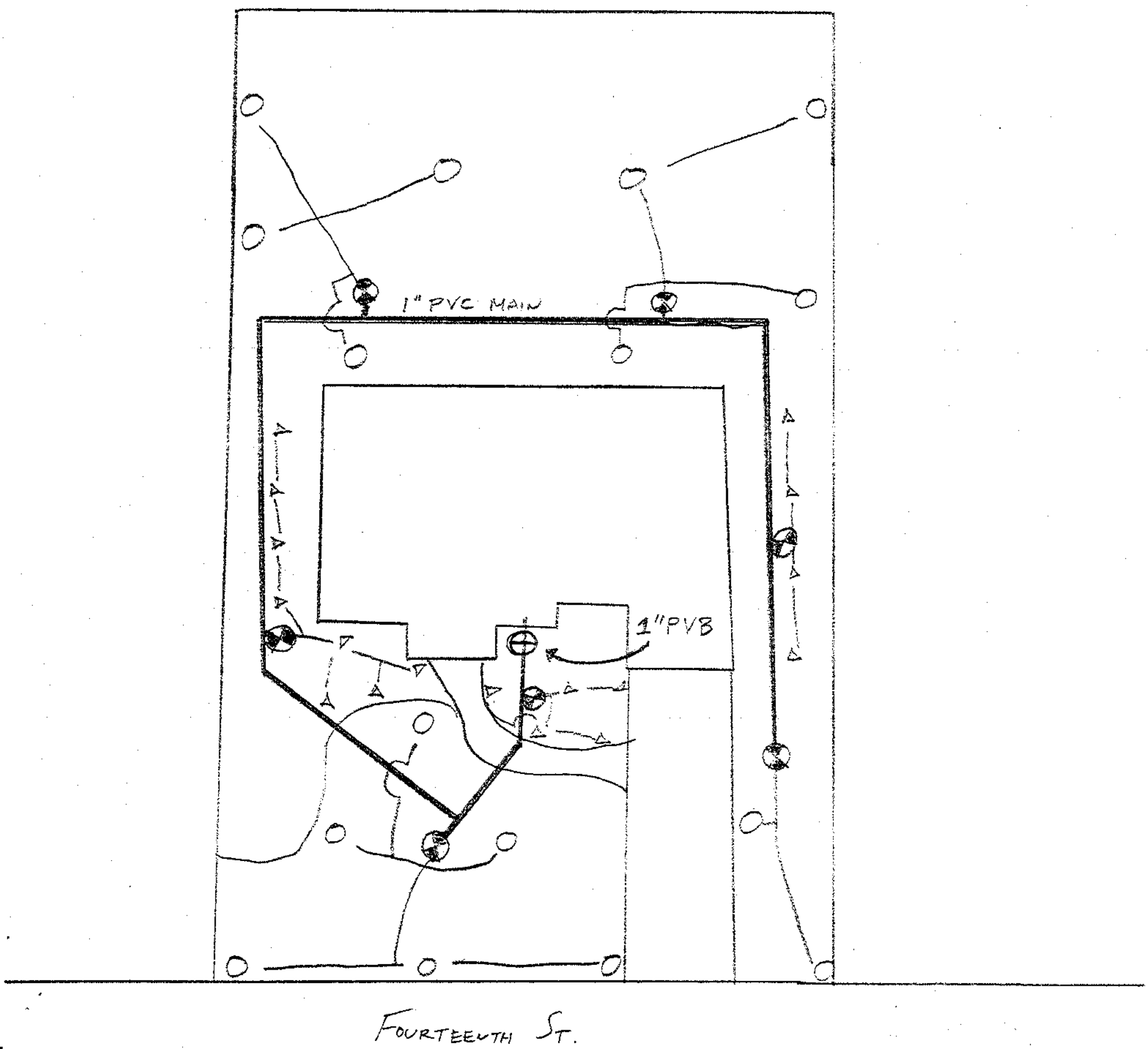
Paramount Homes

Site: 418 Fourteenth St.

Lakewood

Block 60

Lots 9 & 10



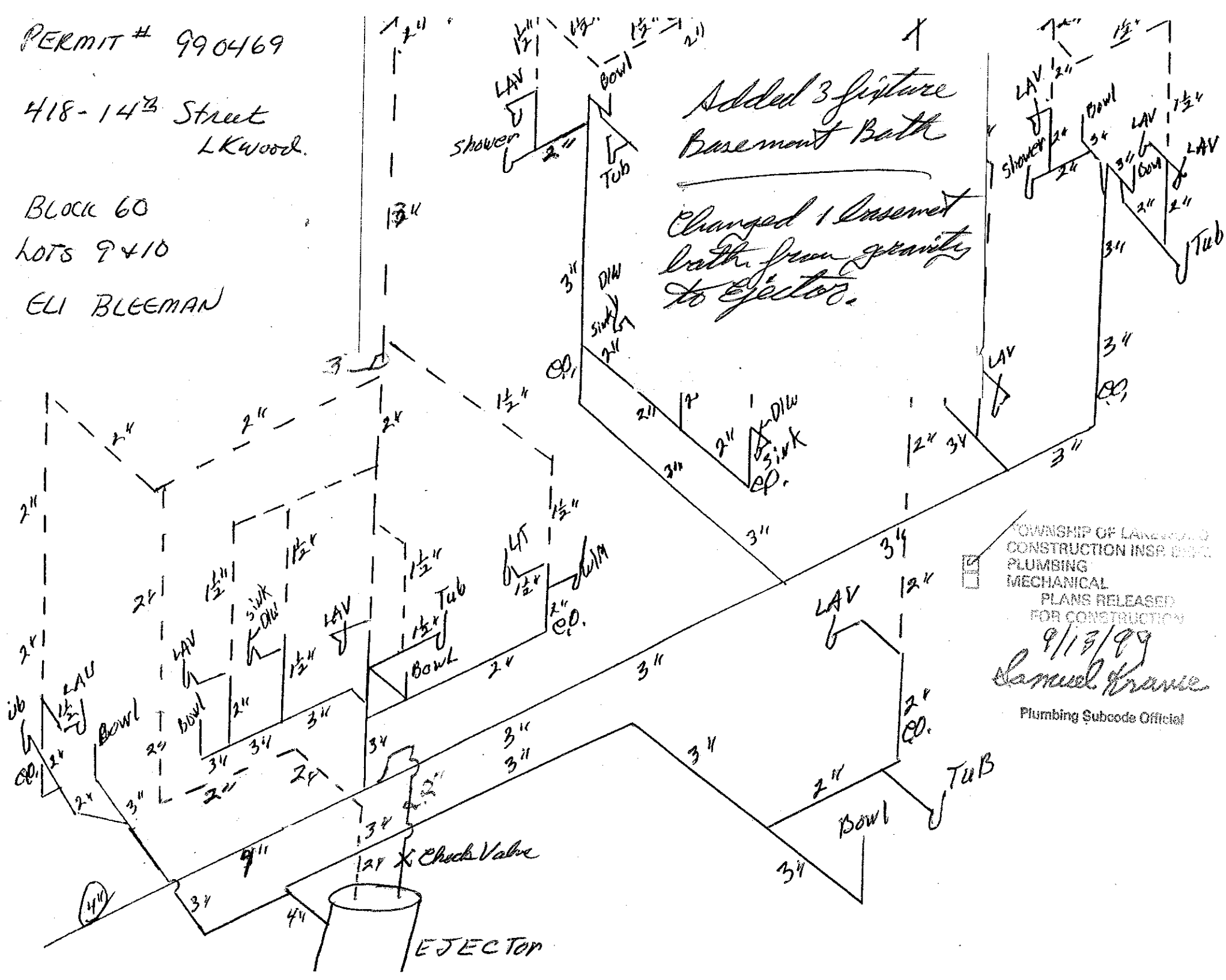
Scott Alter

PERMIT # 990469

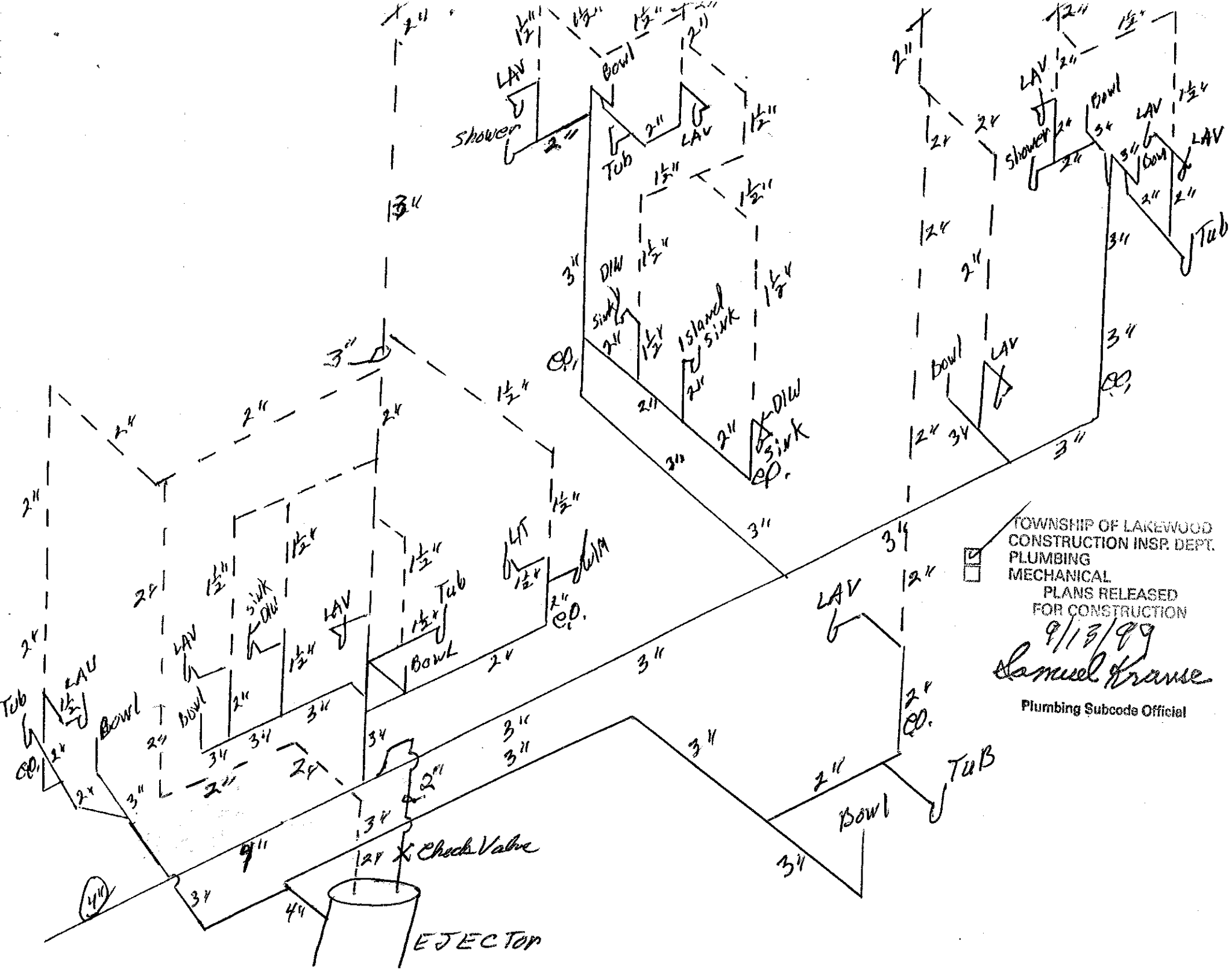
418 - 14th Street
LKwood.

BLOCK 60
LOTS 9 & 10

ELI BLEEMAN



TOWNSHIP OF LAKEWOOD
CONSTRUCTION INSP. DEPT.
PLUMBING
MECHANICAL
PLANS RELEASED
FOR CONSTRUCTION
9/13/99
Samuel Krause
Plumbing Subcode Official



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PLUMBING
MECHANICAL
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FOR CONSTRUCTION
9/13/99
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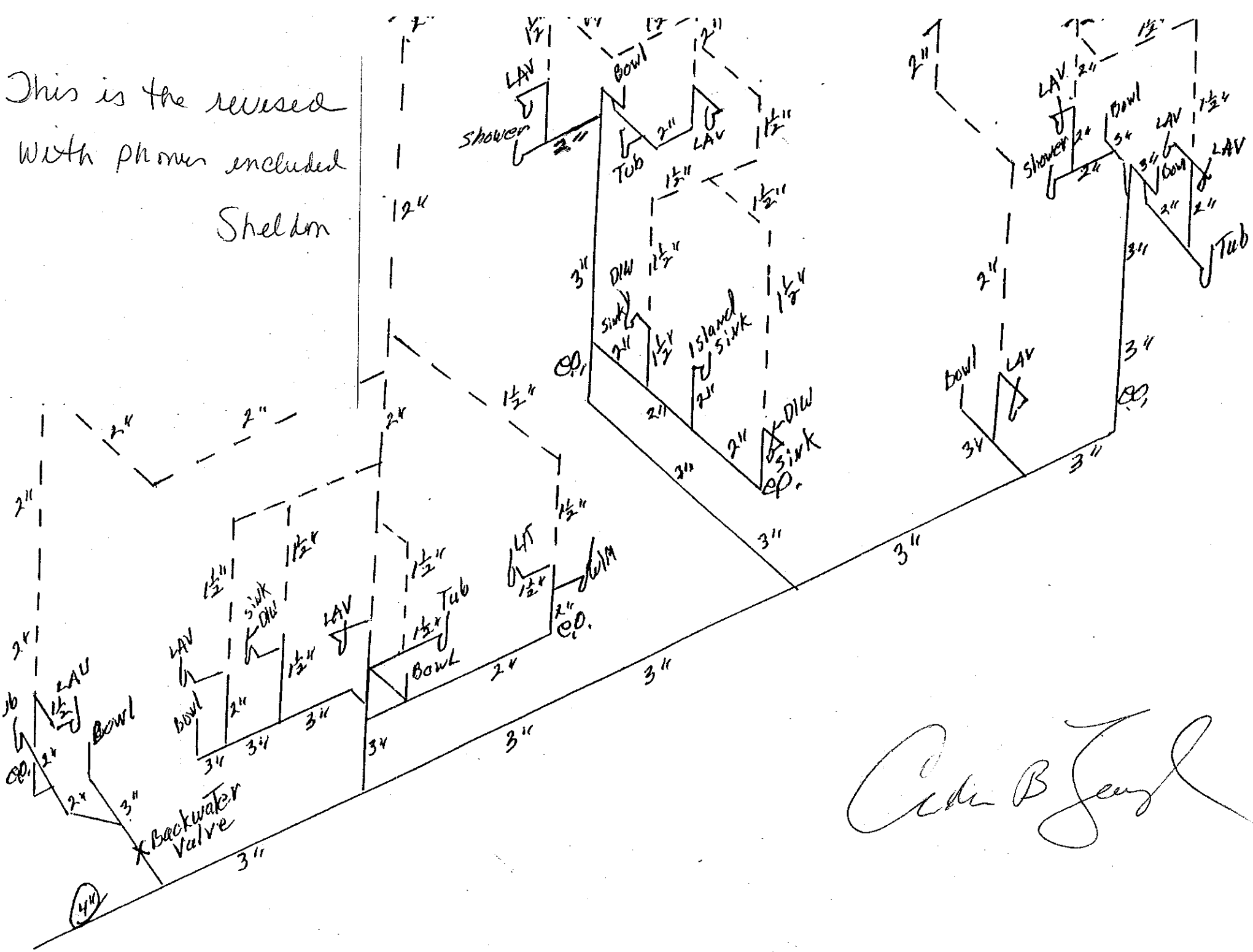
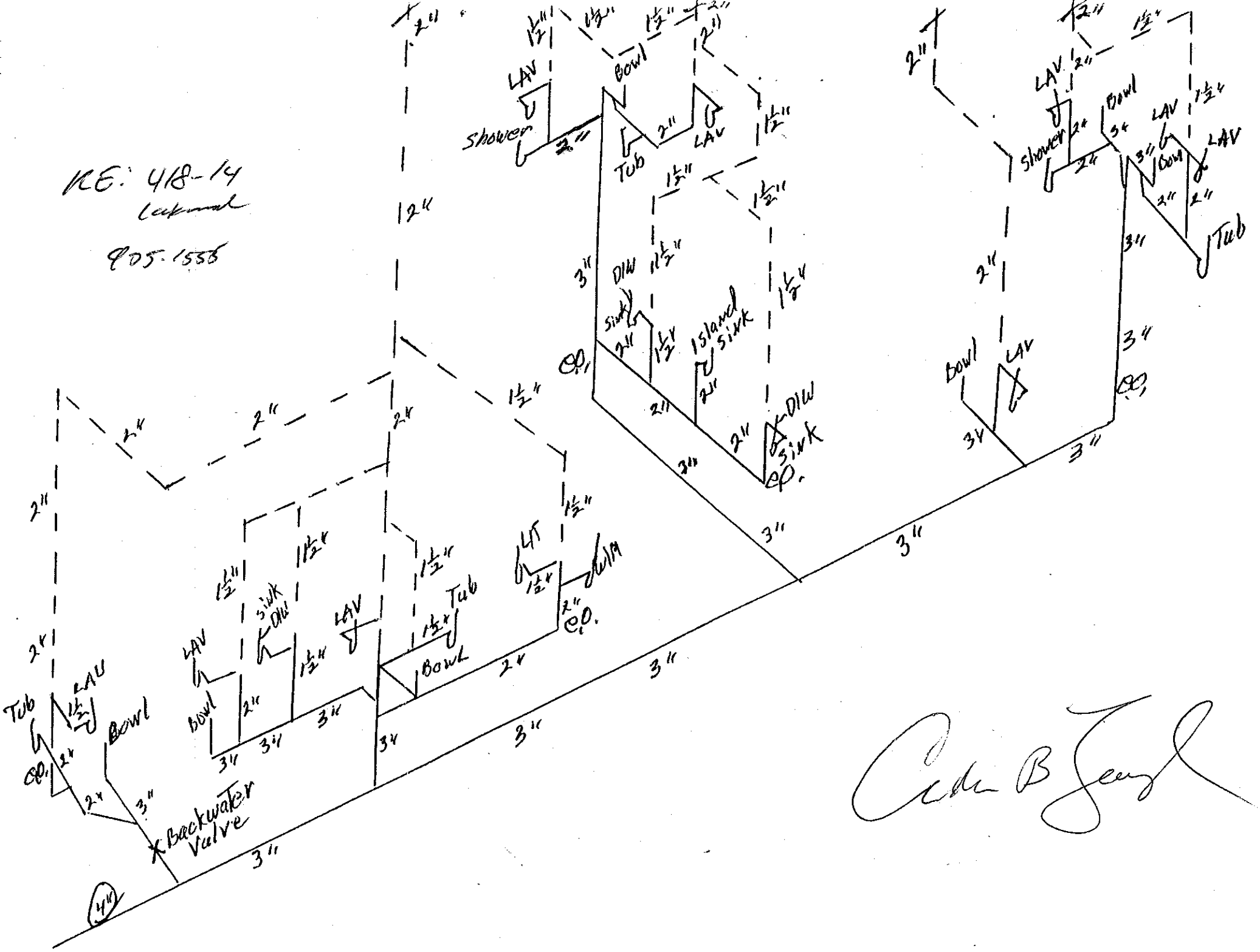
Plumbing Subcode Official

This is the revised
With shower included
Sheldon



RE: 418-14
Lakeside
905-1558



IRRIGATION KEY

SYMBOL	DESCRIPTION	ADDITIONAL INFO.
	WATER METER	
	CONTROLLER	RAINBIRD
	PVB (ANTI-SIPHON VALVE)	
	ELECTRIC CONTROL VALVE	
	HUNTER I-20 ULTRA (PART CIRCLE)	ROTARY SPRINKLER (3 GPM)
	HUNTER I-20 ULTRA (FULL CIRCLE)	ROTARY SPRINKLER (6.0 GPM)
	TORO 570-4P	FIXED SPRAY

NOTES: The alignment of the water lines, location of valves and controller as shown on plans is only diagrammatical and may change at time of construction.

PARAMOUNT HOMES

ELI AND LIBA BLEEMAN

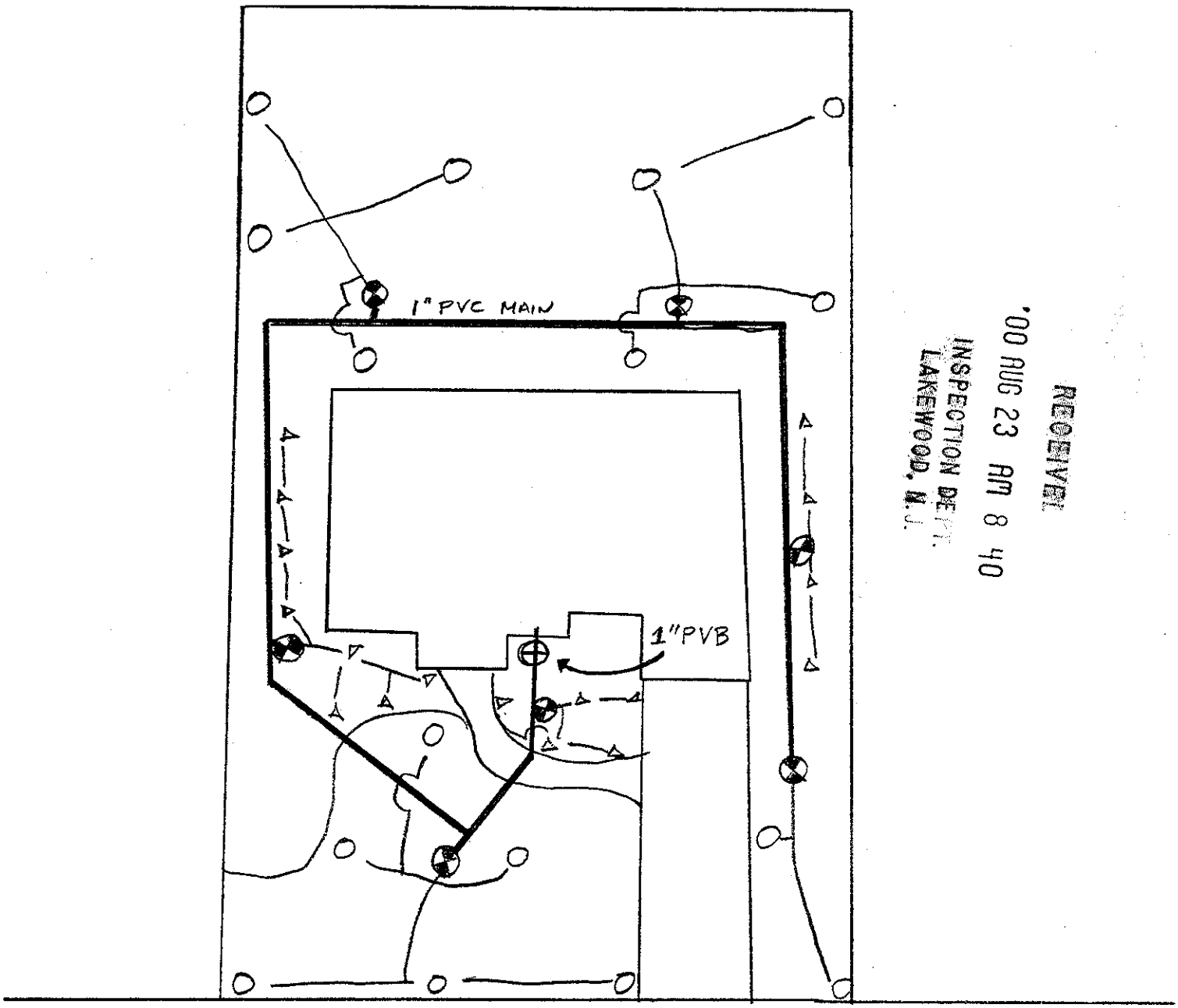
SITE: 418 FOURTEENTH ST.

LAKEWOOD NJ 08701

732-928-0700

BLOCK 60

LOTS 9 & 10



FOURTEENTH ST.

Scott Ackerman

IRRIGATION KEY

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	WATER METER	
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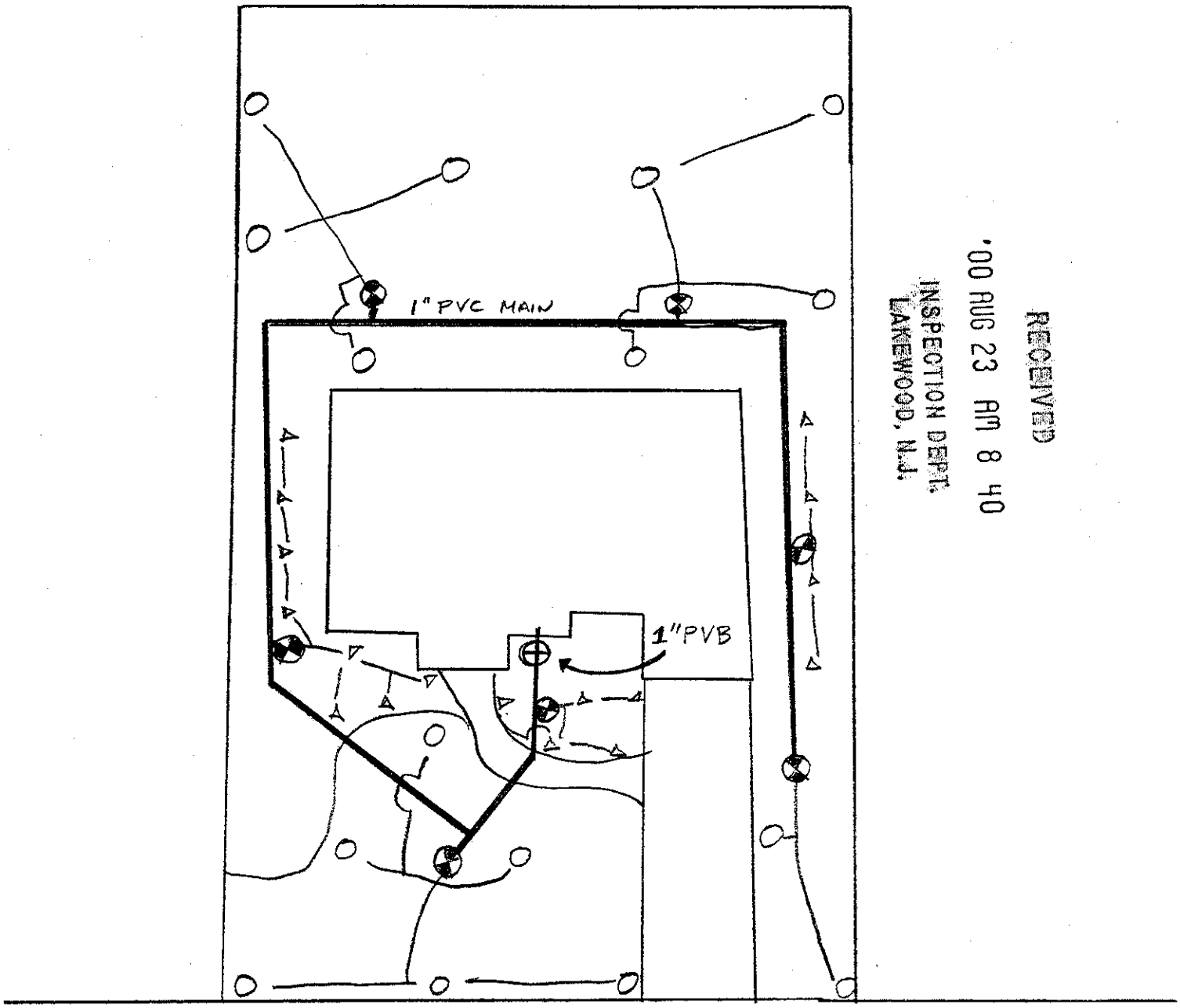

FOURTEENTH ST.

RECEIVED
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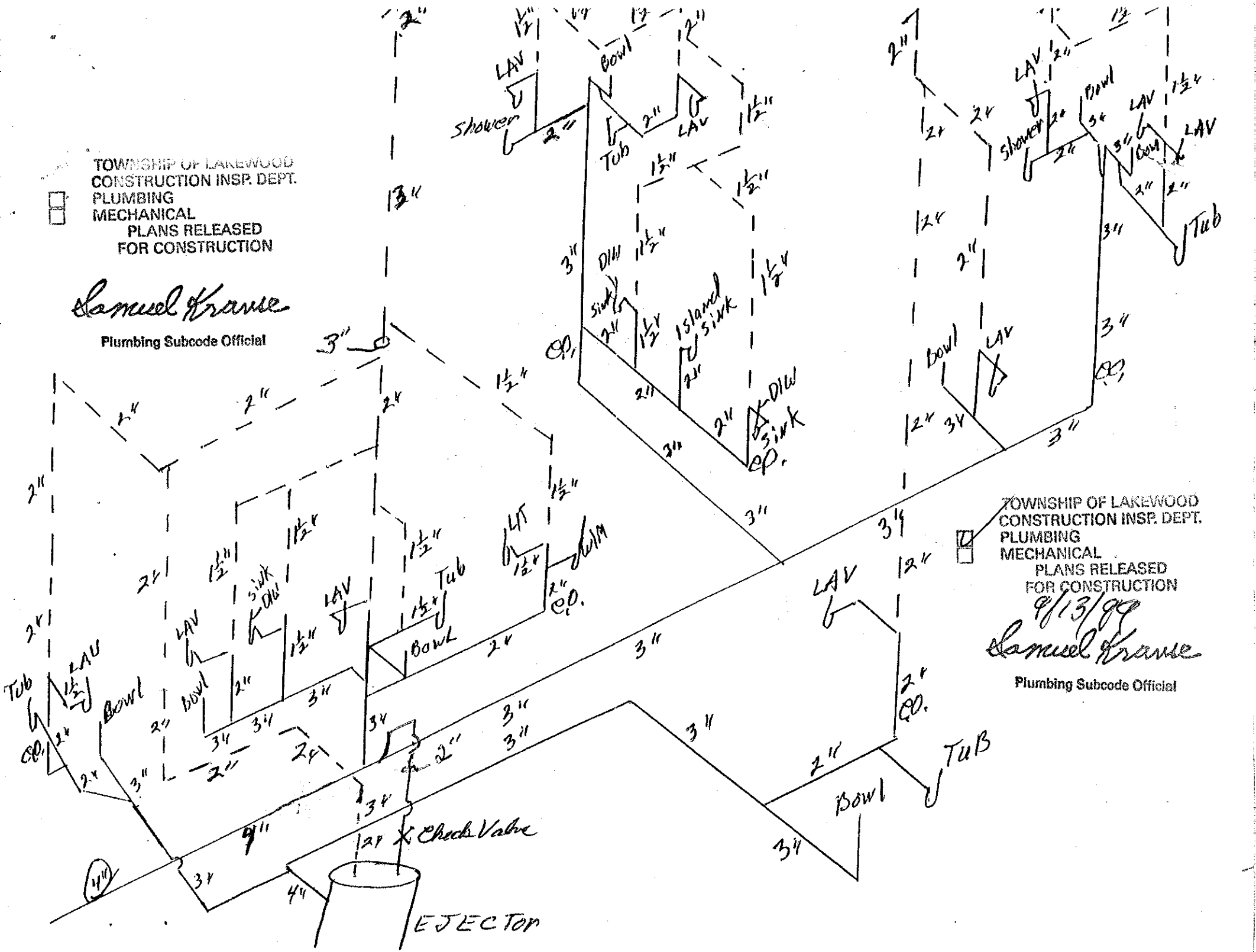
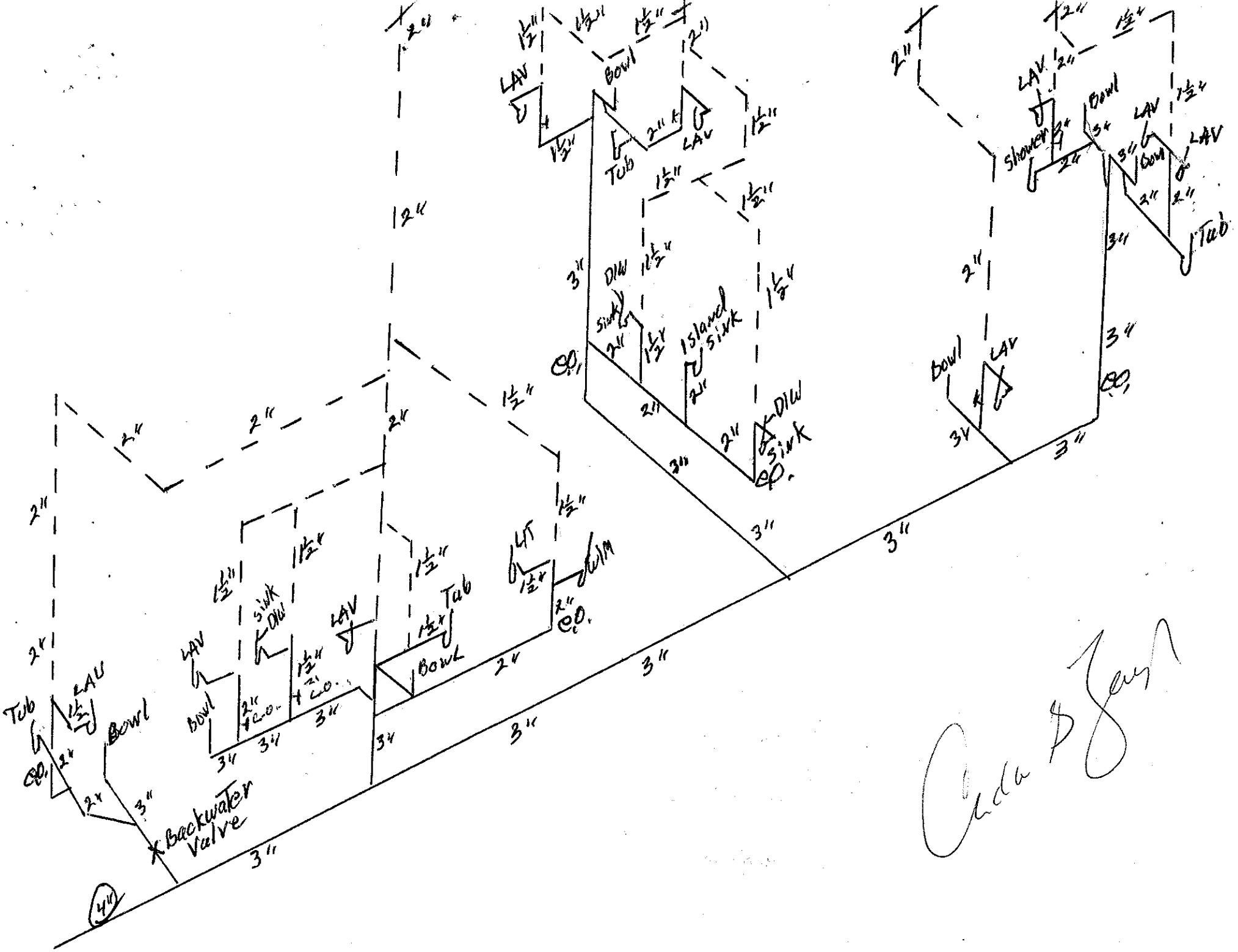
INSPECTION DEPT.
LAKEWOOD, N.J.


TOWNSHIP OF LAKEWOOD
CONSTRUCTION INSP. DEPT.
PLUMBING
MECHANICAL
PLANS RELEASED
FOR CONSTRUCTION
Samuel Krause
Plumbing Subcode Official
LAV
Shower
Bowl
Tub
DW
sink
Island sink
EJECTOR
Check Valve
TOWNSHIP OF LAKEWOOD
CONSTRUCTION INSP. DEPT.
PLUMBING
MECHANICAL
PLANS RELEASED
FOR CONSTRUCTION
9/13/99
Samuel Krause
Plumbing Subcode Official


LAV
Bowl
Tub
Shower
Island sink
DW sink
Backwater Valve
4"
2"
3"
1½"

IRRIGATION KEY

SYMBOL	DESCRIPTION	ADDITIONAL INFO.
	WATER METER	
	CONTROLLER	RAINBIRD
	PVB (ANTI-SIPHON VALVE)	
	ELECTRIC CONTROL VALVE	
	TORO SUPER 600 (PART CIRCLE)	ROTARY SPRINKLER (2.5 GPM)
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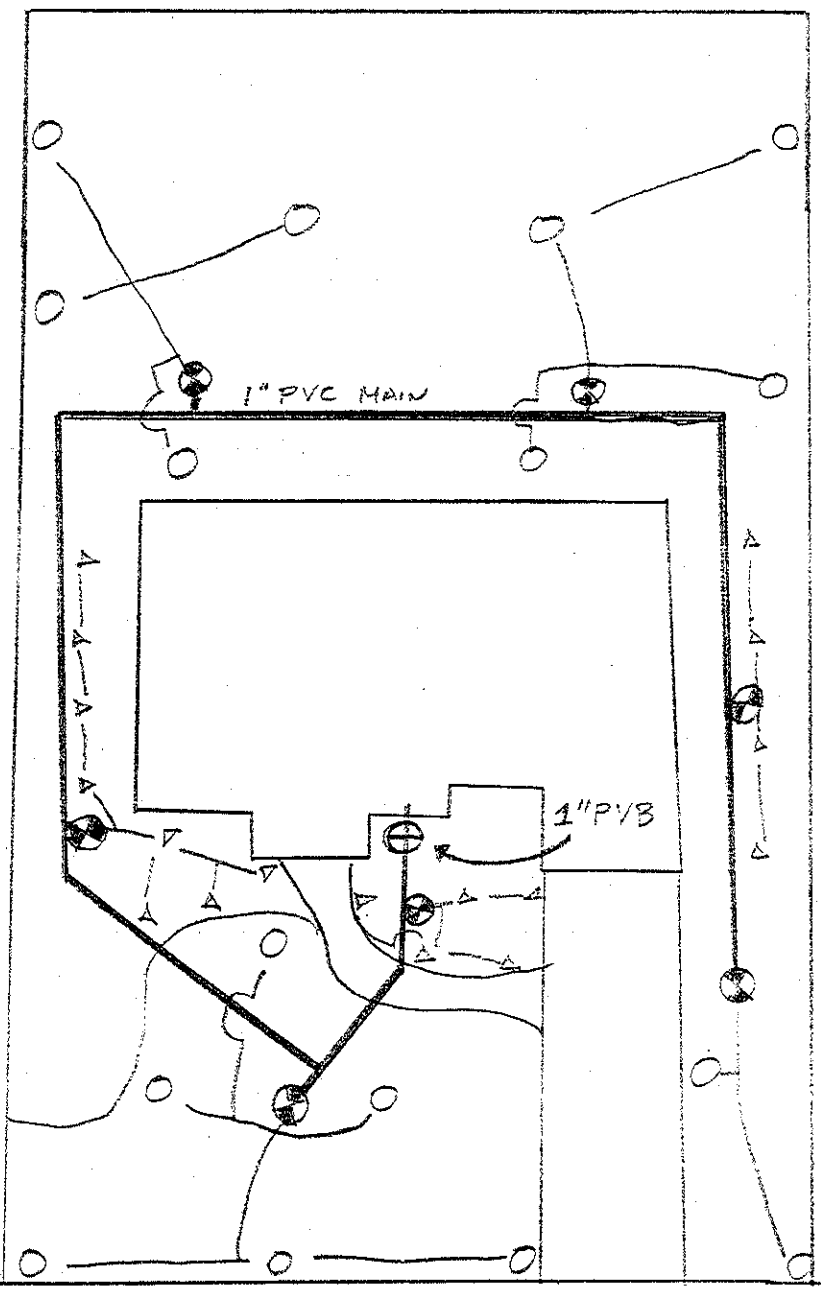
PARAMOUNT HOMES

SITE: 418 FOURTEENTH ST.
LAKEWOOD

BLOCK 60

LOTS 9 & 10



FOURTEENTH ST.