BLD 95

BLOCK 1429.02 LOT 2 C0051 ADDRESS (SITE) 51 CEDAR VALERIE Ct PERMIT NO. 2691-93

RECEIVED
OCT 13 1993

CONSTRUCTION PERMIT APPLICATION

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

OFFICE INSERTION

I. IDENTIFICATION

1. Proposed Work-site at: EVERGREEN WOODS PARK BRICK NJ 08701
2. Name of Owner in Fee: BRICKTOWN VILLAGE INC Tel. (908) 493-2330
   Address 816 DEAL RD (street) OCEAN (municipality) NJ 07712 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: SAME Tel. (____) ____
   Address ____
   License No. OR, if new home, Builder Reg. No. 02107 Exp. Date 07-31-95
   Federal Emp. No. 22 1969 648 Social Security No. ____
5. Architect or Engineer WELLS ASSOC Tel. (201) 261-2255
   Address 699 KINDERKAMACK RD, PO 517, ORADELL NJ 07649
6. Responsible Person In Charge of Work BOB BAYLIS Tel. (908) 458-0850 4087

Engob
Soil Ice

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 230-		
2. Electrical			
3. Plumbing	110-		
4. Fire Protection	145-		
5. Other			
6. Subtotal	$ 485-		
7. Less 20% for State Plan Review	5-		
8. Subtotal	$		
9. DCA Training Fee	41-		
10. Subtotal	$		
11. Cert. of Occupancy	73-		
12. Other			
13. TOTAL	$ 604		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
2. Height of Structure 25 ft.	
3. Area—Largest Floor 512 sq. ft.	
4. Building Area—All Floors 1024 sq. ft.	
5. Volume of Structure 25,600 cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed 512 sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☒ New Building	40,000
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	

c/c
How

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	WP	10/13/93				1/24/95		WP
						1.20.95		RH
						1.20.95		DW
						1.19.95		BK
	Dy	10/27/93		10/27/93	PAD			

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) BOC
4. ☐ Two-Family (R-4) CAB
5. ☒ One-Family (R-3) BOC
6. ☐ One-Family (R-4) CAB

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:

20K

LDS BR 10316602

UCC Form 100A

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

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

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

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

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

( ) Check if contractor.

Agent Name ROBERT BAYLIS

Address 816 DEAL ROAD
OCEAN N.J

Telephone (___) 4932330

Signature _____ Date 10-12-93

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date
☑ Planning Board	site plan							
☐ Zoning Board								
☐ Sewer Authority								
☐ Water Authority								
☐ Fire Department								
☐ Police Department								
☐ Health Department								
☐ Soil Conservation								
☐ N.J. Dept. of Community Affairs								
☐ N.J. Department of Transportation								
☐ N.J. Dept. of Environmental Protect.								
☐ Utility Dig No.								
☑ Other Zon	SK	10/15/93	Condo					
☐								
☐								

COMMENTS

IMPORTANT
A.H.B.T. - EXEMPT

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☑ Temporary Certificate of Occupancy	No. 2691	1-27-95	5-1-95
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☑ Certificate of Occupancy	No. 2691	5-1-95	
☐ Certificate of Approval	No.		
☐ None			

CERTIFICATE

Date Issued 6-1-95
Control #
Permit # 2691-93

IDENTIFICATION

Block 1429.02 Lot 2C0051
Work Site Location 51 Valerie Ct.

Owner in Fee Bricktown Village, Inc.
Address 816 Deal Rd.
Ocean, NJ
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 917530
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Condominium unit

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

CERTIFICATE OF OCCUPANCY/APPROVAL

XXX☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

Arthur J. Cadigan
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CERTIFICATE

Date Issued 1-27-95
Control #
Permit # 2691-93

IDENTIFICATION

Block 1429.02 Lot 2C0051
Work Site Location 51 Valerie Ct.

Owner in Fee Bricktown Village, Inc.
Address 816 Deal Rd.
Ocean, NJ
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 917530
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Condominium unit

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

XXXX☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than 5-1- , 19 95 or the owner will be subject to a fine or order to vacate:

Pending compliance with Ocean County Soil.

Arthur J. Craig
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 11-8-93
Control #
Permit # 2691-9-

IDENTIFICATION Block 1429.02 Lot 260951

Work Site Location 51 Valerie Ct. B, 95

Owner in Fee Bricktown Village Inc.
Address 816 Deal Rd.
Ocean, NJ
Tele. ( )

Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

	1,024.
condo. unit	25,600.

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 40,000.

PAYMENTS (Office Use Only)

Building	230.
Plumbing	110.
Electrical	
Fire Protection	145.
Other	
Other	
DCA Training Fee	
Cert. of Occ.	75.
Other	
Total	
Check No.	13656
Cash	
Collected By:	

CONSTRUCTION OFFICIAL

N.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

CODAR

B. 95

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-8-93
Control #
Permit # 2691-93

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

Block 1429.02 Lot 2C0051
Work Site Location 57 VAlleria Ct Bricktown
Owner in Fee BRICKTOWN VILLAGE
Address 816 DEAL ROAD OCEAN NJ
Tele. ( ) 493, 2330
Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. ~~37006 3486~~ 02107
Federal Emp. No. TAX ID 22-1969648 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Single Family

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date 1-24-95
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			3/30/94	
Foundation	4/21/94			
Slab			8/12/94	
Frame			12/16/94	
Insulation				
Finishes	1-20-95		1-24-95	
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		R3A
Constr. Class		R3A
No. of Stories	2	
Height of Structure	25 Ft.	
Area—Largest Floor	512 Sq. Ft.	
Total Bldg. Area/All Floors	1024 Sq. Ft.	
Volume of Structure	25,600 Cu. Ft.	
Total Land Area Disturbed	512 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 39,571
2. Alteration $
3. Total (1+2) $

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

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

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

4/29/94 Not to Plan J.

1/20/95 BLOCKING UNDER GIRTER TO SHALL MUST REPLACE

CCDAR

B. 95 [illegible]

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-8-93
Control #
Permit # 2691-93

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

Block 1429.02 Lot 2 C0051
Work Site Location 51 VAllerie Ct Bricktown
Owner in Fee BRICKTOWN VILLAGE
Address 816 DEAL ROAD OCEAN NJ
Tele. ( ) 493, 2330
Contractor
Address SAME
Tele. ( )
Lic. No. or Bldrs. Reg. No ~~34006348~~ 02107
Federal Emp. No. TAX ID 22-1969648 or Social Security No.

JOB SUMMARY (Office Use Only)

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

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

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R3A
Constr. Class Present ____ Proposed R3A
No. of Stories 2
Height of Structure 25 Ft.
Area—Largest Floor 512 Sq. Ft.
Total Bldg. Area/All Floors 1024 Sq. Ft.
Volume of Structure 25,600 Cu. Ft.
Total Land Area Disturbed 512 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 39,071
2. Alteration $
3. Total (1+2) $

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

Single Family

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Other
[ ] Demolition
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)
FEE
$

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # NOV 10 93 0 1 4 9 9 7
Permit #

Brick

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

Block 1429.02 Lot 2 C605 1
Work Site Location 57 Valerie Ct Bricktown
Owner in Fee Bricktown Village
Address 816 Deal Rd Ocean NJ
Tele. ( ) 493-2330
Contractor Mercury Elec.
Address 304 Garfield Ave Oakhurst 07755
Tele. (908) 531 0473
Lic. No. 192
Federal Emp. No. 22-2337303 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Dwelling Utility Co.
Est. Cost of Elec. Work $ 1700

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] LCA
Date: 1.19.95
Approved By: B. Kurlinsky

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			8-11-94	GT #3676
Temporary			12-1-94	
Constr. Serv.				
TCO				
Other				
Service				
Final			1.19.95	

Temp. Cut-in-Card Date Issued 12-1-94
Final Cut-in-Card Date Issued 1-19-95
P.P.

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
10		Fixtures (1)	
30		Receptacles (2)	
12		Switches (3)	
52		Total 1 + 2 + 3	44-
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
1	___ hp	Dishwasher	2-
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
2 TON	___ Kw	A/C Unit	2-
		Burglar Alarms	
		Intercoms Panels	
5		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
1	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
2 BATH FANS	hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
100 Amp	Amp	Service Entrance	33-
		Other	

Paid [ ] Check # 1365D
Collected by:

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 91.-

U.C.C. Form F-1208 RPF 1 White - Inspector Copy 2 Canary - Office Copy 3 Pink - Office Copy 4 Gold - Applicant Copy

Ed Dyckman

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # NOV 10 93 0 1 4 9 9 7

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

Block 1429.02 Lot 2 C005 1
Work Site Location 51 Valerie Ct Brick Town
Owner in Fee Brick Town Village
Address 816 Deal Rd Ocean NJ
Tele. ( ) 493-2330
Contractor MERCURY Elec.
Address 304 Garfield Ave Oakhurst 07755
Tele. (908) 531 0473
Lic. No. 192
Federal Emp. No. 22-2337303 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Dwelling Utility Co.
Est. Cost of Elec. Work $ 1700

JOB SUMMARY (Office Use Only)

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

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
10		Fixtures (1)	
30		Receptacles (2)	
12		Switches (3)	
52		Total 1 + 2 + 3	44-
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
1	hp	Dishwasher	2-
	hp	Garbage Disposal	
	Kw	Dryer	
2 TON	Kw	A/C Unit	2-
		Burglar Alarms	
		Intercoms Panels	
5		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
1	Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
2 BATH FANS	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
100 Amp	Amp	Service Entrance	33-
		Other	

Paid [ ] Check # 1360 Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 91-

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

pd by check

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 11-8-93
Control #
Permit # 2691-93

B, 95

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

Block 1429.02 Lot 2C0057
Work Site Location 57 Valerie Ct
Birch Brightown Village
Owner in Fee
Address 816 Deal Rd
Ocean NJ
Tele. ( ) 493 2330
Contractor Precision Mechanical HVAC Inc.
Address 1311 Allaire Ave
Ocean NJ 07712
Tele. (908) 531-7276
Lic. No.
Federal Emp. No. 22-2993274 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Basement
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 1/25/95
Approved by: JH

INSPECTIONS:

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other			1/25/95	JH

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.

Richard Williams
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

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

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

CEDAR

B. 95

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 11-8-93
Control #
Permit # 2691-93

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

Block 1429.02 Lot 20005
Work Site Location 51 VALERIE CT
BRICK TOWN
Owner in Fee BRICK TOWN VILLAGE
Address 816 DCAL RD
OCEAN N.J.
Tele. ( ) 493 0330
Contractor Shel-Ron Plumbing
Address 22 Sugarbush Road
Howell, NJ. 07731
Tele. ( ) 367-3066
Lic. No. 4954
Federal Emp. No. 22-2110791 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4"
Water Service Size 3/4"
Estimated Cost of Plumbing Work $ 3000-

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Approved by:
Date: 11/30/93

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	8-10-94		8-18-94	JHH
Water				
Sewer				
Fixtures				
Gas Equipment			8-10-94	JHH
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-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

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

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

CEDAR
B. 95

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 11-8-93
Control #
Permit # 2691-93

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

Block 1429.02 Lot 20057
Work Site Location 51 VALERIE Ct
BRICKTOWN
Owner in Fee BRICKTOWN VILLAGE
Address 816 DeAL-RD
OCEAN N.J
Tele. ( ) 6/93 2330
Contractor Shel-Ron Plumbing
Address 22 Sugarbush Road
Howell, NJ. 07731
Tele. ( ) 367-5066
Lic. No. 4954
Federal Emp. No. 22-2110790 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4"
Water Service Size 3/4"
Estimated Cost of Plumbing Work $ 3000.-

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

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

U.C.C. Form F-130A

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

B, 95

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 11-8-93
Control #
Permit # 2691-93

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

Block 1429.02 Lot 2C0057
Work Site Location 57 Valerie Ct
Buck Brightown Village
Owner in Fee
Address 816 Deal Rd
Ocean NJ
Tele. ( ) 493 2330
Contractor Precision Mechanical HVAC Inc.
Address 1311 Allaire Ave
Ocean NJ 07712
Tele. (908) 531-7276
Lic. No:
Federal Emp. No 22-2993274 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Basement
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical	-/-			
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Richard Williams
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work 3 zn

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

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

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Cedar 1897

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date 8-11-93

Property Address ~~127 Camille Ct~~ 51 Valerie Ct Block 14292 Lot 20057 C0127

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

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

Total 16

Gallons per minute 11.6

Size of Service 3/4"

Date: 8-11-93

Approved: _____
Brick Township Plumbing Inspector

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

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

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: Brick

PROJECT: Evergreen Woods SCD NO.: 2825

BLOCK NO.(s) 1429.2 LOT NO.(s) 49, 51, 53, 55, 57, 59

Complete Compliance ☐ Temporary Compliance ☑

Block No.	Lot No.	Conditions
		This **TEMPORARY** compliance expires on 5/1/95. The applican is required to notify this office when work is properly completed A $75.00 re-inspection fee will be billed to the applicant for eac day the required work is not properly completed.

TOTAL FEES DUE: $ 75.

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

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: [signature]

DATE: 1/19/95

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 8/92

#A5464

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

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

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK

PROJECT: EVERGREEN WOODS SCD NO.: 2825

BLOCK NO.(s) 129, 2 LOT NO.(s) 49 - 59

Complete Compliance ☑ Temporary Compliance ☐

Block No.	Lot No.	Conditions
		APPLICANT SHALL RETAIN FULL RESPONSIBILITY FOR PROPER STABILIZATION

BLDG #95

TOTAL FEES DUE: $ —

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

AGENT RESPONSIBLE FOR PROJECT: Pete Hatton

AUTHORIZED DISTRICT SIGNATURE: [signature]

DATE: 8/1/95

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 8/92

#A5464

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date.....

NAME BRICKTOWN VILLAGE

ADDRESS 816 DEAL ROAD OCEAN , NJ 07712

PROPERTY LOCATION 51 VALERIE COURT

Account No. V174147 Block 1429-02 Lot 2c-0051

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

For the Authority Diane Mino

RESIDENTIAL WARRANTY CORPORATION

5300 Derry Street Harrisburg, PA 17111-3598 1-800-247-1812 FAX 717-561-4494

TO: Municipal Construction Official

FROM: Residential Warranty Corporation

SUBJECT: **Confirmation of Home Enrollment and Warranty Coverage**

This will serve as notification that the home listed below has been accepted and approved for final enrollment in the ten year Residential Warranty Corporation program. This also affirms that the Limited Warranty has been transmitted this date to the builder named below for delivery to the purchaser at settlement.

Builder Name: BRICKTOWN VILLAGE/FISCH

Purchaser(s) Name:

Legal Address of Home Enrolled:

Lot	Block	Development
95B		EVERGREEN WOODS PARK

51 VALERIE CT
Street Address

City	County	State	Zip
LAKEWOOD	OCEAN	NJ	08701

RWC Enrollment No: 917530

Date: AUGUST 25, 1994

RWC SEAL:
(Void unless sealed)

RWC Representative Sandra Grill

H L R ASSOCIATES INC.

ARCHITECTS - PLANNERS - ENGINEERS

P.O. BOX 430

OAKHURST, NEW JERSEY 07755

(908) 493-3384 • FAX # (908) 493-3384

HARRY L. ROTHSTEIN, R.A.

January 25, 1995

Mr. Ray Korkowski
Brick Building Dept.
401 Chambersbridge Road
Brick, NJ 08723

Re: Evergreen Woods

Dear Mr. Korkowski,

As per our phone conversation on January 25, 1995, I am hereby submitting the following information regarding securing the lally columns we discussed:

Top of Lally Column:

Lally column plate to be spot welded to column and lag bolted to the wood girder above.

Bottom of Lally Column:

Lally column plate to be spot welded to column and fastened to the concrete slab with Hilti pins.

After these corrective measures have been completed, inspections will be called for by the on-site supervisor.

Very truly yours,

Harry L. Rothstein

HLR/mm

INSPECTOR: ~~Nick~~ Mike Murgolo

DATE: 1/23/95

JOB: Evergreen Woods SECTION:

TYPE OF WORK: Final Eng.

WEATHER: Sunny

LOCATION: Evergreen Woods

TEMPERATURE: 40's

BLOCK: 1429.03 LOT: Bldg. 95

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	No F.A.B.C.	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

(7) ongoing Const. to the Left of Bldg.

RECOMMENDATIONS:

☐ TEMP. C.O.

☑ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

Thomas K. Hopps MUNICIPAL ENGINEER

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