RECEIVED
MAR 26
BUILDING

OWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

Cedar 2-8

I. IDENTIFICATION

1. Proposed Work at: Evergreen Woods 880 Cindy Ct.
2. Owner Name: Bricktown Village Inc. Tel. (201) 458-4087
   Address 816 Deal Rd. Ocean, N.J.
3. Principal Contractor: Same Tel. ( ) Same
   Address Same
   Lic. No. or Builder Reg. No. 31006 3486 Federal Emp. No.
4. Architect or Engineer: D. Smith Tel. (201) 363-5850
   Address 40 Airport Rd. Lakewood, N.J.
5. Responsible Person in Charge of Work Albert C. Eble Tel. (201) 458-4087

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☒ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$
2. ☒	Plumbing	
3. ☐	Electrical	
4. ☒	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$31,470

C. DO YOU WANT:

1. ☐ Partial Releases
2. ☒ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☒ One-Family (R–3a)

If new construction, enter no. of dwelling units

If other than new construction, enter no. of dwelling units:
Before Construction:
After Construction:
Net Gain (or loss):

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use:

If Change in Use Group, Indicate Former:

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☒	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 2
15. Height of Structure 25 Ft.
16. Area–Largest Floor 2220 Sq. Ft.
17. Bldg. Area–All Fls. 10556 Sq. Ft.
18. Volume of Structure 132008 Cu. Ft.
19. Total Land Area Disturbed 6900 Sq. Ft.

4220.02 & 4220

LDS BR 10520169

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 Albert C. Eble TEL.(201) 1158-4087

ADDRESS 816 Deal Rd.
Ocean, N.J. 07712

SIGNATURE Albert C. Eble

BLOCK NO. 1429-2 LOT NO. 83-CB SUBDIVISION Evergreen PERMIT NO. 10424

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☒	BUILDING			3/31/87	W.S.	
	Footings/Foundations					
	Framing					
	Architectural 2			3/26/87	JE	
☒	PLUMBING			3/27/87	[illegible]	
☐	ELECTRICAL					
☒	FIRE PROTECTION			3/19/87	[illegible]	
☐	OTHER _____					

Engon

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING		9-8-92 JE	
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
	PLUMBING		8-28-92 JH	
	ELECTRICAL		3-26-90	
	FIRE PROTECTION		9-8-92 JE	
	OTHER Eng		9-27-89 JE	

CCV

ltr ✓

Hand and How ✓

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	
☐ Temporary Certificate of Occupancy Date Expired _____	
☑ Certificate of Occupancy No. 10424	9-8-92
☐ Certificate of Continued Occupancy No. _____	
☐ Certificate of Approval No. _____	
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 92.40
PLUMBING	95.00
ELECTRICAL	•
FIRE PROTECTION	15.–
OTHER _____	•
SUBTOTAL	$ 202.40
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.–)
D.C.A. TRAINING FEE .0006 x 13200	= 7.92
CERTIFICATE OF OCCUPANCY	30.36
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 245.68

DATE 4/13/87 Collected By Pala

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			•
OTHER			•
OTHER			•
– LESS: Refunds			(•)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ •

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ •
COLLECTED AFTER PERMIT (VB)	•
TOTAL	$ •

4-1387

CERTIFICATE

Date Issued 9-8-92
Control #
Permit # 10424-87

IDENTIFICATION

Block 1429.02 Lot 2 C0880
Work Site Location 880 Cindy 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. 762173
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

xx☑ **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:

Fee $
Paid [ ] Check No.
Collected by:

Rothwyn J. Cuizon
CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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

INSPECTOR: M. Sullivan | DATE: 9-25-89

JOB: Evergreen Woods SECTION: 1S SP# 0229 | TYPE OF WORK: Final Eng Insp.

WEATHER: PT Cloudy | LOCATION: Bldg # 83

TEMPERATURE: 70° | BLOCK: 142.2 LOT: 83.

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

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

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

Ok to
9/26/89

☐ TEMP. C.O.

☑ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ ] MUNICIPAL ENGINEER

9-27-89

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.

TOWNSHIP OF BRICK

APPLICATION FOR CERTIFICATE

PERMIT NO. _____
DATE ISSUED _____
Block 1429.2 Lot 83B
Subdivision EVERGREEN
Notice No. _____

IDENTIFICATION

OWNER:
Name BRICKTOWN Village Inc
Address 816 Deal Rd
Town/State/Zip Ocean NJ 07712

CONSTRUCTION LOCATION:
Address 880 Cindy CT
BRICKTOWN NJ.
Tel. (___) 458 4087

ACTION

☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: R-3A Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 30,470
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

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

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

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

SIGNED: Andy Kovacs
OWNER/AGENT

☐ Owner
☒ Agent

U.C.C. Form F-270 (8/83)

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 10424
DATE ISSUED 4-13-87
REVISION DATE
Block 1429.2 Lot 83 C-B
Subdivision Evergreen Woods

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner Brickstown Village Inc. Contractor Same
Address 816 Deal Rd. Address
Ocean N.J. 07712
Tel. (201) 458-4087 Tel. ( )
Work Site Address 880 Cindy Ct Lic. No. 31006 3486
Brickstown N.J. Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Robert C. Eble
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Cedar.
2 A.

☒ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☒ New Building		$
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: R-3-H Present _____ Proposed

No. of Stories 2 Total Building Area—All Floors 1056 Sq. Ft.
Height of Structure 25 Ft. Volume of Structure 13,200 Cu. Ft.
Area—Largest Floor 220 Sq. Ft. Total Land Area Disturbed 690 Sq. Ft.
Estimated Cost of Building Work: $ 31,470.00

D. COMMENTS

☐ Partial Releases ☒ Prototype Processing

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 10424
DATE ISSUED 4-13-87
REVISION DATE
Block 1429.2 Lot 83 C-B
Subdivision Evergreen Woods

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Brickstown Village Inc. Contractor Same
Address 811 Deal Rd. Address
Ocean N.J. 07712
Tel. (201) 458-4987 Tel. ( )
Work Site Address 880 Cindy Ct. Lic. No. 31006 3486
Brickstown N.J. Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Robert C. Ehle
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Cedar.
2 A.

☒ See Plans

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: R-3-H Present _____ Proposed

No. of Stories 2 Total Building Area–All Floors 1056 Sq. Ft.

Height of Structure 25 Ft. Volume of Structure 13,200 Cu. Ft.

Area–Largest Floor 220 Sq. Ft. Total Land Area Disturbed 690 Sq. Ft.

Estimated Cost of Building Work: $ 31,470.00

D. COMMENTS

☐ Partial Releases ☒ Prototype Processing

U.C.C. Form F-110 (8/83) Green – Office Copy White – Applicant Copy Beige – Inspector Copy

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	4-13-87	IKs
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 9-8-92

Inspected By: J. Chandler

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☒ Frame				10-6-87 IKs
☐ Architectural				
☒ Insulation				10-14-87 IKs
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 10424
DATE ISSUED 4-13-87
REVISION DATE
Block 142.2 Lot 83 C-B
Subdivision Evergreen Woods

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* — When changing contractors, notify this office

Owner Brick Town Village Inc
Address 816 Deal Rd.
Ocean N.J. 07712
Tel. (201) 458-4087
Work Site Address 889 Cedar Ct.
Brick Town N.J.

Contractor Same
Address
Tel. ( )
Lic. No. 3100634866
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Albert C. Eble
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised — Method: _____
Water Supply — Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____

Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☒ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ 50.00 $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ 15.00
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP R-3-A Present _____ Proposed
Heating Systems — Location: Cellar
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank - Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

☐ Partial Releases ☒ Prototype Processing

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 10421
DATE ISSUED 11/13/87
REVISION DATE
Block 429.2 Lot 83 C-B
Subdivision Evergreen Woods

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Brucktown Village Inc.
Address 816 Deal Rd.
Ocean NJ 07712
Tel. (201) 458-4087
Work Site Address 880 Cinder Ct.
Brucktown NJ

Contractor Same
Address
Tel. ( )
Lic. No. 3100634866
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Robert C. Fehr
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE

Area Sprinkled: ☐ Full ☐ Partial (specify in comments)

No. of Heads: _____ No. of Spare Heads: _____

☐ Valves Supervised – Method: _____

Water Supply – Source: _____ Size: _____

FD Connection Location: _____

Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____

Manual Pull: ☐ Yes ☐ No

Locations: _____

Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☒ Automatic FEE

Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location

Estimated Cost of Work: $ 50.00 $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: _____

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: $ _____ $ _____

B5. OTHER

_____ $ 0

_____ $ 0

_____ $ 0

Subtotal $ 0

Minimum Fire Protection Fee (If Applicable) $ 15.00

Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP R-3 Present _____ Proposed

Heating Systems – Location: Cellar

Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____

Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____

Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

☐ Partial Releases ☒ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
8/28/92	① No Stove ② S.D. not work (Basement)
9/8/92	Abated

JOB SUMMARY

- ☐ No Plans Required
- ☐ Plan Review Approved (Conditional)

Date: 3-30-77

Approved By: D Roach

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 9/8/92

Inspected By: JC

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test	8/28/92 JC			9/8/92 JC
☐ TCO				
☒ Other No Stove	8/28/92 JC			9/8/92 JC
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

TOWNSHIP OF BRICK
Cedar S.

PLUMBING SUBCODE
TECHNICAL SECTION

PERMIT NO. 10424
DATE ISSUED 4-13-87
REVISION DATE
Block 1429.2 Lot 33 C-B
Subdivision Evergreen

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Brick Town Village Inc
Address 816 Deal Rd.
Ocean N.J. 07712
Tel. (201) 458-4087
Work Site Address 880 Cindy Ct
Brick Town N.J.

Contractor Shel-Ron Plumbing
Address 22 Sugarbush Road
Howell, NJ. 07731
Tel. 201. 367-5066
Lic.No./Bus. Permit 4954
Federal Emp. No. 076-34-8866

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ 10.-	1	Garbage Disposal	$
1	Bathtub	5.-	1	Air Conditioner Unit	15.-
3	Lavatory/Sink	15.-		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine	5.-		Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5.-		Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace	15.-	3	Vent Stack	10.-
	Steam Boiler			Solar System	
1	Water Util. Connection			Other GAS PIPING	15
1	Sewer Util. Connection			Other	
2	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 55.-		COLUMN 2	$ 40.-

Fee	
COLUMN 1	$ 55.-
COLUMN 2	$ 40.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 95.-

C. PLUMBING CHARACTERISTICS

USE GROUP: R-3-Q Present Proposed

Drainage —	Material ABS	Size	3-1 1/2
Building Sewer—	Material SDR	Size	4
Water Service—	Material POLY	Size	3/4
Venting —	Material ABS	Size	3-1 1/2

Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☒ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

TOWNSHIP OF BRICK

Cedar S.

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 12[illegible]
DATE ISSUED 1/[illegible]/84
REVISION DATE
Block 1927.2 Lot 33 C-15
Subdivision Evergreen

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner Brick Town Village Inc
Address 816 Deal Rd.
Ocean N.J. 07712
Tel. (201) 458-4087
Work Site Address 880 Cindy Ct.
Brick Town N.J.

Contractor Shel-Ron Plumbing
Address 22 Sugarbush Road
Howell, N.J. 07731
Tel. 201, 367-5066
Lic.No./Bus. Permit 4954
Federal Emp. No. 076-34-8866

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ 10.-		Garbage Disposal	$
1	Bathtub	5.-	1	Air Conditioner Unit	15.-
3	Lavatory/Sink	15.-		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine	5.-		Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5.-		Reduced Pressure	
1	Domestic Boiler/ Furnace	15.-	3	Backflow Device	
				Vent Stack	10.-
	Steam Boiler			Solar System	
1	Water Util. Connection			Other GAS PIPING	15.-
1	Sewer Util. Connection			Other	
2	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 55.-		COLUMN 2	$ 40.-

Fee	
COLUMN 1	$ 55.-
COLUMN 2	$ 40.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 95.-

C. PLUMBING CHARACTERISTICS

USE GROUP: R-3-Q Present _____ Proposed

Drainage —	Material	ABS	Size	3-1 1/2
Building Sewer—	Material	SDR	Size	4
Water Service—	Material	Poly	Size	3/4
Venting —	Material	ABS	Size	3-1 1/2

Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☒ Prototype Processing

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☒ No Plans Required
☐ Plan Review Approved

Date: 3-27-87

Approved By: J. D. Lyle

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 8-28-92

Inspected By: JAB

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☒ Rough				8/6/87 DM
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-130 (8/83)

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date Sept 3, 1992

NAME Brick Town Village

ADDRESS 816 Deal Road, Ocean, NJ 07712

PROPERTY LOCATION 880 Cindy Court

Account No. W036722 Block 1429-2 Lot 83C-B

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 Marilyn Schoof

MUNICIPALITY BT

CUT-IN-CARD

LOCATION 880 Cindy

UTILITY CO PP

BLK 1429.2 LOT 83 B

OWNER Bricktown Village OCCUPANT

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

☒ FINAL ☐ TEMPORARY

SERVICE 100A This approval void after ____ days

AIR COND Provisional ELECT HEAT ____ RANGE ____ WATER HEATER ____

COMMENTS ____ MISC ____

DATE 910326 PERMIT # 2749 INSPECTOR J. Dehm

Elec. 104 871028 Insp. Lic # 2463

RESIDENTIAL WARRANTY CORPORATION™

5300 DERRY STREET, HARRISBURG, PA 17111-3598
NATIONWIDE 1-800-247-1812

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 Agreement 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:

83 B (Lot) 1429.2 (Block) EVERGREEN WOODS (Development)

880 CINDY COURT (Street Address)

LAKEWOOD (City) OCEAN (County) NJ (State) 08701 (Zip)

RWC Enrollment No: 762173

Date: 8/28/92

Sandra L Smith

RWC SEAL:
(Void unless sealed)

RWC Representative

Form #604
Rev. 10/91

Builders Trust Warranty©

Builders' Warranty Service Corp.
P.O. Box 968, Pompano Beach, FL 33061
Telephone: (305) 941-6100
Toll Free: (U.S.) 1-800-327-1182 • (Florida) 1-800-525-0101

BRICKTOWN VILLAGE
1640 VAUXHALL RD.
UNION, N.J. 07083

This letter acknowledges receipt of your request for issuance of an American Quality Builder's Warranty Policy to the following new homeowner(s):

BLOCK: 1429-2 LOT: 83C-B
NAME OF NEW HOMEOWNER(S):
ADDRESS: 880 CINDY COURT
CITY, COUNTY, STATE, ZIP: BRICKTOWN, OCEAN, NJ 08723
POLICY #: GB1731376
INCEPTION DATE/DATE OF SETTLEMENT:

This notice will serve as complete proof of warranty and may be submitted to local construction code officials so that the required Certificate of Occupancy may be obtained.

I would also like to remind you to issue the terms and conditions of the warranty to the homeowner(s) at the time of settlement, and to confirm that the terms and conditions of the policy itself will be sent to the homeowner(s) directly within 45 days of the date of settlement.

Very truly yours,

Marc Zinman
BUILDERS TRUST WARRANTY

MZ/klf

SIZING FOR WATER AND SEWER SERVICES

Property Owner BRICKTOWN VILLAGE Date 3-27-87

Property Address 880 CINDY COURT Block 1429-2 Lot 83 CR

Zoning _____ Use Group _____

Contractor SHEL-RON License No. Registration 4854

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units		(dfu) Drainage Units	
1. Water Closet	2	(3)	6	( )	
2. Lavatory	2	(1)	2	( )	
3. Bath Tub	1	(2)	2	( )	
4. Shower Stall		( )		( )	
5. Kitchen Sink	1	(2)	2	( )	
6. Service Sink		( )		( )	
7. Laundry Tray		( )		( )	
8. Dishwasher		( )		( )	
9. Washing Machine	1	(3)	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 15

Gallons per minute 11

Size of Service 3/4"

Date: 3-27-87 Approved: _____

Brick Township Plumbing Inspector