BLOCK 1413.11 LOT 24,71,72+73 QUALIFICATION CODE _____ ADDRESS (SITE) 574 ALABAMA AVE PERMIT NO. 09-0645

CONSTRUCTION PERMIT APPLICATION 09-000620

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

I. IDENTIFICATION

1. Proposed Work Site at: 574 ALABAMA AVE
2. Name of Owner in Fee: GEORGE JONES
   Tel [redacted] e-mail _____
   Address 574 ALABAMA AVE (street) BRICK (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: OWEN TECH CONSTRUCTION Tel. (732) 270-2700
   Address 567A FISCHER BLVD T.R. e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date 12/31/09
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00631800
   Federal Emp. ID No. 222621455 FAX: (732) 349-5995
5. Architect or Engineer JOHN BURGDORFER Contact _____
   Address 617 UNION AVE, BRIELLE e-mail _____
   Tel. (732) 223-1135 FAX: (732) 223-1644
6. Responsible Person in Charge once Work has Begun TIBOR L. KRAMER
   Tel. (732) 904-1863 FAX: (732) 349-5995

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 134 ✓		
2. Electrical	55 ✓		
3. Plumbing	30 ✓		
4. Fire Protection	45 ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 112		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other 2%	30 1486		
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1 1/2	
2. Height of Structure	17-10" ft.	
3. Area — Largest Floor	4340.6 sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	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	ALT	
no		
11. Max. Live Load		
12. Max. Occupancy Load		

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	58,000	✓	3/12/09		3/27/09	[illegible]			
☒ Electrical	5,000				3-31-9	[illegible]			
☒ Plumbing	2,500				3.31-09	[illegible]	6/16/09		
☒ Fire Protection	300				3-31-09	[illegible]	10/15/09		
☐ Elevator	650	Eng	3/25/09		3/25/09	[illegible]			
TOTAL COST $	65,800								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: RESIDENCE
2. Use Group: R5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction	1	
After Construction	1	
Net Gain or Loss	0	

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

U.C.C. F100-1 (rev. 9/06)

Called 4/3/09

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓ Check if contractor.

Agent Name DWELL TECH CONSTRUCTION

Address 567 A FISCHER BLVD.
TOMS RIVER, N.J. 08753

Telephone (732) 270-2700

Signature Talbot L. Kramer

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

Exempt replacement 3/20/09 BG

IMPORTANT

A.H.B.T. - MANDATORY FEE - RESIDENTIAL

Township of Brick
Zoning Permit

Approved: Wednesday, March 18, 2009 **Number:** 2009-99

Block 1413.11 **Lot** 70-73 **Zone:** R-7.5

Property Address: 574 Alabama Avenue

Applicant: Tibor L. Kramer; Dwell Tech Construction

Property Owner: George Jones

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Repair and alteration of fire-damaged dwelling, and front entry steps and roof.

Conditions: Same size and location.

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

Michael P. Fowler, AICP/PP
Administrative Officer

Sean Kinnevy, Zoning Officer
Zoning Reviewer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

RECEIVED
MAR 13 2009
SK, ZO

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 1413.11 LOT 70,71,72+73 QUALIFIER

PROPERTY ADDRESS 574 ALABAMA AVE.

PERSONAL NAME OF APPLICANT TIBOR h. KRAMER

BUSINESS NAME OF APPLICANT OWELL TECH CONSTRUCTION

MAILING ADDRESS OF APPLICANT 567 A FISCHER BLVD., TOMS RIVER 08753

PROPERTY OWNER'S FULL NAME GEORGE JONES

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe)

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe)

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) Height
☐ Addition - Height
☐ Alteration
☒ Porch or deck - Height = 18' FRONT ENTRY PORCH ROOF / REPLACE EXISTING MASONARY STEPS
☐ Shed - Height
☐ Fence - Type Height
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe)

CHECKLIST

☑ All information completed above
☑ Two (2) copies of a plot plan containing:
☑ All existing and proposed structures
☑ All dimensions of the lot and structures
☑ All setbacks from the structures to the property lines
☑ All adjacent streets and waterways
☑ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

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

SIGNATURE OF APPLICANT Tibor L. Kramer Date 3/12/09

Reviewed by Zoning Office SK Date 3/18/9 (X) Approved ( ) Denied

KB 3/12/09

CONSTRUCTION PERMIT

Date Issued 4/8/09
Control # C-09-000620
Permit # 09-0045

IDENTIFICATION Block: 1413.11 Lot: 70 Qualifier
Work Site Location: 574 ALABAMA AVE. Brick Township, NJ
Owner in Fee JONES, GEORGE & APRIL J
574 ALABAMA AVE BRICK NJ 08724
Telephone: [redacted]

Contractor AWELL TECH CONSTRUCTION
Address 567A FISCHER BLVD TOMS RIVER NJ
Telephone: (732) 270-2700
Lic. No. or Bldrs. Reg. No. 13VH0063180
Federal Employee. No. 22-2621455

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

FIRE ALTERATIONS FIRE DAMAGE REPAIR, REPLACE EXISTING FIRE DAMAGED ROOF SYSTEM, REPLACE EXISTING FRONT MASONARY STEPS, REPLACE SIDING, DRYWALL/INSULATION REPLACE @ GARAGE, LIVING AND KITCHEN.

Note: If constuction 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 $65,800

Construction Official | Date 4-1-09

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	$1,344
Electrical	$85
Plumbing	$70
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$112
CO Fee	
Other	$30
Total	$1,686
Check No.	
Cash	$0
Credit	$0
Collected By	

REQUIRED INSPECTIONS

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

04/08/09 12:56PM 0015588993
XX01 SERV.001
BUILDING $1344.00
ELECTRIC $85.00
PLUMBING $70.00
FIRE $45.00
DCA $112.00
ZPA $30.00
CHECK $1686.00

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

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

- [ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [ ] A complete copy of released plans must be kept on the job site.

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/15/2009
Control Number C-09-000620
Permit Number 09-0645
Permit Issue Date 04/08/2009
Certificate Number 09-0645

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 574 ALABAMA AVE. Brick Township, NJ Block: 1413.11 Lot: 70 Qual:

Owner in Fee: JONES, GEORGE & APRIL J

Owner Address: 574 ALABAMA AVE BRICK NJ 08724

Telephone: [redacted]

Contractor AWELL TECH CONSTRUCTION

Address 567A FISCHER BLVD TOMS RIVER NJ

Telephone: (732) 270-2700 Fax: (732) 349-5995

License Number or Builders Registration Number: 13VH0063180 Federal Emp. Number: 22-2621455

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: FIRE ALTERATIONS FIRE DAMAGE REPAIR, REPLACE EXISTING FIRE DAMAGED ROOF SYSTEM, REPLACE EXISTING FRONT MASONARY STEPS, REPLACE SIDING, DRYWALL/INSULATION REPLACE @ GARAGE, LIVING AND KITCHEN.

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 09/15/2009 U.C.C. F260 (rev. 08/05)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-0645
Date Issued 4/8/09
Permit #

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

Block 1413.11 Lot 70,71,72+73 Qualification Code

Work Site Location 574 ALABAMA AVE BRICKTOWN

Owner in Fee: GEORGE JONES

Tel. [redacted] e-mail

Address 574 ALABAMA AVE (street) BRICK (municipality) 08724 (zip code)

Contractor: DON BLACKWELL ELECTRICAL CONTRACTOR Tel. (609) 971-1409

Address 27 CEDAR DR. e-mail

LAUREL HARBOR, NJ 08734

Contractor License No. 10,682 Exp. Date

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

Federal Emp. ID No. 156-50-9643 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present R3 Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required 3-31-09 AD
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] OA
Date: 6-18-9
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough			5-7-09	DD
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-18-09	DD
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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. Don Blackwell

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FIRE DAMAGE REPAIR

QTY.	SIZE	ITEMS	FEE (Office Use Only)
18		Lighting Fixtures	
12		Receptacles	
10		Switches	
5		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	
1	½	HP Motors 1/+ HP BATH FAN	
		KW Transformer/Generator	
		AMP Service	
1	50/A	AMP Subpanels 240/V	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	½ HP	EJECTOR PUMP	

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

Sally → Complete

ELECTRICAL SUBCODE
TECHNICAL SECTION

DR # 318202676

Date Received
Control # 08-3463

Date Issued
Permit # 11/14/08

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

Block 1413.11 Lot 10 Qualification Code

Work Site Location 574 ALABAMA AVE
BRICKTOWN N.J.

Owner in Fee: GEORGE JONES

Tel. [redacted] e-mail

Address 574 ALABAMA AVE BRICKTOWN NJ
street municipality zip code

Contractor: DON BLACKWELL ELECTRICAL CONTRACTOR Tel. (609) 971-1909

Address 27 CEDAR DR. e-mail
LANOKA HARBOR, NJ. 08734

Contractor License No. 10682 Exp. Date 5-2009

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

Federal Emp. ID No. 156-50-9693 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present 100/A Proposed 100/A

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 550

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9/29/08
Approved by: UW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-18-9
Approved by:

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Rough	11/24/08			
Barrier-Free				
Trench				
Temp. Serv.	11/24/08		12/12/08	
Constr. Serv.				
~~Fee~~ L 1130 H.A.C.	12/9/08			
Other	11/25/08			
Service				
Final			50	
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued 12/12/08
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification.

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. Don Blackwell
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DRIVE 2 GROUND RODS - INSTALL GROUND WIRE AND GROUND FAULT RECEPTICLE UNDER PANEL FOR CONSTRUCTION - GET METER (POWER) ON

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	100	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

HOUSE HAS FIRE DAMAGE + WAIT TO GET ELECTRICAL SERVICE BACK ON

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

① 11/24/08 INCOMPLETE TEMP SERVICE + " PARTIAL RW.

② WEATHER + OTHER DAMAGED EQUIPMENT NOT APPROVED (INCLUDING SAM) AND CAN. NOT BE ENERGIZED.

③ CHECK OVER JOB AND MAKE SAFE PRIOR TO CALLING FOR TEMP SERVICE INSPECTION.

④ EC ADVISED.

⑤ 11/25/08 NO RETURN CALL FROM EC.

⑥ MAILED REPORT TO EC.

⑦ " " " OWNER

12/9/08 NO ENTRY
NO SHOW EC 1130 HRS

⑧ 12/11/08 TEMP SERVICE APPROVED FOR INSPECT ALONG WITH ONE CFCL
REST DISCONNECTED.

⑨ AFTER RESET + ENERGIZE, EC TO CHECK OVER FIRE JOB ELECTRICAL SYSTEM THEM!

⑩ CALL FOR REQUIRED INSPECTIONS.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 08-1786

Date Issued / Permit # 6/17/08

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

Block 1413.11 Lot 75 Qualification Code _____

Work Site Location 574 ALABAMA Ave

_____

C [redacted] Jones

T [redacted] e-mail _____

Address 574 ALABAMA

Contractor: (street) ADT SECURITY SVCS (municipality) Tel. (856) 910-4677 (zip code)

Address T895 BROWNING Rd e-mail Jimsims@ADT.com

PENNSAUKEN NJ 08109

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 34BA90007

Federal Emp. ID No. 22-5818132104 FAX: (856) 910-4615

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 1500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 5/28/08

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 6-18-08

Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other	[illegible]		12/9/08	R
Service				
Final			6/25/08	BS
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

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 Elec. Contractor [ ] Certified Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

THIS IS A LOW VOLTAGE SECURITY SYSTEM

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
2		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel WINDOWS/DOORS/motions	
11		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 $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

12/9/08 COMPUTER # THIS TOOL SHOWS FINAL PASSED 6/25/08 DS

12/12/08 NO POWER. DS

08-1850
6/20/08

ELECTRICAL SUBCODE 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.

Block 1413.11 Lot 70
Work Site Location 574 Alabama Ave
Brick NJ 08724
Owner in Fee/Occupant George Jones
Address 574 Alabama Ave
Brick NJ 08723
Tel
Co [redacted] Electic
Address 2597 Hooper Ave
Brick NJ 08723
Tele. (732) 920-6441 Fax (732) 920-2944
Lic. No. 8392
Federal Emp. No. 22-2707689

ORIGINAL NOT PROVIDED OR FOUND

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ $850

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6 10 8
Approved by: [signature]

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

Dates (Month/Day)

OVER

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-18-8
Approved by: [signature]

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

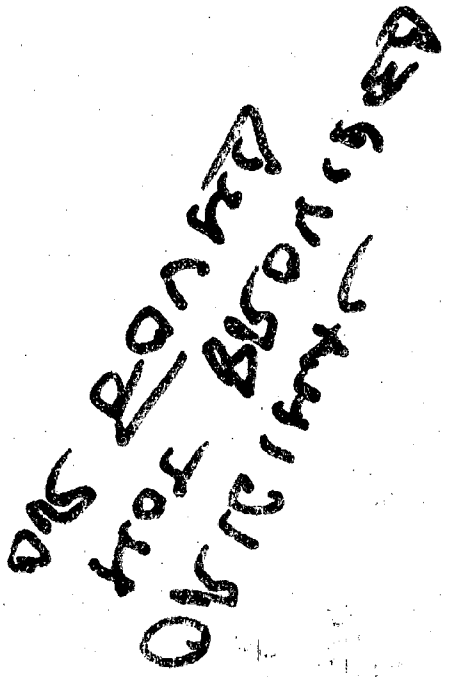
QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface 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 1/4 HP
		KW Transformer/Generator
1	100	AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
1	100 amp	Riser replace

FEE (Office Use Only)
$ ______

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

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

12/10/08 COMPUTER SHOWS THIS
TEST PASSED FINAL 6/25/08
BY: BB.
12/12/08 NO POWER.
BB



NEW JERSEY UNIFORM CONSTRUCTION CODE

CUT-IN-CARD

MUNICIPALITY BRICK

LOCATION 574 ALAB Ave UTILITY CO PP

BLK 413.11 LOT 70

OWNER JONES OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 100 A REPAIR + RESET

INSTALLED BY BLACKWELL LICENSE NO 10682

DATE 12/12/08 PERMIT # 083463 INSPECTOR

☐ CALLED IN / / Lic. No: 5433

U.C.C. Form F-350B 1 WHITE–UTILITY 2 CANARY–OFFICE/FILE 3 PINK–OFFICE/CONTRACTOR

NEW JERSEY UNIFORM CONSTRUCTION CODE

CUT-IN-CAF

MUNICIPALITY BRICK

LOCATION UTILITY CO PP

BLK LOT

OWNER OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE

INSTALLED BY LICENSE NO

DATE PERMIT # INSPECTOR

☐ CALLED IN / / Lic. No:

U.C.C. Form F-350B 1 WHITE–UTILITY 2 CANARY–OFFICE/FILE 3 PINK–OFFICE/CONTRACTOR

NEW JERSEY UNIFORM CONSTRUCTION CODE

CUT-IN-CARD

MUNICIPALITY BRICK

LOCATION UTILITY CO PP

BLK LOT

OWNER OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE

INSTALLED BY LICENSE NO

DATE PERMIT # INSPECTOR

NEW JERSEY UNIFORM CONSTRUCTION CODE

CUT-IN-CAI

MUNICIPALITY BRICK

LOCATION UTILITY CO PP

BLK LOT

OWNER OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE

INSTALLED BY LICENSE NO

DATE PERMIT # INSPECTOR

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-0645

Date Issued / Permit # 4/8/09

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

Block 1413.11 Lot 70, 71, 72+73 Qualification Code _____

Work Site Location 574 ALABAMA AVE

BRICKTOWN, N.J.

Owner [redacted] GEORGE JONES

Tel. [redacted] e-mail _____

Address [redacted] AVE, BRICKTOWN, 08724
(street, municipality, zip code)

Contractor: OWELL TECH CONSTRUCTION Tel. (732) 270-2700

Address 561 A FISCHER BLVD e-mail _____

TOMS RIVER, N.J. 08753

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00631800

Federal Emp. ID No. 222621455 FAX: (732) 349-5995

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.

Tibor L. Kramer
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK - FIRE DAMAGE REPAIR

1. REPLACE EXISTING FIRE DAMAGED ROOF SYSTEM
2. REPLACE EXISTING FRONT MASONARY STEPS
3. REPLACE SIDING
4. DRYWALL/INSULATION REPLACE @ GARAGE, LIVING AND KITCHEN

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior	3/27/09	AA

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] OA
Date: 6/19/09
Approved by: AA

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab			4-24-09	JL
Frame			5-8-09	JL
Truss Sys./Bracing				
Barrier-Free				
Insulation			5-14-09	JL
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			6/18/09	C.P.
Barrier-Free				

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

FEE (Office Use Only)
$ _____

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

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed _____
No. of Stories 1 , " _____
Height of Structure 17-10 ft.
Area — Largest Floor 1,340.6 sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present 5B Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 58,000
3. Total (1+ 2) $ 58,000

U.C.C. F110
(rev. 12/07)

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

PERMIT # 09-0645 LOT: 70,71,72,72 BLOCK: 1413.11

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

1ST 2ND 3RD FLOOR

- [ ] [ ] [ ] SIZE
- [ ] [ ] [ ] SPACE
- [ ] [ ] [ ] SPECIES AND GRADE
- [ ] [ ] [ ] CUTTING, NOTCHING, AND BORING
- [ ] [ ] [ ] HEADER SIZES
- [ ] [ ] [ ] JACK STUD BEARING

TOP PLATES

- [ ] [ ] [ ] NAILING
- [ ] [ ] [ ] LAPS
- [ ] [ ] [ ] RAFTER TIES
- [ ] [ ] [ ] HURRICANE STRAPS (AS REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

1ST 2ND 3RD FLOOR

- [ ] [ ] [ ] SIZE
- [ ] [ ] [ ] SPACE
- [ ] [ ] [ ] LAYOUT - SUPPORT BELOW PER CODE
- [ ] [ ] [ ] SPECIES AND GRADE
- [ ] [ ] [ ] CUTTING, NOTCHING, AND BORING
- [ ] [ ] [ ] FIRE BLOCKING
- [ ] [ ] [ ] HEADER SIZES
- [ ] [ ] [ ] JACK STUD BEARING

TOP PLATES

- [ ] [ ] [ ] NAILING
- [ ] [ ] [ ] LAPS
- [ ] [ ] [ ] STRAPPING

3. INTERIOR NON-LOAD-BEARING WALLS:

1ST 2ND 3RD FLOOR

- [ ] [ ] [ ] SIZE
- [ ] [ ] [ ] SPACE
- [ ] [ ] [ ] SPECIES AND GRADE
- [ ] [ ] [ ] CUTTING, NOTCHING, AND BORING
- [ ] [ ] [ ] FIRE BLOCKING
- [ ] [ ] [ ] HEADER SIZES
- [ ] [ ] [ ] TOP PLATE NAILING

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

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

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

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

3. GABLE END BRACING (AS PER DESIGN):

- [ ] [ ] LAYOUT
- [ ] [ ] SIZE
- [ ] [ ] TYPE
- [ ] [ ] NAILING
- [ ] [ ] OVERLAP
- [ ] [ ] TERMINATION

4. SOLID SAWN ROOF FRAMING:

- [x] [ ] SIZE
- [x] [ ] GRADES, SPECIES

LAYOUT

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

E. SHEATHING

1. SHEATHING - EXTERIOR WALLS:

MATERIAL

- [ ] [ ] PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- [ ] [ ] GAPPING
- [ ] [ ] LAYOUT
- [ ] [ ] CORNER BRACING (IF REQUIRED)

2. SHEATHING - ROOF:

MATERIAL

- [ ] [ ] PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- [ ] [ ] BLOCKING, EDGE (IF REQUIRED)
- [ ] [ ] GAPPING
- [ ] [ ] CLIPS (IF REQUIRED)
- [ ] [ ] LAYOUT

SHEATHING, FRT - ROOF

- [ ] [ ] FOUR FEET FROM FIREWALL
- [ ] [ ] NONCORROSIVE FASTENERS

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

Initials Resp. Person in Charge of Work TJK Building Inspector

PERMIT # 09-0645 LOT: 70, 71, 72, 73 BLOCK: 14 13 11

FRAMING CHECKLIST

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

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

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:
   - BOLTS
     - ☐ ☐ SPACING
     - ☐ ☐ SIZE
   - STRAPS
     - ☐ ☐ SPACING (PER MANUFACTURER'S SPECS)
     - ☐ ☐ SIZE

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

3. BEAM POCKETS:
   - ☐ ☐ BEARING/SHIMS
   - ☐ ☐ TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:
   - ☐ ☐ SIZED PER PLAN
   - ☐ ☐ ATTACHMENT/PLATES
   - ☐ ☐ SPACING/LOCATION
   - ☐ ☐ PAINT/COATING

B. FLOOR FRAMING AND FLOORING

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

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

2. GIRDERS AND BEAMS:
   - ☐ ☐ SIZED PER PLAN
   - ☐ ☐ TYPE
   - ☐ ☐ GRADE, SPECIES
   - ☐ ☐ LOCATION AND RELATION TO THE PLAN
   - ☐ ☐ NAILING
   - ☐ ☐ ATTACHMENT SCHEDULE
   - ☐ ☐ BEARING
   - ☐ ☐ LAPPING

3. FLOOR JOIST:

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

4. FLOORING, SHEATHING, OR DECKING:

1ST	2ND	3RD	FLOOR
☐ ☐	☐ ☐	☐ ☐	MATERIAL
☐ ☐	☐ ☐	☐ ☐	PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

☐ ☐	☐ ☐	☐ ☐	EDGE BLOCKING (IF REQUIRED)
☐ ☐	☐ ☐	☐ ☐	GAPPING
☐ ☐	☐ ☐	☐ ☐	LAYOUT

5. STAIR ATTACHMENT:

1ST	2ND	3RD	FLOOR
☐ ☐	☐ ☐	☐ ☐	BEARING
☐ ☐	☐ ☐	☐ ☐	NAILING

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

Responsible Person in Charge of Work: Tutor L. Kramer Date: 6/18/09

Building Inspector Initials: _____

Date: _____

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-0645
Date Issued / Permit # 4/8/09

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

Block 1413.11 Lot 2971,72+73 Qualification Code _____

Work Site Location 574 ALABAMA AVE., BRICKTOWN

Owner in Fee: GEORGE JONES

Tel [redacted] e-mail _____

Address 574 ALABAMA AVE (street) BRICKTOWN (municipality) 08724 (zip code)

Contractor: Bayshore Pdf Tel. (732+270-6066

Address 54 Bayshore Dr e-mail _____
TRL NJ

Contractor License No. 10224 Exp. Date _____

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

Federal Emp. ID No. 149666604 FAX: (_____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present R3 R-5 Proposed _____

Building Sewer Size 4" Public Sewer ✓ Private Septic _____

Water Service Size 3/4" Public Water ✓ Private Well _____

Est. Cost of Plumbing Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[✓] Plumbing Plans Approved
Date: 3-31-09 Approved by: BJ
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 6-16-09
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough			050609-PM	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			061209PM	

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

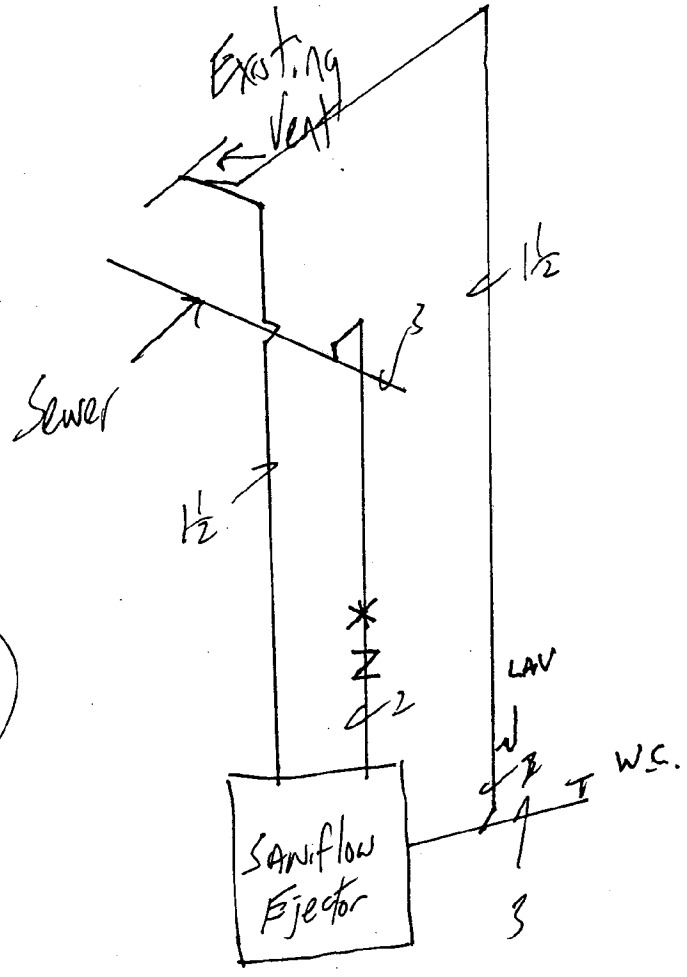
[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL TOILET + LAVATORY IN BASEMENT

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	
	Other _____	

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



approved
3-31-09 BW

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-0645

Date Issued
Permit # 4/8/09

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

Block 1413.11 Lot 70,71,72+73 Qualification Code _____

Work Site Location 574 ALABAMA AVE., BRICKTOWN

Owner in Fee GEORGE JONES

Address 574 ALABAMA AVE
BRICKTOWN N.J. 08724

Tel [redacted]

Contractor DON BLACKWELL JR ELECTRICAL CONTRACTOR

Address 27 CEDAR DR.
LANOKA HARBOR NJ. 08734

Tel (609) 971-1409 FAX ( ) _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Emp. No. 156-59-7693

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R3 Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present 5B Proposed _____ Location of Panel: _____

Heating System: [ ] New OR [X] Existing [X] HVAC Fire Suppression/Standpipe System:

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other _____ Location of Main Control Valve: _____

Location: BASEMENT

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ 300

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. _____
Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 3 SMOKE DETECTORS INTERCONNECTED WITH 2 SMOKE + CO COMBO UNIT WITH BATTERY BACK UP

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[✓] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	5	45 —
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		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 3-20-09
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6-15-09
Approved by: KLR

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			6/12/09	RSO
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/12/09	RSO
Other _____				

U.C.C. F140 (rev. 1/04)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-0645
Date Issued 8/09
Permit #

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

Block 14/13, 11 Lot 70, 71, 72+73 Qualification Code

Work Site Location 574 ALABAMA AVE, BRICKTOWN

Owner in Fee GEORGE JONES

Address 574 ALABAMA AVE

[redacted] 08724

Contractor DON BLACKWELL JR ELECTRICAL CONTRACTOR

Address 27 CEDAR DR.

LANOKA HARBOR NJ. 08734

Tel (609) 971-1404 FAX ( )

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No. 156-50-7693

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R3 Proposed

Constr. Class: Present 5B Proposed

Heating System: [ ] New OR [X] Existing [X] HVAC

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other

Location: BASEMENT

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 300

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.

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 3 SMOKE DETECTORS INTERCONNECTED WITH 2 SMOKE + CO COMBO UNITS WITH BATTERY BACK UP

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[✓] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	5	45 —
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 3/2/09

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			3/17	AA
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/8/09
Control # 09-0645
Date Issued
Permit #

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

Block 4413.11 Lot 70,71,72+73 Qualification Code

Work Site Location 574 ALABAMA AVE, BRICKTOWN

Owner in Fee GEORGE JONES

Address 574 ALABAMA AVE

[redacted] 08724

Tel [redacted]

Contractor DON BLACKWELL JR ELECTRICAL CONTRACTOR

Address 27 CEDAR DR.

LAKEWOOD HARBOR NJ. 08724

Tel (609) 971-1404 FAX ( )

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No. 156-50-7693

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R3 Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present 5B Proposed ____ Location of Panel:

Heating System: [ ] New OR [X] Existing [X] HVAC Fire Suppression/Standpipe System:

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location: BASEMENT

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 8/10/09

Approved by:

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				
Flam/Combust Tanks				
Fireplace Venting				
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.

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 3 SMOKE DETECTORS INTERCONNECTED WITH 2 SMOKE + CO COMBO UNITS WITH BATTERY BACK UP

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[✓] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	5	75 —
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-0645

Date Issued / Permit # 4/8/09

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

Block 1413.11 Lot 70, 71, 72+73 Qualification Code _____

Work Site Location 574 ALABAMA AVE
BRICKTOWN, N.J.

Owner in Fee: GEORGE JONES

[redacted] e-mail _____

Address 574 ALABAMA AVE (street), BRICKTOWN (municipality), 08724 (zip code)

Contractor: DOWELL TECH CONSTRUCTION Tel. (732) 270-2700

Address 567 A FISCHER BLVD e-mail _____
TOMS RIVER, N.J. 08753

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00631800

Federal Emp. ID No. 222621455 FAX: (732) 349-5995

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior	3/27/09	[illegible]

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed _____
No. of Stories 1
Height of Structure 17-10 ft.
Area — Largest Floor 1,340.6 sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present 5B Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 58,000
3. Total (1+ 2) $ 58,000

U.C.C. F110
(rev. 12/07)

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.

Tibor L. Kramer
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK - FIRE DAMAGE REPAIR
1. REPLACE EXISTING FIRE DAMAGED ROOF SYSTEM
2. REPLACE EXISTING FRONT MASONARY STEPS
3. REPLACE SIDING
4. DRYWALL / INSULATION REPLACE @ GARAGE, LIVING AND KITCHEN

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

FEE (Office Use Only)
$ _____

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-0645

Date Issued / Permit # 4/8/09

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

Block 1413, 11 Lot 70, 71, 72+73 Qualification Code _____

Work Site Location 574 ARABAMA AVE
BRICKTOWN, N.J.

Owner in Fee: GEORGE JONES

Tel. [redacted] e-mail _____

Address 574 ARABAMA AVE, BRICKTOWN, 08724
street municipality zip code

Contractor: DWELL TECH CONSTRUCTION Tel. (732) 270-2700

Address 567A FISCHER BLVD e-mail _____
TOMS RIVER, N.J. 08753

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH00631800

Federal Emp. ID No. 222621455 FAX: (732) 349-5995

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior 3/10/09 KR

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed _____
No. of Stories 1 1/2
Height of Structure 17-10 ft.
Area — Largest Floor 1,340.6 sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present 5B Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 58,000
3. Total (1+ 2) $ 58,000

C. CERTIFICATION IN LIEU OF OATH

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

Tibor L. Kramer
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK - FIRE DAMAGE REPAIR
1. REPLACE EXISTING FIRE DAMAGED ROOF SYSTEM
2. REPLACE EXISTING FRONT MASONARY STEPS
3. REPLACE SIDING
4. DRYWALL/INSULATION REPLACE @ GARAGE, LIVING AND KITCHEN

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

FEE (Office Use Only)
$ _____

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

U.C.C. F110
(rev. 12/07)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 09-0645
Date Issued 4/8/09
Permit #

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

Block 1413.11 Lot 70,71,72+73 Qualification Code

Work Site Location 594 ALABAMA AVE BRICKTOWN

Owner in Fee: GEORGE JONES

Tel [redacted] e-mail

Address 517 ALABAMA AVE BRICK 08724
street municipality zip code

Contractor: DON BLACKWELL CONTRACTOR Tel. (609) 971-1404

Address 27 CEDAR DR. e-mail

LANOKA HARBOR NJ 08734

Contractor License No. 10,682 Exp. Date

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

Federal Emp. ID No. 156-50-9163 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present RJ Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 3-31-9A

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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. Don Blackwell

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FIRE DAMAGE REPAIR

QTY.	SIZE	ITEMS	FEE (Office Use Only)
18		Lighting Fixtures	
12		Receptacles	
10		Switches	
5		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	
1	1/3	HP Motors 1/+ HP BATH FAN	
		KW Transformer/Generator	
		AMP Service	
1	50/A	AMP Subpanels 240/V	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	1/2 HP	EJECTOR PUMP	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-0645
Date Issued 4/8/09
Permit #

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

Block 1413.11 Lot 70,71,72+73 Qualification Code

Work Site Location 594 ALABAMA AVE BRICKTOWN

Owner in Fee: GEORGE JONES

Te [redacted] e-mail

Address 574 ALABAMA AVE BRICK 08724
street municipality zip code

Contractor: DON BLACKWELL CONTRACTOR Tel. (609) 971-1404

Address 27 CEDAR DR LANOKA HARBOR NJ 08734 e-mail

Contractor License No. 10,682 Exp. Date

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

Federal Emp. ID No. 156-50-9643 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present R3 Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required 3-31-9-10
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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. Don Blackwell

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FIRE DAMAGE REPAIR
4

QTY.	SIZE	ITEMS	FEE (Office Use Only)
18		Lighting Fixtures	
12		Receptacles	
10		Switches	
5		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	
1	1/3	HP Motors 1/+ HP BATH FAN	
		KW Transformer/Generator	
		AMP Service	
1	50/A	AMP Subpanels 24/N	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	1/2 HP	EJECTOR PUMP	

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

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-0645

Date Issued / Permit # 4/8/09

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

Block 1413.11 Lot 2071,72+73 Qualification Code

Work Site Location 574 ALABAMA AVE., BRICKTOWN

Owner in Fee: GEORGE JONES

Tel. [redacted] e-mail

Address 574 ALABAMA AVE (street) BRKTOWN (municipality) 08724 (zip code)

Contractor: Bayshore Pool Tel. (732) 270-6066

Address 54 Bayshore Dr- TR 1 NJ e-mail

Contractor License No. 10224 Exp. Date

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

Federal Emp. ID No. 149666604 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 3/4" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 3·31·09 Approved by: BJ
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				✓

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL TOILET + LAVATORY IN BASEMENT (2nd)

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 09-0645

Date Issued / Permit # 4/8/09

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

Block 1413.11 Lot 2071,72+73 Qualification Code

Work Site Location 574 ALABAMA AVE., BRICKTOWN

Owner in Fee: GEORGE JONES

Tel [redacted] e-mail

Address 574 ALABAMA AVE (street) BRICKTOWN (municipality) 08724 (zip code)

Contractor: Bayshore Pipe Tel. (732) 270-6066

Address 54 Bayshore Dr. Toms River NJ e-mail

Contractor License No. 10224 Exp. Date

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

Federal Emp. ID No. 149666604 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present ~~R-3~~ R-5 Proposed

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 3/4" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 10,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Plumbing Plans Approved

Date: 3·31·09 Approved by: BJ

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				✓

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 Plumbing Contractor [ ] Exempt Applicant

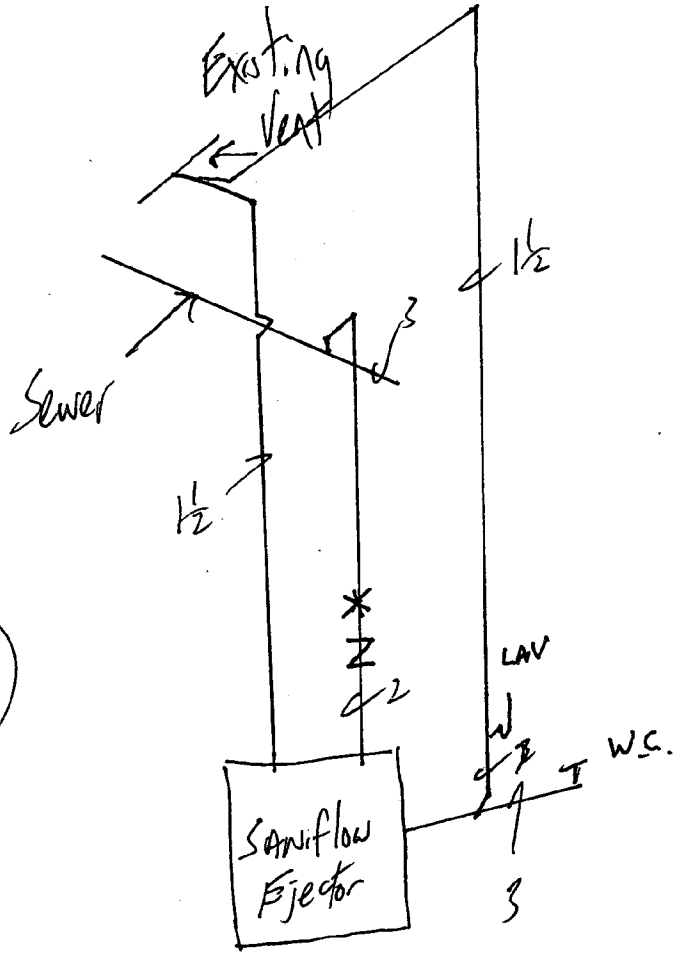
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL TOILET + LAVATORY IN BASEMENT (2)

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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



approved
3-31-09 BW

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
H-M Resources, Inc. - Dwell Tech Construction
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

11/20/2008 TO 12/31/2009

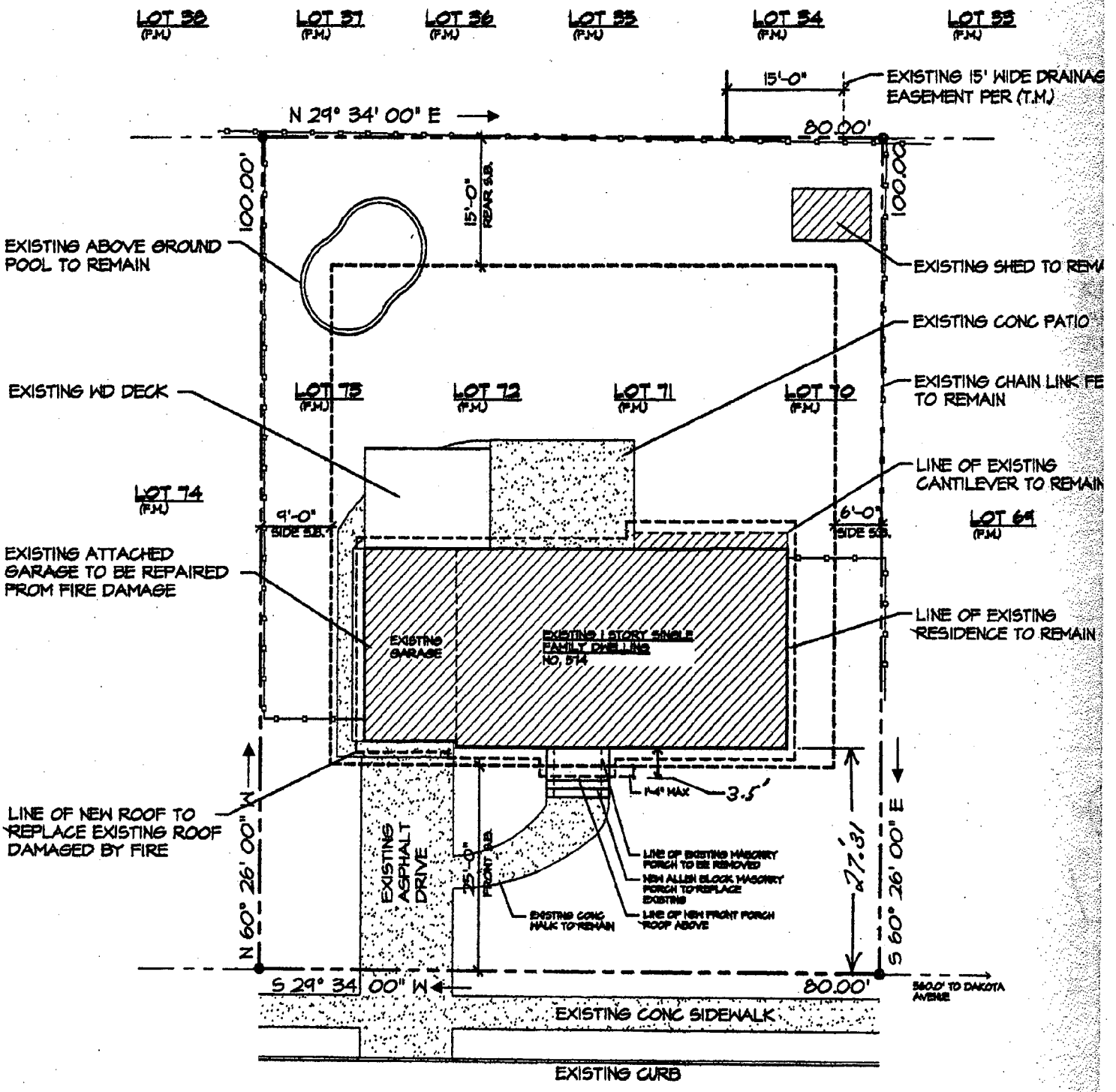
VALID

SIGNATURE

13VH00631800

License/Registration/Certificate #

DIRECTOR



ALABAMA AVENUE

(50'-0" WIDE)

N

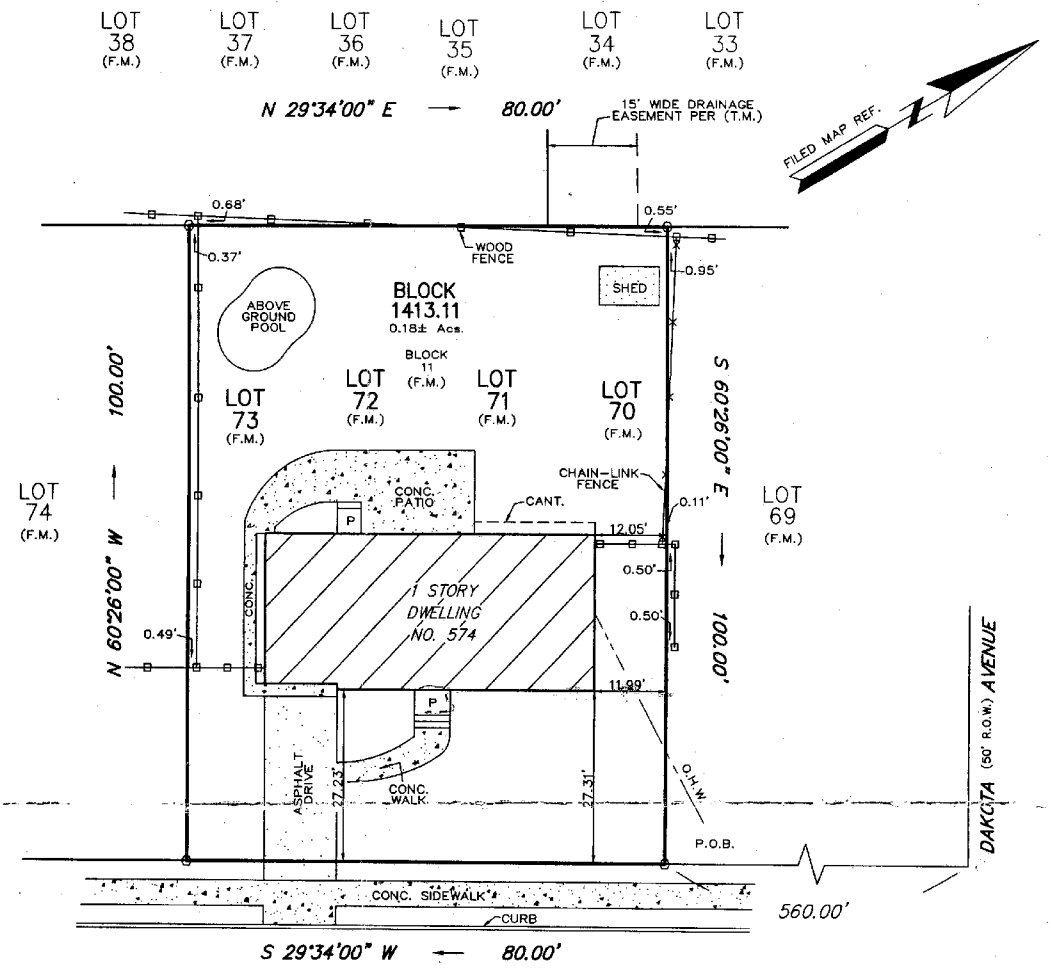
FILED MAP

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
MAR 18 2009

ok 3/20/09
Spoke w/ Mr Krem
Prop/Ex Porch Elev to remain same/ok

NOTE: NO ATTEMPT WAS MADE OR LIABILITY IS ASSUMED TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDELANDS. ENVIRONMENTALLY SENSITIVE AREAS ARE NOT LOCATED BY THIS SURVEY.

NOTE: THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE.



THIS SURVEY IS CERTIFIED TO:

GEORGE JONES AND APRIL J. JONES, H/W

RED BANK TITLE AGENCY, INC. (RM-041809)
CHICAGO TITLE INSURANCE COMPANY

STEPHANIE KUBIS BENEDETTO, ESQUIRE

WEICHERT FINANCIAL SERVICES,
AND/OR THE ADMINISTRATOR OF VETERANS AFFAIRS,
THEIR SUCCESSORS AND ASSIGNS,
AS THEIR INTERESTS MAY APPEAR

DEED DESCRIPTION:

BEING KNOWN AS LOTS 70, 71, 72 & 73 IN BLOCK 11 AS SHOWN ON A MAP ENTITLED, "HOLLYWOOD MANOR, OCEAN COUNTY, NEW JERSEY," FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON OCTOBER 19, 1925 AS MAP No. B-6.

ALSO KNOWN AS LOTS 70, 71, 72 & 73 IN BLOCK 1413.11 AS SHOWN ON THE OFFICIAL TAX MAPS OF THE TOWNSHIP OF BRICK, OCEAN COUNTY, NEW JERSEY.

DEED REFERENCE: DB 4777-426.

LEGEND:

O - REBAR TO BE SET

"TO ANY INSUROR OF TITLE RELYING HEREON AND ANY OTHER PARTY IN INTEREST," IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT SUCH EASEMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS THAT ARE NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSUROR OF TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN HEREON. THIS RESPONSIBILITY LIMITED TO THE CURRENT MATTER AS OF THE DATE OF THIS SURVEY.

OFFSETS AS SHOWN HEREON ARE NOT TO BE USED AS A BASIS FOR CONSTRUCTION OF FENCES OR OTHER PERMANENT STRUCTURES.

DATE	REVISIONS

PLAN OF SURVEY

SITUATE

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

BLOCK 1413.11 LOTS 70, 71, 72 & 73

7/13/01
DATE

Frank J. Ernst

FRANK J. ERNST
PROFESSIONAL LAND SURVEYOR N.J. LIC. NO. 28308
PROFESSIONAL PLANNER NO. 2864

SENECA SURVEY CO., INC.
SURVEYORS & PLANNERS
1314 HOOPER AVENUE
SUITE 3
TOMS RIVER, NEW JERSEY 08753
(732) 341-7744

Date: 07/13/01	Drawn by: J.A.B.
Scale: 1" = 20'	Proj. No.: 01-22921

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use
Division of Engineering

Office of the Municipal Engineer
732-262-1040
Fax: 732-262-8954
www.twp.brick.nj.us

Date: 3/12/09

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 1413.11 Lot: 70

Property Address: 574 Alabama Ave

I, _____ of _____
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Victor L. Kramer
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

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

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 3/25/09 Signed: NJ

Rejected on: _____ Signed: _____

Comments: N/A

TOWNSHIP OF BRICK

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

Department of Community Development & land Use
Division of Land Use & Planning

Office of Zoning

732-262-1041
732-262-1046
Fax: 732-262-8954
www.twp.brick.nj.us

March 17, 2009

George Jones
574 Alabama Avenue
Brick, NJ 08724

Re: Block 1413.11, Lot 70-73
574 Alabama Avenue
Zoning Permit Application

Dear Mr. Jones:

The referenced property is located in the R-7.5, Single-Family Residential Zone, as per Section 245-9 of Chapter 245 of the Township Code. Your zoning permit application to alter and repair your fire-damaged house and front entry on the property has been received, the property was inspected today, and the application is being reviewed.

Please feel free to contact this office for any additional information or assistance.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

C: James Priolo, Township Engineer
Michael Fowler, Principal Planner
Daniel Newman, Jr., Construction Official
Juan Bellu, Administration
Tibor L. Kramer; Dwell Tech Construction
Zoning Office File